Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC’s project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 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.
6. Questions marked with an asterisk (*), which are mandatory and require a response.
1A. Continuum of Care (CoC) Identification

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: MD-507 - Cecil County CoC

1A-2. Collaborative Applicant Name: Cecil County Health Department

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Cecil County Health Department
1B. Continuum of Care (CoC) Engagement

**Instructions:**
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1B-1. CoC Meeting Participants.** For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

<table>
<thead>
<tr>
<th>Organization/Person Categories</th>
<th>Participates in CoC Meetings</th>
<th>Votes, including selecting CoC Board Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>EMS/Crisis Response Team(s)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Disability Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Disability Advocates</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Youth Homeless Organizations</td>
<td>Not Applicable</td>
<td>No</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>Not Applicable</td>
<td>No</td>
</tr>
<tr>
<td>Youth Advocates</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>School Administrators/ Homeless Liaisons</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Domestic Violence Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates</td>
<td>Not Applicable</td>
<td>No</td>
</tr>
<tr>
<td>LGBT Service Organizations</td>
<td>Not Applicable</td>
<td>No</td>
</tr>
<tr>
<td>Agencies that serve survivors of human trafficking</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other homeless subpopulation advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Mental Illness Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Applicant: Cecil County Health Department
Project: MD-507 CoC Registration FY2018

COC_REG_2018_159940

FY2018 CoC Application Page 3 09/17/2018
1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 2,000 characters)

The CoC holds semi-annual monthly meetings of the full membership. A press release is issued to the local newspaper, publicly announcing semi-annual meetings of the CoC general membership. The press release reflects the purpose, key agenda items, and invites any person interested in preventing or ending homelessness. Time for public comment is allotted on each agenda. Ideas or recommendations made are documented in meeting notes, discussed briefly, and may be assigned to a sub-committee for further review depending on the relevant topic. Some comments or suggestions are discussed briefly in real time.

1B-2. Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC. (limit 2,000 characters)

1) A press release is issued in the local newspaper inviting anyone to attend/participate. Existing members are invited via e-mail.
2) press release and e-mail
3) semi-annually
4) CoC leadership has worked with permanent supportive housing providers and day service centers to identify person with lived experience of homelessness that may be willing to participate in the work of the CoC and potentially serve as a board member.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

1) The HUD NOFA announcement is copied and pasted directly to the Cecil County Health Department’s facebook page announcing the availability of funding and includes the date that projects are due. 2) If a new entity inquired
about the funding and could meet HUD’s priorities for funding, the project would be considered by the rating/ranking committee. 3) The NOFA was publicly announced on 6/28/2018. 4) The announcement was generic and did not specify that it was only available to “CoC funded” entities.
1C. Continuum of Care (CoC) Coordination

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

<table>
<thead>
<tr>
<th>Entities or Organizations the CoC coordinates planning and operation of projects</th>
<th>Coordinates with Planning and Operation of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>No</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>No</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Head Start Program</td>
<td>Yes</td>
</tr>
<tr>
<td>Funding Collaboratives</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Private Foundations</td>
<td>No</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Housing and service programs funded through other Federal resources</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through State Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through Local Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through private entities, including foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Other:(limit 50 characters)</td>
<td></td>
</tr>
</tbody>
</table>

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

1) This year the State of Maryland deemed that each jurisdiction’s CoC Lead Agency will now oversee and be the grantee of both ESG and CoC funding. This will allow for strengthening and ensuring the strategic allocation of funding, whether it is emergency response funding or permanent housing options. The
review of both funding sources is conducted by the CoC governance board. 2) The CoC board reviewed past year’s performance of ESG projects, reviewed all applications for the upcoming year, and ensured there was no duplication of the funding source, or if so, there was a functional purpose to it.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC’s protocols, including the existence of the CoC’s emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)
1) CoC agencies universally complete intake on homeless individuals in confidential settings. Victim service providers are trained in trauma informed care and offer emergency based services to those who are actively fleeing domestic violence or other types of victimization. 2) The CoC written standards uphold self-determination & choice in regard to services, housing, and location. All eligible housing options available in the CoC are presented. Participants may choose DV specific program/housing or non-specific housing. Data is kept electronically in a de-identified manner or securely recorded and transmitted between providers on paper in order to protect safety and confidentiality.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)
There is currently a county-wide effort to educate all community providers, not just those serving homeless, on the effects of trauma and the importance of having trauma informed practices and staff in all human services. Trainings are widely promoted and attended by CoC participating agencies in addition to others. Trainings are promoted by e-mail to the general membership of the CoC.
1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

Cecil County has one primary provider that addresses domestic violence and sexual assault. They participate with the Maryland Network Against Domestic Violence in an annual study similar to HUD’s point in time count where they track certain data points over an annual 24 hour period. Additionally, data such as numbers of residential/non-residential victims served, number of hotline calls, shelter nights, medical accompaniment, etc. are tracked over the course of the year. True scope is always difficult to determine as these situations are under-reported, but Cecil County evaluates its data as it compares to the State overall.

1C-4. DV Bonus Projects. Is your CoC applying for DV Bonus Projects?

No

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC’s geographic areas:

(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
<th>PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elkton Housing Authority</td>
<td>0.04%</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Cecil County Housing Agency</td>
<td>44.00%</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

Each year, the CoC lead agency has an annual conversation about homeless preferences with both of our two PHAs. For Elkton PHA, there historically was a preference, however, this caused extreme financial drain due the number of
individuals/families with no income occupying units, thus rendering the whole program unsustainable. Both PHAs are under the impression that they must do an across the board homeless preference rather than designating a set aside number of vouchers or units, which both would otherwise be willing to do. The CoC lead does have an agreement that the 20 Fair Share housing vouchers for individuals with disabling conditions are prioritized for homeless individuals/families.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?

**Move On strategy description. (limit 2,000 characters)**

The CoC PSH projects routinely review and assess whether enrolled individuals/families have been stable in their housing for long periods of time and may no longer require the same level of support as upon entry. Discussions have been held with Cecil County Housing Agency about adopting a move on strategy within their policies and procedures. It is actively being worked on and should be in place in the next several months. There is an agreement that such a policy will help increase flow within the housing system and allow people’s housing to be well matched their needs.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

All of the public housing agencies and shelters have anti-discrimination language in their policies specific to this subpopulation. Some providers also distribute outreach materials marketed specifically to this group.


<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Did the 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)?</td>
<td>No</td>
</tr>
<tr>
<td>3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?</td>
<td>No</td>
</tr>
</tbody>
</table>
1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC’s geographic area. Select all that apply.

| Engaged/educated local policymakers: | X |
| Engaged/educated law enforcement: | X |
| Engaged/educated local business leaders: | |
| Implemented communitywide plans: | |
| No strategies have been implemented: | |
| Other:(limit 50 characters) | |

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC’s standard assessment tool.
(limit 2,000 characters)

1) Standard intake forms may be completed over the phone on behalf of homeless individuals by participating HMIS agencies (in additional to in-person).
2) Cecil County has two staff who can provide street outreach to connect individuals with services.
3) The assessment involves the completion of a vulnerability scale. Chronically homeless and those who have been homeless the longest are prioritized for open PSH beds.
4) Vulnerability scale is attached in the appropriate section of this application.
1D. Continuum of Care (CoC) Discharge Planning

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

<table>
<thead>
<tr>
<th>System of Care</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care:</td>
<td></td>
</tr>
<tr>
<td>Health Care:</td>
<td></td>
</tr>
<tr>
<td>Mental Health Care:</td>
<td></td>
</tr>
<tr>
<td>Correctional Facilities:</td>
<td></td>
</tr>
<tr>
<td>None:</td>
<td>X</td>
</tr>
</tbody>
</table>

1D-2. Discharge Planning Coordination. Applicants must indicate whether the 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. Check all that apply (note that when "None:" is selected no other system of care should be selected).

<table>
<thead>
<tr>
<th>System of Care</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care:</td>
<td></td>
</tr>
<tr>
<td>Health Care:</td>
<td></td>
</tr>
<tr>
<td>Mental Health Care:</td>
<td></td>
</tr>
<tr>
<td>Correctional Facilities:</td>
<td></td>
</tr>
<tr>
<td>None:</td>
<td>X</td>
</tr>
</tbody>
</table>
1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

<table>
<thead>
<tr>
<th>Used Objective Criteria for Review, Rating, Ranking and Section</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Included at least one factor related to achieving positive housing outcomes</td>
<td>Yes</td>
</tr>
<tr>
<td>Included a specific method for evaluating projects submitted by victim service providers</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

The CoC currently reserves and prioritizes its funding for projects that are serving the most vulnerable individuals and considers the project’s ability to serve those with: 1) victimization history, 2) mental health or substance use conditions, 3) criminal histories, 4) lack of income, and 5) whether the project is the only one of its kind serving a special population. Projects are rated and ranked for their ability to follow the CoC Written Standards for order of priority. The CoC uses the HUD provided rating and ranking tool.

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);
(2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD
required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and

(3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

<table>
<thead>
<tr>
<th>Public Posting of Objective Ranking and Selection Process</th>
<th>Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC or other Website</td>
<td>□ CoC or other Website</td>
</tr>
<tr>
<td>Email</td>
<td>□ Email</td>
</tr>
<tr>
<td>Mail</td>
<td>□ Mail</td>
</tr>
<tr>
<td>Advertising in Local Newspaper(s)</td>
<td>□ Advertising in Local Newspaper(s)</td>
</tr>
<tr>
<td>Advertising on Radio or Television</td>
<td>□ Advertising on Radio or Television</td>
</tr>
<tr>
<td>Social Media (Twitter, Facebook, etc.)</td>
<td>□ Social Media (Twitter, Facebook, etc.)</td>
</tr>
</tbody>
</table>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is “No” to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects.

(limit 2,000 characters)

While current projects are reviewed annually, the main reason for not reallocating is because Cecil County only has three projects to begin with, and they are tied up in projects that are most needed here and align with HUD priorities as well. We have two PSH for chronically homeless and one RRH-PH for those fleeing domestic violence. All of them perform well and the funding is already where it is most needed. We do not have enough PSH now and could use more.

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:

(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;

(2) rejected or reduced project application(s)—attachment required; and

(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required.

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Application deadline? Yes

<p>| FY2018 CoC Application | Page 13 | 09/17/2018 | Yes |</p>
<table>
<thead>
<tr>
<th>Competition Application deadline? Attachment required.</th>
<th>Did not reject or reduce any project</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.</td>
<td></td>
</tr>
<tr>
<td>(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
2A. Homeless Management Information System (HMIS) Implementation

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required.

Yes

2A-1a. Applicants must:
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

3, 4 HMIS governance charter


Yes

2A-3. HMIS Vendor. What is the name of the HMIS software vendor?

Service Point

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.

Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and
(3) total number of beds in HMIS.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2018 HIC</th>
<th>Total Beds in HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) beds</td>
<td>22</td>
<td>22</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Safe Haven (SH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing (TH) beds</td>
<td>110</td>
<td>0</td>
<td>110</td>
<td>100.00%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) beds</td>
<td>26</td>
<td>5</td>
<td>21</td>
<td>100.00%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH)</td>
<td>122</td>
<td>0</td>
<td>27</td>
<td>22.13%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)

Of the 122 PSH beds, 95 are VASH and the Veteran's Administration is not currently entering into HMIS, thereby reflecting a low bed coverage rate in that category. Ongoing discussions are held with the VA about the benefits of HMIS, however, they have their own data base and at this time do not have the resources/staffing to do double entry.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 8

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/30/2018
2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).

04/30/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

04/30/2018
2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC’s sheltered PIT count results. (limit 2,000 characters)
There was no change in how the sheltered PIT was conducted.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? No

2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

| Beds Added: | 0 |
| Beds Removed: | 0 |
| Total: | 0 |

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count? No

2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

| Beds Added: | 0 |
| Beds Removed: | 0 |
| Total: | 0 |
2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct an unsheltered PIT count in 2018, select Not Applicable. No

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count? No

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

1) PIT volunteers partner with homeless individuals in advance of PIT to identify those living unsheltered/encampments who may be chronically homeless. They are identified within agencies that deliver food ministries or outreach services who are also partners in the process. 2) families w children - partnered with outreach ministries who encounter this population. 3) Veterans - we used our existing routine outreach strategy (2x week) to identify any/all homeless veterans as well as the by name list.
3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

| Number of First Time Homeless as Reported in HDX. | 148 |

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC’s strategy 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 the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

1) The CoC reviews trends and identifies risk factors at interagency meetings which include organizations who deliver homeless prevention services and funding. 2) The CoC sought Medicaid Pilot funding to employ a housing stabilization case manager for those identified as at risk of homelessness or unstably housed, also promoted awareness of prevention assistance and the agencies who distribute it. 3) Cecil County Health Department - Director of Special Populations

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC’s strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless. (limit 2,000 characters)

1) 209 days 2) Increase rapid rehousing funding countywide, improve system "flow", evaluate system wide and project level HMIS data to determine length of stay data and trends, inter-agency review of people who may be "stuck" in ES or TH. 3) HMIS data and the coordinated entry process for chronically homeless are what is used to identify and house those who have been homeless the
longest. Those individuals are priorities for existing mainstream subsidies or PSH projects. 4) Cecil County Health Department - Director of Special Populations & HMIS Consultant

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

<table>
<thead>
<tr>
<th>Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>69%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

3A-3a. Applicants must:
(1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations. (limit 2,000 characters)

1) Through project level provision of assistance with increasing income and employment, addressing barriers, taking full stock of available mainstream resources, and using RRH funding, the CoC is monitoring and attempting to increase the rate at which people exit to PH destinations. 2) The CoC supports and implements a housing first orientation through the CoC, assures supportive services are in place to identify any potential threats to housing stability early and address them accordingly. A person centered approach is encouraged in work with participants of Supportive housing.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

<table>
<thead>
<tr>
<th>Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0%</td>
</tr>
</tbody>
</table>

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the 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 the CoC’s strategy to reduce the rate individuals and persons in families returns to homelessness. (limit 2,000 characters)

1) On a case by case basis (because returns to homelessness are low) the CoC evaluates whether a family/individuals may need a higher level of support (i.e.PSH) and what type of support. 2) The CoC attempts to provide or ensure competent case management for individuals who need it and ensure families/individuals are familiar with available resources. 3) Cecil County Health Department/Director of Special Populations

3A-5. Job and Income Growth. Applicants must:
(1) describe the CoC’s strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment.
(limit 2,000 characters)

1) The CoC ensures that projects use a screening tool to identify potential eligibility for non-employment cash resources and assists individuals/families in the application process when necessary. For access to employment, CoC maintains a list of local employers who will give consideration to those with criminal backgrounds, a common barrier to employment. 2) The larger CoC and CoC projects refer to and partner with the Susquehanna Workforce Development Center who assists with job search, applications, resume writing, and other employability skill building, some specifically geared toward individuals who are homeless and provided on site at homeless provider agencies. 3) Cecil County Health Department

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy) 05/30/2018
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

<table>
<thead>
<tr>
<th>Total number of beds dedicated as DedicatedPLUS</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of beds dedicated to individuals and families experiencing chronic homelessness</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
</tr>
</tbody>
</table>

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required.

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

<table>
<thead>
<tr>
<th>Factor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>Number of previous homeless episodes</td>
<td>X</td>
</tr>
<tr>
<td>Unsheltered homelessness</td>
<td>X</td>
</tr>
<tr>
<td>Criminal History</td>
<td>X</td>
</tr>
<tr>
<td>Bad credit or rental history</td>
<td>X</td>
</tr>
<tr>
<td>Head of Household with Mental/Physical Disability</td>
<td>X</td>
</tr>
</tbody>
</table>
3B-2.2. Applicants must:
(1) describe the CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless.

(limit 2,000 characters)

The current strategies are to increase overall funding for rapid rehousing, connect at risk families with prevention assistance, work with shelters to lower barriers to entry, divert from shelter with RRH where possible, and evaluate length of stay and exits to permanent housing data via HMIS to assess progress. 2) Project staff complete consumer centered assessment of housing and service needs, connect with mainstream or longer term services when appropriate, assists with landlord relations and basic skills to act as a broker on behalf of their own needs, and provide light touch case management for a period after stabilization is achieved. 3) Deep Roots-Director, Meeting Ground-Director, Health Department - Director of Special Populations

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

- CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.
- CoC conducts optional training for all CoC and ESG funded service providers on these topics.
- CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.
- CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.
- CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied homeless youth includes the following:

| Human trafficking and other forms of exploitation | No |
| LGBT youth homelessness | No |
| Exits from foster care into homelessness | Yes |
| Family reunification and community engagement | Yes |
| Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs | No |

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness
Based on Needs. Applicants must check all that apply from the list below that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

| History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse) | X |
| Number of Previous Homeless Episodes | X |
| Unsheltered Homelessness | X |
| Criminal History | X |
| Bad Credit or Rental History | X |

3B-2.6. Applicants must describe the CoC’s strategy to increase:
1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

1)The CoC conducted a Youth Point in Time count in 2017 to identify the extent of youth homelessness, however, this has not resulted in new funding or alteration of existing programs that provide homeless services. 2)Youth may use existing case management and outreach services and resources.

3B-2.6a. Applicants must:
1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC’s strategies.
(limit 3,000 characters)

1)N/A - strategies have not been devised for increasing housing and services for youth
2)N/A
3)N/A

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
1) youth education providers;
2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
3) school districts; and
4) the formal partnerships with (1) through (3) above.
1) Youth education providers - the CoC and Cecil County Public Schools (CCPS), in addition to other key agencies, have an MOU to formally collaborate on the identification and service provision to homeless families with children via the Partnership for Families in Transition. 2) The McKinney Vento Homeless Liaison chairs this group and is a member of the CoC governance board. 3) School districts - a member of the board of education sits on the CoC governance board. 4) The CoC has representation in the collaborating body. It includes shelter providers, educational staff, mental health representatives, Head Start and other early childhood providers. The group meets to ensure that children identified as homeless are receiving every possible resource for their educational and psychological well-being and success.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services. (limit 2,000 characters)

If either a homeless service provider or the school system comes into contact with or identifies a child/family who is homeless, they are informed of their rights via verbal conversation, written brochure, and formal referral to the McKinney Vento Coordinator within Cecil County Public Schools. With permission from the family, they may also be referred for coordination of services via the formal collaborative body mentioned above Partnership for Families in Transition to ensure the child's educational, psycho-social, and physical needs are met.

3B-2.8. Does the CoC have written formal agreements, MOU/ MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.

<table>
<thead>
<tr>
<th>Early Childhood Providers</th>
<th>MOU/ MOA</th>
<th>Other Formal Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Head Start</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Child Care and Development Fund</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Federal Home Visiting Program</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Healthy Start</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Public Pre-K</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Birth to 3 years</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Tribal Home Visiting Program</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans
experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).

Cecil County’s Commitment to End Veteran’s Homelessness is a bi-monthly subcommittee of the CoC that has established a by-name list of homeless veterans in Cecil County via HUD contracted technical assistance. VA, shelter, and homeless providers meet to review HMIS data, evaluate progress toward benchmarks, and review housing plans of all identified homeless veterans to ensure they are connected to VASH, SSVF, or other mainstream services to expedite a return to a permanent housing situation. There is a process in place, using VA outreach workers and local community resources to consistently identify homeless veterans and engage them in the process of finding housing.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? Yes

3B-5. Racial Disparity. Applicants must:

(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;

(2) if the CoC conducted an assessment, attach a copy of the summary.

No
4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

<table>
<thead>
<tr>
<th>Type of Health Care</th>
<th>Assist with Enrollment</th>
<th>Assist with Utilization of Benefits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Insurers:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Profit, Philanthropic:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)

1) Each CoC project works with a case management provider to identify, through discussion with participant and use of screening forms, any mainstream supportive services that would be helpful for the participant for which they would likely qualify. 2) Cecil County holds Quarterly or semi-annual meetings of the Resource Networking group are co-hosted by the health department and local department of social services for the purpose of keeping community providers updated on new or changing resources including eligibility criteria, referral process, etc. 3) Cecil County Health Department, Director of Special Populations Services
4A-2. Housing First: Applicants must report:

1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and

2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.

| Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition. | 3 |
| Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements. | 3 |
| Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First. | 100% |

4A-3. Street Outreach. Applicants must:

1) describe the CoC’s outreach;

2) state whether the CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;

3) describe how often the CoC conducts street outreach; and

4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

1) Cecil County has regular street outreach for veterans and non-veterans that occurs weekly and is carried out by the V.A. and two nonprofit providers that serve the area. Limited street outreach is also available via mental health case management and peer recovery advocates in the local health department. When alerted to unsheltered individuals living on the street, they will respond to the scene to attempt engagement in services. 2) Yes-100% of county is covered. 3) veteran-weekly, others-monthly or as alerted. 4) Outreach workers visit food ministries and other known locations where unsheltered individuals congregate. They also accompany police and respond to concerns from the public when individuals are identified as unsheltered.

4A-4. Affirmative Outreach. Applicants must describe:

1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status or disability; and

2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above. (limit 2,000 characters)

1) Projects/providers have written policies regarding non-discrimination that govern their programs and in some cases special written outreach materials. 2) Providers use interpreters as needed for non-english speaking or those with
disabilities related to hearing/speech.

**4A-5. RRH Beds as Reported in the HIC.** Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

<table>
<thead>
<tr>
<th>RRH beds available to serve all populations in the HIC</th>
<th>2017</th>
<th>2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>62</td>
<td>26</td>
<td>-36</td>
</tr>
</tbody>
</table>

**4A-6. Rehabilitation or New Construction Costs.** Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?

**No**

**4A-7. Homeless under Other Federal Statutes.** Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes?

**No**
## 4B. Attachments

**Instructions:**

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C-5. PHA Administration Plan–Homeless Preference</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1C-8. Centralized or Coordinated Assessment Tool</td>
<td>Yes</td>
<td>CE Assessment Tool</td>
<td>08/28/2018</td>
</tr>
<tr>
<td>1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)</td>
<td>Yes</td>
<td>Rating &amp; Ranking ...</td>
<td>09/13/2018</td>
</tr>
<tr>
<td>1E-3. Public Posting CoC-Approved Consolidated Application</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)</td>
<td>Yes</td>
<td>RRR Posting</td>
<td>09/04/2018</td>
</tr>
<tr>
<td>1E-4. CoC’s Reallocation Process</td>
<td>Yes</td>
<td>Reallocation Process</td>
<td>08/28/2018</td>
</tr>
<tr>
<td>1E-5. Notifications Outside e-snaps–Projects Accepted</td>
<td>Yes</td>
<td>Project Notificat...</td>
<td>09/13/2018</td>
</tr>
<tr>
<td>1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced</td>
<td>Yes</td>
<td>Rejected or Reduc...</td>
<td>09/04/2018</td>
</tr>
<tr>
<td>1E-5. Public Posting–Local Competition Deadline</td>
<td>Yes</td>
<td>CoC Local Competi...</td>
<td>08/28/2018</td>
</tr>
<tr>
<td>2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)</td>
<td>Yes</td>
<td>Governance Charter</td>
<td>08/28/2018</td>
</tr>
<tr>
<td>2A-2. HMIS–Policies and Procedures Manual</td>
<td>Yes</td>
<td>HMIS Policy &amp; Pro...</td>
<td>08/28/2018</td>
</tr>
<tr>
<td>3A-6. HDX–2018 Competition Report</td>
<td>Yes</td>
<td>HDX Competition R...</td>
<td>08/28/2018</td>
</tr>
<tr>
<td>3B-2. Order of Priority–Written Standards</td>
<td>No</td>
<td>Written Standards...</td>
<td>08/28/2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3B.5. Racial Disparities</strong> Summary</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4A-7.a. Project List – Persons Defined as Homeless under Other Federal Statutes (if applicable)</strong></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:  CE Assessment Tool

Attachment Details

Document Description:  Rating & Ranking 2018

Attachment Details

Document Description:

Attachment Details

Document Description:  RRR Posting
Attachment Details

**Document Description:** Reallocation Process

Attachment Details

**Document Description:** Project Notifications

Attachment Details

**Document Description:** Rejected or Reduced evidence

Attachment Details

**Document Description:** CoC Local Competition Posting

Attachment Details

**Document Description:** Governance Charter
**Document Description:** HMIS Policy & Procedures

**Attachment Details**

**Document Description:** HDX Competition Report

**Attachment Details**

**Document Description:** Written Standards/Order of Priority

**Attachment Details**

**Document Description:**

**Attachment Details**

**Document Description:**

**Attachment Details**
Submission Summary

Ensure that the Project Priority List is complete prior to submitting.
<table>
<thead>
<tr>
<th>Submission Summary</th>
<th>No Input Required</th>
</tr>
</thead>
</table>

Applicant: Cecil County Health Department
Project: MD-507 CoC Registration FY2018
## HMIS Assessment

### Client Information
- **First Name:** 
- **Last Name:** 
- **Social Security Number:** 
- **Date of Birth:** 
- **U.S. Military Veteran:** Yes
- **Primary Race:** Am Indian/Alaskan
- **Secondary Race:** Am Indian/Alaskan
- **Ethnicity:** Non-Hispanic/Non-Latino
- **Gender:** Female
- **Residence Prior to Entry:***
  - Emergency shelter*
  - Foster care/group home
  - Hospital
  - Hotel/motel
  - Jail, prison, juvenile det
  - Long-term nursing home
  - Owned by client, no sub
- **Length of Stay:**
  - 1 day or less
  - 2 days to 1 week
  - 1 to 3 months
  - More than 1 wk, less 1 mo
  - More than 1 mo, less 1 yr
  - 1 year or longer

### Continuously Homeless for 1+ yrs
- **Yes**

### Monthly Income
- **Ailmony/Spousal Support**
- **Child Support**
- **Earned Income**
- **General Assistance**
- **Pension**
- **Priv Disability Insurance**
- **Retirement from SS**
- **SSDI**
- **SSI**
- **TANF**

### Non-Cash Benefits
- **Other Source**
- **Other TANF Svc**
- **Section 8/Public Housing**
- **SSNP for WIC**
- **SNAP (Food Stamps)**
- **TANF Child Care**

### Health Insurance
- **MEDICAID**
- **MEDICARE**
- **State Childrens Program**
- **VA Medical Services**
- **Employer Provided**
- **COBRA**
- **State Insurance (Adults)**
- **Private Health Insurance**

### Disabilities
- **Alcohol Abuse**
- **Both Alcohol & Drug Abuse**
- **Developmental**
- **Drug Abuse**
- **HIV/AIDS**
- **Mental**
- **Physical**
- **Physical/Medical**

### Domestic violence victim?
- **Yes**
- **No**

### Where did you previously reside?
- **If 4r, # Most Homeless Past 3 yrs**

### General Notes

### Services Received

---

*Please fill in all relevant information.*
1. Housing Status Rating

Where do you currently reside?

- **3-High**: living in a place not intended for human habitation
- **2-Medium**: currently housed/sheltered but loss of housing/shelter is imminent (eviction pending, staying with family/friends under volatile conditions, being discharged from institutional facility)
- **1-Low**: staying with family/friends under stable conditions

2. Income Rating

Already addressed in initial HMIS intake form.

- **3-High**: no income at all from any source
- **2-Medium**: some cash income but not enough for rent and bills (only source of income is SSI, cash assistance, child support, etc.)
- **1-Low**: has some discretionary funds, can save money

3. Employment Rating

Are you currently employed? 

If yes, FT/PT? _____ Wage? _____ Regular Schedule? ______

- **3-High**: currently unemployed
- **2-Medium**: underemployed (low paying, part-time, or inconsistent work schedule)
- **1-Low**: employed and making enough to cover basic needs (rent, food, etc) solely from employment or when combined with other cash income sources

4. Legal Rating

Do you have any current or past criminal justice involvement? 

Do you have any: felony convictions? _____ misdemeanor convictions? ______

- **3-High**: has current criminal justice involvement on probation, or history of felony convictions
- **2-Medium**: history of arrests or misdemeanor convictions (not on probation, no outstanding warrants/charges)
- **1-Low**: no past criminal history or current pending charges

5. Support Rating

Do you have family or friends who are supportive emotionally or financially? 

If yes, is the relationship consistent? ______

- **3-High**: no emotional or financial support from family and friends identified
- **2-Medium**: some support from family/friends identified but is consistent
- **1-Low**: has strong support (emotional or financial) from at least one person in social network
6. Safety Rating

In your current living situation, are you exposed to abuse or violence by anyone (family member or otherwise)?
3-High- current living situation involves exposure to domestic violence, any form of abuse by family or non-family member
2-Medium- there is a history of victimization of any kind, but not current
1-Low- no past or current victimization reported/identified

7. Somatic Health/ Mobility Rating

Do you have any medical conditions that affect your mobility or require use of assertive devices?
Is the condition being treated on a consistent basis?
Has the condition required use of the emergency room in the past 90 days?
Does your medical condition affect your ability to carry out tasks of daily living?
3-High- has a medical condition that affects mobility, requires use of assistive device, or commonly requires hospitalization or visits to ER, inconsistent treatment or care of condition
2-Medium- has a medical condition, but does not currently affect ability to carry out tasks of daily living, does not require special accommodations, or it is treated and stable on outpatient basis
1-Low- has no identified somatic medical conditions

8. Mental Health Rating

Are you currently in treatment for a mental health condition?
Have you been in treatment in the past?
If yes to either, have you used any crisis services related to the condition in the past 90 days (ER, hospital admission, mobile crisis)?
3-High- has had psychiatric hospitalization or reported to ER or used crisis services for psychiatric reasons in last 90 days
2-Medium- current or past treatment for mental health condition in outpatient setting
1-Low- no past or current treatment for mental health

9. Substance Use Rating

Do you currently use drugs or alcohol to the point they have caused problems in your life?
Are you currently in treatment for a drug/alcohol issue?
Have you been treated in the past for a drug/alcohol issue?
3-High- actively abuses alcohol or illicit drugs & not in treatment or support program
2-Medium- has alcohol or substance abuse use issue but involved in treatment or support program
1-Low- abstinence from substance use for one year or longer OR no history of, or current substance abuse problem

Total Risk (Vulnerability) Rating
Add each rating and write score in the box. Higher scores indicate higher risk.
## ALTERNATIVE RATING TOOL

You can sort the project list below using the drop-down selection to the left. You can also check the box to indicate that all threshold requirements have been met.

### RATING TABLE

<table>
<thead>
<tr>
<th>Project ID</th>
<th>Grant Number</th>
<th>Renewal, New, Expansion, Reallocate</th>
<th>Project Name</th>
<th>Organization Name</th>
<th>Project Type</th>
<th>Met All HUD Threshold Requirements</th>
<th>Met All CoC Threshold Requirements</th>
<th>Weighted Rating Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>MD0143L3B071710</td>
<td>Renewal</td>
<td>7 Unit</td>
<td>BHA</td>
<td>PSH</td>
<td>Yes</td>
<td>Yes</td>
<td>78</td>
</tr>
<tr>
<td>1</td>
<td>MD0226L3B071709</td>
<td>Renewal</td>
<td>5 Unit</td>
<td>BHA</td>
<td>PSH</td>
<td>Yes</td>
<td>No</td>
<td>65</td>
</tr>
<tr>
<td>3</td>
<td>MD0302L3B071704</td>
<td>Renewal</td>
<td>RRH</td>
<td>HSDC</td>
<td>RRH</td>
<td>Yes</td>
<td>Yes</td>
<td>67</td>
</tr>
<tr>
<td>Applicant</td>
<td>App Type</td>
<td>Project Type</td>
<td>Project Priority</td>
<td>Thresholds</td>
<td>Rating</td>
<td>Fund Request</td>
<td>Tier 2 Allocation</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>----------</td>
<td>--------------</td>
<td>-----------------</td>
<td>------------</td>
<td>--------</td>
<td>--------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>BHA 7 Unit</td>
<td>Renew</td>
<td>PSH</td>
<td>1</td>
<td>Yes</td>
<td>78</td>
<td>$103,963.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BHA 5 Unit</td>
<td>Renew</td>
<td>PSH</td>
<td>1</td>
<td>No</td>
<td>65</td>
<td>$75,737.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSDC RRH</td>
<td>Renew</td>
<td>RRH</td>
<td>2</td>
<td>Yes</td>
<td>67</td>
<td>$65,172.00</td>
<td>$ (14,692.32)</td>
<td></td>
</tr>
</tbody>
</table>

Estimated ARD (w/o planning) $244,872.00
Tier 1 (94% ARD w/o planning) $230,179.68
Tier 2 (6% ARD w/o planning) $14,692.32
CoC Planning $7,346.00
RENEWAL/EXPANSION THRESHOLD REQUIREMENTS

Stakeholders should NOT assume all requirements are fully addressed through this tool. CoC Program application requirements change periodically and annual NOFAs may provide more detailed guidance. The CoC collaborative applicant and project applicants should carefully review the annual NOFA criteria each year.

THRESHOLD REQUIREMENTS

1. Applicant has Active SAM registration with current information.

2. Applicant has Valid DUNS number in application.

3. Applicant has no Outstanding Delinquent Federal Debts - It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds, unless:
   (a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or
   (b) Other arrangements satisfactory to HUD are made before the award of funds by HUD.

4. Disclosed any Debarments and/or Suspensions - In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal Government.

5. Disclosed any violations of Federal criminal law - Applicants must disclose in a timely manner, in writing to HUD, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures can result in any of the remedies described in 2 CFR §200.338. Remedies for noncompliance, including suspension or debarment. This mandatory disclosure requirement also applies to subrecipients of HUD funds who must disclose to the pass-through entity from which it receives HUD funds.

6. Submitted the required certifications as specified in the NOFA.

7. Demonstrated the population to be served meets program eligibility requirements as described in the Act, and project application clearly establishes eligibility of project applicants. This includes any additional eligibility criteria for certain types of projects contained in the NOFA.

8. Agreed to Participate in HMIS - Project applicants, except Collaborative Applicants that only receive awards for CoC planning costs and, if applicable, UFA Costs, must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that complies with the federal HMIS data and technical standards. While not prohibited from using HMIS, legal services providers may use a comparable database that complies with federal HMIS data and technical standards, if deemed necessary to protect attorney client privilege.

9. Met HUD Expectations - When considering renewal projects for award, HUD will review information in eLOCCS; Annual Performance Reports (APRs); and information provided from the local HUD CPD Field Office, including monitoring reports and A-133 audit reports as applicable, and performance standards on prior grants. HUD will also assess renewal projects using the following performance standards in relation to the project's prior grants:
   (a) Whether the project applicant's performance met the plans and goals established in the initial application, as amended;
   (b) Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met;
   (c) The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except HMIS-dedicated projects that are not required to meet this standard; and,
   (d) Whether the project applicant has been working to address systemic issues, has a history of noncompliant financial accounting practices, has indicated it projects management has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site.

10. Met HUD financial expectations – If a project applicant has previously received HUD grants, the organization must have demonstrated its ability to meet HUD's financial expectations:

    (a) Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
    (b) Audit finding(s) for which a response is overdue or unsatisfactory;
### RENEWAL/EXPANSION THRESHOLD REQUIREMENTS

**Project Name:** Y 5 Unit (1)  
**Organization Name:** BHA  
**Project Type:** PSH

<table>
<thead>
<tr>
<th>Project Identifier</th>
<th>1</th>
</tr>
</thead>
</table>

**Completed projects will be moved to the bottom of the list.**

If you would like to change the project type, please do so in the HIC and re-copy the data to the RAW HIC DATA tab, or do so in the LIST OF PROJECTS TO BE REVIEWED.

#### Renewal/Expansion Projects

**Threshold Review Complete**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(c) History of inadequate financial management accounting practices;</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>(d) Evidence of untimely expenditures on prior award;</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>(e) History of other major capacity issues that have significantly affected the operation of the project and its performance;</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>(f) History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; and</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>(g) History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

11. Demonstrated Project is Consistent with Jurisdictional Consolidated Plan(s) - All projects must be consistent with the relevant jurisdictional Consolidated Plan(s). The CoC will be required to submit a Certification of Consistency with the Consolidated Plan at the time of application submission to HUD.

#### CoC THRESHOLD REQUIREMENTS

For each requirement, select “Yes” if the project has provided reasonable assurances that the project will meet the requirement, has been given an exception by the CoC or will request a waiver from HUD. Otherwise select “No”.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinated Entry Participation</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Housing First and/or Low Barrier Implementation</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Documented, secured minimum match</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Project has reasonable costs per permanent housing exit, as defined locally</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Project is financially feasible</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Applicant is active CoC participant</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Application is complete and data are consistent</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Data quality at or above 90%</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Bed/unit utilization rate at or above 90%</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Acceptable organizational audit/financial review</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Documented organizational financial stability</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
If any of the following have occurred, the project applicant would need to demonstrate a 100% renewal/expansion threshold:

1. Applicant has Active SAM registration with current information.
2. Applicant has Valid DUNS number in application.
3. Applicants must disclose any violations of Federal Criminal Law - Applicants must disclose any violations of Federal Criminal Law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures can result in any of the remedies described in 2 CFR § 200.338, Remedies for noncompliance, including suspension or debarment. This mandatory disclosure requirement also applies to subrecipients of HUD funds who must disclose any violations to the pass-through entity from which they receive HUD funds.
4. Applicant has no Debarments and/or Suspensions - In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal Government.
5. Posted the required certifications as specified in the NOFA.
6. Demonstrated the population to be served meets program eligibility requirements as described in the Act, and project application clearly establishes eligibility of project applicants. This includes any additional eligibility criteria for certain types of projects contained in the NOFA.
7. Met HUD Expectations - When considering renewal projects for award, HUD will review information in eLOCCS; Annual Performance Reports (APRs); and information provided from the local HUD CPD Field Office, including monitoring reports and A-133 audit reports as applicable, and performance standards on prior grants. HUD will also assess renewal projects using the following performance standards in relation to the project's prior grants:
   - Whether the project applicant's performance met the plans and goals established in the initial application, as amended;
   - Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met;
   - The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except HMIS-dedicated projects that are not required to meet this standard; and,
   - Whether there is evidence that a project applicant has been operating or admits to inadmissible practices, has mandated or project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site.
8. Whether HUD expectations have been met for any of the following have occurred, the project applicant must demonstrate its ability to meet HUD’s financial expectations:
   - Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
   - Audit finding(s) for which a response is overdue or unsatisfactory;
9. Met HUD expectations - If a project applicant has previously received HUD grants, the organization must have demonstrated its ability to meet HUD’s financial expectations.
   - If any of the following have occurred, the project applicant would NOT meet this threshold criteria:
   - Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
   - Audit finding(s) for which a response is overdue or unsatisfactory;

Stakeholders should NOT assume all requirements are fully addressed through this tool. CoC Program application requirements change periodically and annual NOFAs may provide more detailed guidance. The CoC collaborative applicant and project applicants should carefully review the annual NOFA criteria each year.

### THRESHOLD REQUIREMENTS

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant has Active SAM registration with current information.</td>
<td>Yes</td>
</tr>
<tr>
<td>Applicant has Valid DUNS number in application.</td>
<td>Yes</td>
</tr>
<tr>
<td>Applicants must disclose any violations of Federal Criminal Law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures can result in any of the remedies described in 2 CFR § 200.338, Remedies for noncompliance, including suspension or debarment. This mandatory disclosure requirement also applies to subrecipients of HUD funds who must disclose any violations to the pass-through entity from which they receive HUD funds.</td>
<td>Yes</td>
</tr>
<tr>
<td>Applicant has no Debarments and/or Suspensions - In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal Government.</td>
<td>Yes</td>
</tr>
<tr>
<td>Posted the required certifications as specified in the NOFA.</td>
<td>Yes</td>
</tr>
<tr>
<td>Demonstrated the population to be served meets program eligibility requirements as described in the Act, and project application clearly establishes eligibility of project applicants. This includes any additional eligibility criteria for certain types of projects contained in the NOFA.</td>
<td>Yes</td>
</tr>
<tr>
<td>Met HUD Expectations - When considering renewal projects for award, HUD will review information in eLOCCS; Annual Performance Reports (APRs); and information provided from the local HUD CPD Field Office, including monitoring reports and A-133 audit reports as applicable, and performance standards on prior grants. HUD will also assess renewal projects using the following performance standards in relation to the project's prior grants:</td>
<td>Yes</td>
</tr>
<tr>
<td>Whether the project applicant's performance met the plans and goals established in the initial application, as amended;</td>
<td>Yes</td>
</tr>
<tr>
<td>Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met;</td>
<td>Yes</td>
</tr>
<tr>
<td>The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except HMIS-dedicated projects that are not required to meet this standard; and,</td>
<td>Yes</td>
</tr>
<tr>
<td>Whether there is evidence that a project applicant has been operating or admits to inadmissible practices, has mandated or project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site.</td>
<td>Yes</td>
</tr>
<tr>
<td>Met HUD expectations - If a project applicant has previously received HUD grants, the organization must have demonstrated its ability to meet HUD’s financial expectations. If any of the following have occurred, the project applicant would NOT meet this threshold criteria:</td>
<td>Yes</td>
</tr>
<tr>
<td>Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;</td>
<td>Yes</td>
</tr>
<tr>
<td>Audit finding(s) for which a response is overdue or unsatisfactory;</td>
<td>Yes</td>
</tr>
</tbody>
</table>
RENW. + EXP. THRESHOLD

<table>
<thead>
<tr>
<th>Project Name: 17 Unit (2)</th>
<th>Organization Name: BHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Type: PSH</td>
<td>Project Identifier: 2</td>
</tr>
</tbody>
</table>

Completed projects will be moved to the bottom of the list.

If you would like to change the project type, please do so in the HIC and re-copy the data to the RAW HIC DATA tab, or do so in the LIST OF PROJECTS TO BE REVIEWED.

### Renewal/Expansion Threshold Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>(c) History of inadequate financial management accounting practices;</td>
<td>Yes</td>
</tr>
<tr>
<td>(d) Evidence of untimely expenditures on prior award;</td>
<td>Yes</td>
</tr>
<tr>
<td>(e) History of other major capacity issues that have significantly affected the operation of the project and its performance;</td>
<td>Yes</td>
</tr>
<tr>
<td>(f) History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; and</td>
<td>Yes</td>
</tr>
<tr>
<td>(g) History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.</td>
<td>Yes</td>
</tr>
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</table>

11. Demonstrated Project is Consistent with Jurisdictional Consolidated Plan(s) - All projects must be consistent with the relevant jurisdictional Consolidated Plan(s). The CoC will be required to submit a Certification of Consistency with the Consolidated Plan at the time of application submission to HUD.

### CoC Threshold Requirements

For each requirement, select “Yes” if the project has provided reasonable assurances that the project will meet the requirement, has been given an exception by the CoC or will request a waiver from HUD. Otherwise select “No”.

<table>
<thead>
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<tr>
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<td>Housing First and/or Low Barrier Implementation</td>
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<tr>
<td>Project is financially feasible</td>
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<tr>
<td>Applicant is active CoC participant</td>
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<tr>
<td>Application is complete and data are consistent</td>
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<td>Data quality at or above 90%</td>
<td>Yes</td>
</tr>
<tr>
<td>Bed/unit utilization rate at or above 90%</td>
<td>Yes</td>
</tr>
<tr>
<td>Acceptable organizational audit/financial review</td>
<td>Yes</td>
</tr>
<tr>
<td>Documented organizational financial stability</td>
<td>Yes</td>
</tr>
</tbody>
</table>
RENEWAL/EXPANSION THRESHOLD REQUIREMENTS

Stakeholders should NOT assume all requirements are fully addressed through this tool. CoC Program application requirements change periodically and annual NOFAs may provide more detailed guidance. The CoC collaborative applicant and project applicants should carefully review the annual NOFA criteria each year.

HUD THRESHOLD REQUIREMENTS

1. Applicant has Active SAM registration with current information.

2. Applicant has Valid DUNS number in application.

3. Applicant has no Outstanding Delinquent Federal Debts- It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds, unless:
   (a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or
   (b) Other arrangements satisfactory to HUD are made before the award of funds by HUD.

4. Applicant has no Debarments and/or Suspensions - In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal Government.

5. Disclosed any violations of Federal criminal law - Applicants must disclose in a timely manner, in writing to HUD, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures can result in any of the remedies described in 2 CFR §200.338. Remedies for noncompliance, including suspension or debarment. This mandatory disclosure requirement also applies to subrecipients of HUD funds who must disclose to the pass-through entity from which it receives HUD funds.

6. Submitted the required certifications as specified in the NOFA.

7. Demonstrated the population to be served meets program eligibility requirements as described in the Act, and project application clearly establishes eligibility of project applicants. This includes any additional eligibility criteria for certain types of projects contained in the NOFA.

8. Agreed to Participate in HMIS - Project applicants, except Collaborative Applicants that only receive awards for CoC planning costs and, if applicable, UFA Costs, must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that complies with the federal HMIS data and technical standards. While not prohibited from using HMIS, legal services providers may use a comparable database that complies with federal HMIS data and technical standards, if deemed necessary to protect attorney client privilege.

9. Met HUD Expectations - When considering renewal projects for award, HUD will review information in eLOCCS; Annual Performance Reports (APRs); and information provided from the local HUD CPD Field Office, including monitoring reports and A-133 audit reports as applicable, and performance standards on prior grants. HUD will also assess renewal projects using the following performance standards in relation to the project's prior grants:
   (a) Whether the project applicant's performance met the plans and goals established in the initial application, as amended;
   (b) Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met;
   (c) The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except HMIS-dedicated projects that are not required to meet this standard; and;
   (d) Whether there is evidence that a project applicant has been working to address technical assistance, has a history of or demonstrated financial accounting practices, has instances of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site.

10. Met HUD financial expectations – If a project applicant has previously received HUD grants, the organization must have demonstrated its ability to meet HUD's financial expectations. If any of the following have occurred, the project applicant would NOT meet this threshold criteria:
   (a) Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
   (b) Audit finding(s) for which a response is overdue or unsatisfactory;
## RENEW/EXP. THRESHOLD

**Project Name:** Y RRH (3)  
**Organization Name:** HSDC  
**Project Type:** RRH  
**Project Identifier:** 3  

**Completed projects will be moved to the bottom of the list.**

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</table>
## Performance Measures

### Exits to Permanent Housing
- **Permanent Supportive-Housing**
  - 90% remain in or move to PH
  - 100% awarded, 25 out of 25

### Returns to Homelessness
- Within 12 months of exit to permanent housing
  - ≤ 15% of participants return to homelessness
  - 0% awarded, 0 out of 15

### New or Increased Income and Earned Income
- Earned income for project stayers
  - 8%+ increase
  - 0% awarded, 0 out of 2.5

- Non-employment income for project stayers
  - 10%+ increase
  - 0% awarded, 0 out of 2.5

### Serve High Need Populations
- **Permanent Supportive-Housing**
  - ≥ 80% of participants with zero income at entry
  - 22% awarded, 0 out of 10

- **Permanent Supportive-Housing**
  - ≥ 75% of participants with more than one disability type
  - 55% awarded, 0 out of 10

- **Permanent Supportive-Housing**
  - ≥ 75% of participants entering project from place not meant for human habitation
  - 22% awarded, 0 out of 10

### Project Effectiveness
- Costs are within local average cost per positive housing exit for project type (total)
  - Yes, 20% awarded, 20 out of 20

- Coordinated Entry Participation
  - ≥ 95% of entries to project from CE referrals
  - 100% awarded, 10 out of 10

- Housing First and/or Low Barrier Implementation
  - Commits to applying Housing First model
  - Yes, 100% awarded, 10 out of 10

### Other and Local Criteria
- Applicant Narrative
  - Project is operating in conformance to CoC standards
  - Yes, 10% awarded, 10 out of 10

- PSH - CoC Meeting Participation
  - Yes, 100% awarded, 10 out of 10

- PSH - 100% Dedicated or Dedicated +
  - Yes, 100% awarded, 10 out of 10

- PSH - Complete + Submitted Project App
  - Yes, 100% awarded, 20 out of 20

- PSH - All Funds Spent
  - Yes, 100% awarded, 20 out of 20

### Other and Local Criteria Subtotal
- 40% awarded, 40 out of 40

### Project Effectiveness Subtotal
- 40% awarded, 40 out of 40

### Serve High Need Populations Subtotal
- 40% awarded, 40 out of 45

### Performance Measures Subtotal
- 40% awarded, 120 out of 185

### Total Score
- 120 out of 185
## RENEWAL/EXPANSION PROJECT RATING TOOL

### Project Information
- **Project Name:** Y 5 Unit (1)
- **Organization Name:** BHA
- **Project Type:** PSH
- **Project Identifier:** 1

### Rating Complete
- Did not meet all CoC threshold requirements

### Instructions on Awarding Points

<table>
<thead>
<tr>
<th>RATING FACTOR</th>
<th>PERFORMANCE GOAL</th>
<th>POINTS AWARDED</th>
<th>MAX POINT VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weighted Rating Score</td>
<td></td>
<td>65</td>
<td>100</td>
</tr>
</tbody>
</table>

### Project Financial Information

#### CoC Funding Requested
- $71,316

#### Amount of Other Public Funding (Federal, State, County, City)
- $0

#### Amount of Private Funding
- $0

#### CoC Amount Awarded Last Operating Year
- $0

#### CoC Amount Expended Last Operating Year
- $0

#### Percent of CoC funding expended last operating year
- 0%
### RENEWAL/EXPANSION PROJECT RATING TOOL

#### Project Name: V 7 Unit (2)

**Organization Name:** BHA  
**Project Type:** PSH  
**Project Identifier:** 2  
---

#### Met all threshold requirements  
**Ratings Complete:** 100%  
**Instructions on Awarding Points**

<table>
<thead>
<tr>
<th>RATING FACTOR</th>
<th>PERFORMANCE GOAL</th>
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<tr>
<td><strong>PERFORMANCE MEASURES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Length of Stay</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent Supportive-Housing</td>
<td>90% remain in or move to PH</td>
<td>100%</td>
<td>25</td>
</tr>
<tr>
<td><strong>Returns to Homelessness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 12 months of exit to permanent housing</td>
<td>≤ 15% of participants return to homelessness</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td><strong>New or Increased Income and Earned Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earned income for project stayers</td>
<td>8%+ increase</td>
<td>8%</td>
<td>2.5</td>
</tr>
<tr>
<td>Non-employment income for project stayers</td>
<td>10%+ increase</td>
<td>18%</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Performance Measures Subtotal</strong></td>
<td></td>
<td>45</td>
<td>out of 45</td>
</tr>
<tr>
<td><strong>SERVE HIGH NEED POPULATIONS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent Supportive-Housing</td>
<td>≥ 80% of participants with zero income at entry</td>
<td>7%</td>
<td>0</td>
</tr>
<tr>
<td>Permanent Supportive-Housing</td>
<td>≥ 75% of participants with more than one disability type</td>
<td>40%</td>
<td>0</td>
</tr>
<tr>
<td>Permanent Supportive-Housing</td>
<td>≥ 75% of participants entering project from place not meant for human habitation</td>
<td>43%</td>
<td>0</td>
</tr>
<tr>
<td><strong>Serve High Need Populations Subtotal</strong></td>
<td></td>
<td>0</td>
<td>out of 30</td>
</tr>
<tr>
<td><strong>PROJECT EFFECTIVENESS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project has reasonable costs</td>
<td>Costs are within local average cost per positive housing exit for project type (total)</td>
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<td>20</td>
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<td>100%</td>
<td>10</td>
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<td>Commits to applying Housing First model</td>
<td>Yes</td>
<td>10</td>
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<tr>
<td><strong>Project Effectiveness Subtotal</strong></td>
<td></td>
<td>40</td>
<td>out of 40</td>
</tr>
<tr>
<td><strong>OTHER AND LOCAL CRITERIA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applicant Narrative</td>
<td>Project is operating in conformance to CoC standards</td>
<td>Yes</td>
<td>10</td>
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<td>PSH - CoC Meeting Participation</td>
<td>Yes</td>
<td>Yes</td>
<td>10.0</td>
</tr>
<tr>
<td>PSH - 100% Dedicated or Dedicated +</td>
<td>Yes</td>
<td>No</td>
<td>0</td>
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<td>Yes</td>
<td>Yes</td>
<td>20.0</td>
</tr>
<tr>
<td>PSH - All Funds Spent</td>
<td>Yes</td>
<td>Yes</td>
<td>20</td>
</tr>
<tr>
<td><strong>Other and Local Criteria Subtotal</strong></td>
<td></td>
<td>60</td>
<td>out of 70</td>
</tr>
<tr>
<td><strong>TOTAL SCORE</strong></td>
<td></td>
<td>145</td>
<td>out of 185</td>
</tr>
</tbody>
</table>
## Renewal/Expansion Project Rating Tool

### Project Information
- **Project Name:** Y 7 Unit (2)
- **Organization Name:** BHA
- **Project Type:** PSH
- **Project Identifier:** 2

### Rating Complete
- Met all threshold requirements
- Rating Complete: 100%

### Ratings and Performance

<table>
<thead>
<tr>
<th>Rating Factor</th>
<th>Performance Goal</th>
<th>Points Awarded</th>
<th>Max Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weighted Rating Score</td>
<td>78 out of 100</td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

### Project Financial Information

- **CoC funding requested:** $97,884
- **Amount of other public funding (federal, state, county, city):**
- **Amount of private funding:** $97,884
- **CoC Amount Awarded Last Operating Year:**
- **CoC Amount Expended Last Operating Year:**
- **Percent of CoC funding expended last operating year:** 0%
## RENEWAL/EXPANSION PROJECT RATING TOOL

### Project Name: RRH (3)

**Organization Name:** HSDC  
**Project Type:** RRH  
**Project Identifier:** 3  

### Instructions on Awarding Points

<table>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid Re-Housing</td>
<td>Participants are placed in housing less than 90 days after referral to RRH</td>
<td>Yes</td>
<td>20 days</td>
<td>20</td>
</tr>
<tr>
<td><strong>Exits to Permanent Housing</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Rapid Re-Housing</td>
<td>90% move to PH</td>
<td>90%</td>
<td>25%</td>
<td>25</td>
</tr>
<tr>
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**Performance Measures Subtotal:** 60 out of 65

### SERVE HIGH NEED POPULATIONS

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<td>39%</td>
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<td>Rapid Re-Housing</td>
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<td>10%</td>
<td>0%</td>
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<td>Rapid Re-Housing</td>
<td>≥ 50% of participants entering project from place not meant for human habitation</td>
<td>17%</td>
<td>0%</td>
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**Serve High Need Populations Subtotal:** 0 out of 30

### PROJECT EFFECTIVENESS

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<td>No</td>
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**Project Effectiveness Subtotal:** 30 out of 40

### OTHER AND LOCAL CRITERIA

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**Other and Local Criteria Subtotal:** 40 out of 60

### TOTAL SCORE

**Total Score:** 130 out of 195

---

Note: The table above shows the rating factors, performance goals, performance, points awarded, and max points value for various categories related to housing projects. The ratings are based on specific criteria and the points are awarded accordingly.

---

**Other and Local Criteria Subtotal:** 40 out of 60

### TOTAL SCORE

**Total Score:** 130 out of 195
# RENEWAL/EXPANSION PROJECT RATING TOOL

**Project Name:** RRH (3)  
**Organization Name:** HSDC  
**Project Type:** RRH  
**Project Identifier:** 3

## Renewal/Expansion Projects

**Rating Complete:** Met all threshold requirements  
100%  

### Instructions on Awarding Points

<table>
<thead>
<tr>
<th>RATING FACTOR</th>
<th>PERFORMANCE GOAL</th>
<th>MAX POINT VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Weighted Rating Score

- **PERFORMANCE**: 67 out of 100
- **POINTS AWARDED**: 67

## PROJECT FINANCIAL INFORMATION

- **CoC funding requested:** $65,172
- **Amount of other public funding (federal, state, county, city):** $0
- **Amount of private funding:** $0
- **TOTAL PROJECT COST:** $65,172

### CoC Amount Awarded Last Operating Year

- **NOTE:** Edit on the LIST OF PROJECTS TO BE REVIEWED tab

- **NOTE:** Edit on the LIST OF PROJECTS TO BE REVIEWED tab

- **NOTE:** Edit on the LIST OF PROJECTS TO BE REVIEWED tab

- **Percent of CoC funding expended last operating year:** 0%
Hello Priya,
Both CoC permanent supportive housing projects have been accepted for the HUD CoC submission, and ranked #1 and #2 respectively.
Thank you,
Gwen

--
Gwen Parrack, MSW, Director
Special Populations Services
Cecil County Health Department

Phone: 410-996-5112 Division Line
     443-245-3834 Direct
Fax:    410-996-5134
email: gwen.parrack@maryland.gov

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Hi Anne,
The rapid rehousing project has been accepted for submission in the HUD CoC application for funding. It was ranked #3. The complete application will be posted shortly to the HMIS website.

Thanks,
Gwen

---

Gwen Parrack, MSW, Director
Special Populations Services
Cecil County Health Department

Phone: 410-996-5112 Division Line
       443-245-3834 Direct
Fax: 410-996-5134
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Due to an unusually wet spring, mosquito populations in Maryland are up to three times higher than their normal early summer levels in some areas of the state. Mosquitoes are not only a nuisance; they can also carry and spread serious diseases such as Zika and West Nile Virus. These viruses can cause serious illness.

Read more →

Posted in: Emergency Preparedness, News  Posted on: 05 Jul 18

28 Jun 18

Stay Safe in Hot Weather

Temperatures are expected to climb into the 90s this weekend and into next week. Everyone should be aware of the dangers posed by extreme heat. Anyone can be a victim of a heat-related illness, such as people working or exercising on hot days. Those most at risk are children under age of five, people over

Read more →

Posted in: Emergency Preparedness, News  Posted on: 29 Jun 18

28 Jun 18

FY 2018 Continuum of Care (CoC) Program Competition is Now Open

The Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition has been posted to the FY 2018 CoC Program Competition: Funding Availability page on the HUD Exchange. Additional resources are available on the e-snaps page on the HUD Exchange. Submission Deadline: Tuesday, September 18, 2018 at 8:00 PM EDT

Read more →

Posted in: News  Posted on: 28 Jun 18

27 Jun 18

Rabid Raccoon Found in the Washington Woods Community of Elkton

Cecil County Health Department reports that a raccoon submitted to them on Tuesday, June 26 has tested positive for rabies. This raccoon was described as a young pup and had been observed in Washington Woods for several days. If anyone feels that they may have been exposed to this raccoon, they should contact their physician.

Read more →

Posted in: News  Posted on: 27 Jun 18
Cecil County HMIS (CCHMIS) Governance Charter
Section 1: Overview and Purpose

The purpose of the CCHMIS Governance Charter is to outline the governance roles, responsibilities, relationship, and authorities of Cecil County’s participating providers, Continuum of Care Lead, and HMIS Lead (Cecil County Health Department). This governance charter is designed to ensure the operation of and consistent participation in the CCHMIS for the purpose of meeting HUD requirements and making planning and funding decisions. It is important for data quality and other standards to be established for the CoC. The CCHMIS currently operates over a shared human services database implemented by Bowman Systems, LLC (ServicePoint). Bowman Systems, LLC (otherwise referred to herein as "Vendor") is a key partner in this CCHMIS implementation. Since 2011, Cecil County Health Department funds many of the essential functions of the CCHMIS implementation in compliance with the HUD Data Standards. As such, Cecil County Health Department serves as the HMIS Lead for our CoC. By participating in the CCHMIS implementation, the providers agree to adopt the initial terms of this Charter as stated herein.
Section 2: Continuum of Care HMIS Responsibilities

By agreeing to participate in CCHMIS, the providers agree to carry out the following responsibilities:

- Identify one representative to serve on the CCHMIS Advisory Committee to provide decision-making and oversight of implementation.

- Accept the HMIS software funded through Cecil County Health Department as the designated software for our CoC.

- Designate Cecil County Health Department (the HMIS Lead) to manage the Continuum's HMIS.

- Advisory Committee members will annually vote upon or adopt the HMIS Governance Charter.

- Understand HUD HMIS and reporting requirements.

- Ensure leadership has received training on the use of report and export functionality.

- Ensure participation by providers including compliance with data quality and completeness thresholds set forth in the CCHMIS Policies and Procedures.

- Require compliance with CCHMIS Policies and Procedures for all CoC providers.

- Obtain and maintain funding for any additional staff or system enhancements that the CoC deems necessary, but not provided by the HMIS Lead.

- Prepare, review and submit all HUD required Continuum reports (Housing Inventory Chart, Point in Time Count, Annual Homeless Assessment Report). The HMIS Lead will provide support to the CoC in the form of technical assistance and training, thus enabling providers to address data quality issues once identified.
Section 3: HMIS Lead Requirements

Subject to the availability of HUD and CoC resources and unanticipated HUD mandates, and to the best of its ability, the HMIS Lead agrees to carry out the following responsibilities:

Project Management

- Oversee the operation and management of the CCHMIS including continual monitoring of data system (not system user) compliance with all HUD Data and Technical Standards.

- Obtain and maintain CCHMIS Participation Agreements with all participating agencies and users.

- Administer HUD HMIS awards for Continuum jurisdictions within the CCHMIS implementation.

- Maintain a central queue and timeline for enhancements.

- Maintain a central queue and timeline for custom reports and data exports that require CCHMIS staff resources.

- Schedule, coordinate and hold monthly Advisory Committee meetings and provide updates on the following topics: enhancement timelines; software fixes; reporting; training and technical support provided; data and security procedures; troubleshooting; and others as necessary.

System Functionality

- Enter into a formal contractual relationship with the CCHMIS Vendor that outlines the requirements and responsibilities of the Vendor, including those required by HUD through its Data and Technical Standards, rules, notices, etc.

- Ensure the Vendor’s software system maintains timely compliance with all Data and Technical Standards to include Victim Service Standards as well as the Privacy and Security Standards.

- Ensure software system maintains timely compliance with any other required standards set by other Federal and State programs that require HMIS use (such as the US Veterans Administration).
• Ensure the software system, within reasonable development timeframes, is capable of producing all HUD required reports, including data quality and completeness monitoring reports.

Policies and Procedures

• Develop and maintain CCHMIS Policies and Procedures in accordance with HUD requirements and notices. This document must be reviewed and adopted by the CCHMIS Advisory Committee.

• Develop and maintain a privacy plan, security plan, and data quality plan for the HMIS in accordance with HUD requirements. This document must be reviewed and adopted by the CCHMIS Advisory Committee.

• Monitor participating agency compliance with security, privacy and confidentiality policies.

• Provide CoC with tools necessary to monitor agency compliance with HUD Data Standards.

• Set minimum general participation and timeliness standards for agencies (providers can set more stringent requirements if they deem necessary).

Training and Technical Assistance

• Ensure required basic training is available to participating provider staff and accessible on a regular basis.

• Ensure technical assistance and help desk support is available and accessible to participating providers on a regular basis.

• Ensure providers have access to reports, technical assistance, and training required to develop a data quality improvement plan when necessary.
Section 4: HMIS Governance: Decision Making & Authority

The HMIS Lead is subject to oversight by the CCHMIS Advisory Committee, which operates as the liaison between the CCHMIS Lead Agency and the providers for the purposes of overseeing CCHMIS-related activities. The CCHMIS Advisory Committee will be made up of designated committee members from all providers and the HMIS Lead. Each provider participating in the CCHMIS must identify one representative to serve on the CCHMIS Advisory Committee that will provide oversight of the implementation. These representatives are responsible for ensuring their Continuum leadership is fully informed of CCHMIS decisions and for making decisions on behalf of the CoC such as improvements and enhancements to the CCHMIS Policies and Procedures. The HMIS Lead will ultimately retain decision-making authority and responsibility related to basic CCHMIS project management functions (such as compliance with Data Standards, security and privacy settings). The CCHMIS Advisory Committee will provide input and final approval of the Statewide Policies and Procedures. Although the providers may also choose to add supplemental requirements or policies, they may not contradict the CCHMIS Policies and Procedures. The CCHMIS Advisory Committee will periodically review changes to the current Data and Technical Standards and other reporting requirements to ensure system compliance. The CCHMIS Advisory Committee will also vote on customizations and enhancements that affect the overall functionality of the software. The CCHMIS Advisory Committee will review the CCHMIS Governance Charter annually. Any amendments to this Governance Charter will be based on a majority vote by Advisory Committee members. Cecil County Health Department, as the HMIS Lead, has the right to accept or not accept proposed changes that may have an impact on their ability to successfully perform their duties as HMIS Lead.
Section 5: Acknowledgement and Acceptance

BY ADOPTING THIS GOVERNANCE CHARTER, THE CoC AND HMIS LEAD ARE ESTABLISHING THAT IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

All parties will demonstrate a commitment to work together and support each other to achieve stated project goals. The providers agree to provide representation to the CCHMIS Advisory Committee for the purpose of ensuring HMIS policy and practice that is both consistent with federal and state requirement and with the local needs of the CoC. The HMIS Lead agrees to the extent practicable to respond to recommendations by each provider as provided by them through the HMIS Advisory Group. The Governance Charter will be revisited on, at a minimum, an annual basis to confirm that the Charter continues to be relevant and appropriate. This Charter documents the mutual understanding between all parties of CCHMIS related roles, responsibilities, relationships, and authorities between the parties hereto. It should not be construed as the HMIS Agency Participation Agreement, which is the formal contracting agreement between the CCHMIS and participating providers.
Cecil County HMIS Policies & Procedures

1. Introduction

The U.S. Department of Housing and Urban Development (HUD) created a mandate in 2004 for recipients of HUD homeless and prevention related funding to participate in Homeless Management Information Systems. This manual outlines policies and procedures for the Cecil County Human Management Information Systems (CCHMIS).

The CCHMIS is a collaborative effort between the Continuum of Care (CoC) Lead, HMIS Lead, and participating providers. We all have an ongoing role in ensuring the success of CCHMIS by providing input into HMIS policy decisions within the parameters established by HUD.

The software used by CCHMIS is ServicePoint, a web-based client tracking database created and maintained by Bowman Systems, LLC. ServicePoint is used by 14 of the 16 Maryland CoC’s. CCHMIS is an active member of the Maryland State HMIS Data Warehouse (MSHDW). By selecting ServicePoint as our HMIS software, and participating in MSHDW, CCHMIS benefits from shared resources and knowledge.

This manual contains information and procedures related to CCHMIS. It is expected that this document is subject to change and may be updated at any time.

For inquiries and/or comments regarding HMIS policies and procedures, please use our Support Portal at our hmisadmin.com website.
2. Access to CCHMIS

System Availability

The CCHMIS ServicePoint website will be available to participating providers 24 hours a day, 7 days a week. In the event of a planned outage or issues impacting availability, users will be notified in advance, if at all possible.

ServicePoint Licenses

ServicePoint is a web based database allowing any organization with internet access and authorization to login and enter/view client information. ServicePoint licenses are purchased by CCHMIS from Bowman Systems, LLC for use in our CoC. CCHMIS also contracts with Bowman Systems, LLC to provide secure storage, backup, and support for CCHMIS.

Each participating provider will be assigned ServicePoint user licenses based on program size and availability. CCHMIS encourages participation in HMIS by non-HUD funded homeless and preventions providers. Non-HUD funded providers may also be assigned a ServicePoint license and may purchase additional licenses as needed. Priority and license allocations will be determined by CCHMIS based on need and availability.

HMIS Provider & End User Agreements

Each participating provider will provide the following forms and information listed below.

1. *HMIS Agency Participation Agreement* – original copy signed by authorized signatory

2. *HMIS End User Agreement* – original copy signed by each ServicePoint user

3. *HMIS Provider Setup & Update Form* – must also be updated if provider changes are made
3. Confidentiality, Privacy, and Security

Protected Personal Information

HUD identifies certain information in the required Universal Data Elements as Protected Personal Information. CCHMIS users must use special care when working with or printing out data involving protected personal information such as:

- Names
- Social Security numbers
- Date of Birth
- Dates of program participation
- Any other unique identifying information

All client information must be kept private at all times, and sharing any client information with other providers is only permissible with a client release of information.

HUD rules published in the federal register state:

4.1.3. Allowable HMIS Uses and Disclosures of Protected Personal Information (PPI) A CHO may use or disclose PPI from an HMIS under the following circumstances:

(1) To provide or coordinate services to an individual;
(2) for functions related to payment or reimbursement for services;
(3) to carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions; or
(4) for creating de-identified PPI.

Uses and disclosures required by law. A CHO may use or disclose PPI when required by law to the extent that the use or disclosure complies with and is limited to the requirements of the law.

Uses and disclosures to avert a serious threat to health or safety. A CHO may, consistent with applicable law and standards of ethical conduct, use or disclose PPI if:

(1) The CHO, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public; and
(2) the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat."

Use of ServicePoint without a Release of Information (ROI)

Data obtained without a ROI/Consent Form may not be shared. A release of information is required whenever identifiable data is released to another provider other than as required by mandated reporting rules and other releases required by law.
4. Client Consent / Release of Information (ROI)

By participating in CCHMIS, providers and users agree to high standards of confidentiality and to seek explicit authority and permission from clients for release of any identifiable client information. The client has the right to have access to their own data.

• A ROI/Consent Form must be signed by a client (even to low-barrier shelters) before any protected personal information can be shared.

• All providers participating in HMIS will be required to follow all current data security practices detailed in this document, and adhere to ethical data use standards.

• The client will have access to view, or keep a printed copy of, his or her own records contained in HMIS.

• An HMIS Privacy Notice shall be prominently displayed at all provider locations where client intakes occur, and must be in plain view of all clients. The content of this notice shall be in accordance with HMIS Privacy Standards in: Federal Register / Vol. 69, No. 146 / Friday, July 30, 2004, and any other applicable standards.
5. HMIS Security

Every effort must be made to assure that protected client data is handled securely, responsibly and in accordance with client wishes.

HMIS System Administrators in coordination with appropriate provider staff are responsible for validating, establishing, and granting security permissions, as well as monitoring and enforcing security procedures.

CCHMIS database administration staff shall have necessary and appropriate access to data submitted by participating providers as needed to administer the HMIS software, resolve data issues, maintain security, and to ensure data integrity.

Security Procedures

• CCHMIS participants and staff are responsible for assuring that client information in CCHMIS is handled responsibly.

• Each provider is responsible for administering its own users and assuring that they receive adequate training in client confidentiality.

• The CCHMIS System Administrators are responsible for setting up ServicePoint users accounts.

• Each new ServicePoint user will review this document and be provided initial training.

• The signed End User Agreement for each ServicePoint user will be on file at the HMIS Lead office.

• It will be the providers' responsibility to immediately inform CCHMIS staff of any staff changes (resignations, transfers, etc.) involving ServicePoint users.

• The CCHMIS staff will have access to the complete list of ServicePoint users.

• In addition to ServicePoint, additional security measures will be required and used for other areas of HMIS, including the reporting module.

• Any paper or other hard copy generated by or for HMIS that contains identifiable information must be under constant supervision by an HMIS user when in a public area.

• When an HMIS user is not present, the information must be secured in a locked file cabinet.

• When any printouts / hard copies of ServicePoint information are no longer needed they will be shredded to maintain client confidentiality.

• Written information, specifically pertaining to user access (user name and password) shall not be stored or displayed in any publicly accessible location.
Right to Deny or Restrict User Access

Every user bears responsibility for assuring the proper and appropriate use of the material he or she chooses to access, store, print, send, display, and/or make available to others.

CCHMIS reserves the right to deny or restrict user access as a result of the user not following the guidelines in this manual or for any other inappropriate use of HMIS data.

Inappropriate uses of HMIS may include, but are not limited to the examples listed below.

- Intentionally entering and/or altering HMIS records to misrepresent client data, dates, amounts, and/or types of services a client(s) received.
- Unauthorized access, alteration, destruction, removal, and/or disclosure of data and/or information.
- Disclosure of confidential passwords or personal identification numbers.
- Malicious or unethical use.
- Use that violates federal, state, and/or local laws/policies.
- Use that violates HUD HMIS guidelines.

User IDs and Passwords

The HMIS username and password allows access into HMIS. Passwords help to ensure that only authorized individuals access HMIS. The HMIS password also help to determine accountability for all transactions and other changes made to system resources, including data. Sharing a password is giving unauthorized access to HMIS.

HMIS users will be held responsible if an unauthorized individual uses their access privileges to gain entry into HMIS, alter client data, view client data, and/or damage system information.

Rules for Safe Computing

- DO NOT share your ID or password with anyone else.
- DO NOT use someone else's ID or password.
- All user account assistance must be handled by an HMIS System Administrator.
- DO NOT use obvious, trivial, or predictable passwords.
- Obvious, predictable and trivial passwords include: names of relatives or pets; street names;
days and months; repetitive characters; dictionary words; and common words such as PASSWORD, SECURITY, SECRET, etc.

• BEWARE of "shoulder surfers". These are people who stand behind you and look over your shoulder while you are keying in your password or PIN, or while you are working with confidential information.

• DO NOT use your access level to enable other individuals to access information that they are not authorized to access, or to submit transactions that they are not authorized to submit.

• NEVER write down your passwords or post them on your terminal or other obvious places.

• ALWAYS change the initial password assigned to you by your administrator as soon as you receive it.

• “LOG OFF” or “Lock” your computer every time you leave your computer unattended (even momentarily).

• If a user will be going to be away from the office for an extended period (e.g., maternity leave or vacation), notify the CCHMIS System Administrator prior to your leave.

HIPAA Compliance

Unless your program(s) falls into one of the categories below, HIPAA does not apply to HMIS.

• A health care provider who bills electronically

• A health plan

• A health care clearinghouse

Additional HIPAA compliance information may be obtained at HUD’s OneCPD Resource Exchange (see link below).

6. System Requirements

ServicePoint is web based software. Providers with minimal computer resources can effectively use ServicePoint.

HMIS Hardware and Software Requirements

Use of ServicePoint will require providers to have a minimum of one Personal Computer running a current version of Microsoft Windows or Apple OSX, a current web browser (preferably Chrome or Firefox), and one printer (optional).

Use of some advanced features in the ServicePoint Advanced Reporting Tool may require installing a specific version of the Sun Java Runtime.

Participating Provider Internet Access Requirements

ServicePoint is web-based software. Use of ServicePoint will require providers to have reliable Internet access. High-speed internet access, such as DSL or cable broadband, is the preferred method to access the internet for ServicePoint. If high-speed internet is not available in your area, ServicePoint may be accessed with “dial-up internet,” but you may encounter performance issues.

Technical Support

CCHMIS staff will be available most work days from 9:00am - 7:00pm to provide telephone or email support for ServicePoint. CCHMIS staff may be available during Saturdays by special request, only.

Participating providers are responsible for providing their own technical support for all hardware and software systems used to connect to HMIS and for maintaining internet access. Internet connection difficulties will need to be managed between the provider and their Internet Service Provider.

CCHMIS HMIS Training

Formal support and training regarding the use of ServicePoint will be made available upon request. This support will be offered in various formats including onsite, classroom style, and internet delivered. Other trainings may be developed and presented as needed.

Email Communications

CCHMIS staff will use email to share information, announce updates, and make HMIS users aware of HMIS related information. HMIS users should be sure that CCHMIS staff have up-to-date email address to ensure they will receive all HMIS related news and/or updates.
CCHMIS User Group

The objective of the CCHMIS User Group is to provide HMIS updates, collaborate with other providers, and to address any issues/concerns. The CCHMIS User Group meetings will be used to present HMIS related information. The majority of these meetings will be conducted by CCHMIS staff, but all HMIS users should be prepared to participate and share information. Feedback and requirements from the group will be acted upon or included in future agendas. The CCHMIS User Group will meet quarterly.
7. Disaster Recovery Plan

In the event of a disaster impacting some or all of our CoC, ServicePoint access and availability is unlikely to be impacted. The servers that host our ServicePoint software are located in multiple locations outside of our CoC.

Access to ServicePoint requires internet access, so any disaster which impacts internet access for some or all CCHMIS users will render ServicePoint unreachable by them until that internet interruption is resolved.

If providers are still serving clients during an internet outage, all HMIS data must be collected on our paper HMIS forms, then transferred to HMIS once internet service is restored.
8. Data Quality Plan

a) OVERVIEW

This section describes the Human Management Information System (HMIS) data quality plan for the Cecil County Continuum of Care (CoC). The document includes data quality plan and protocols for ongoing data quality monitoring that meets requirements set forth by the Department of Housing and Urban Development (HUD). It is developed by the Cecil County Health Department (CoC & HMIS Lead Agency), in coordination with the HMIS participating providers and community service providers. This HMIS Data Quality Plan is to be updated annually, considering the latest HMIS data standards and locally developed performance plans.

HMIS Data and Technical Standards

An HMIS is a locally administered, electronic data collection system that stores longitudinal person-level information about the men, women, and children who access homeless and other human services in a community. Each CoC receiving HUD funding is required to implement an HMIS to capture standardized data about all persons accessing the homeless assistance system. Furthermore, elements of HUD's annual CoC funding competition are directly related to a CoC's progress in implementing its HMIS. In 2004, HUD published HMIS Data and Technical Standards in the Federal Register. The Standards defined the requirements for data collection, privacy safeguards, and security controls for all local HMIS. In March 2010, HUD published changes in the HMIS Data Standards Revised Notice incorporating additional data collection requirements for the Homelessness Prevention and Rapid Re-Housing Program (HPRP) funded under the American Recovery and Reinvestment Act (ARRA). Additional Data Standards are currently under revision to incorporate new privacy and technology industry standards.

What is Data Quality?

Data quality is a term that refers to the reliability and validity of client-level data collected in the HMIS. It is measured by the extent to which the client data in the system reflects actual information in the real world. With good data quality, the CoC can advocate for the populations experiencing homelessness or at-risk of homelessness. The quality of data is determined by assessing certain characteristics such as timeliness, completeness, and accuracy. In order to assess data quality, a community must first think about what data quality means and document this understanding in a data quality plan.

What is a Data Quality Plan?

A data quality plan is a community-level document that facilitates the ability of the CoC to achieve statistically valid and reliable data. A data quality plan is generally developed by the HMIS Lead Agency with input from community stakeholders and is formally adopted by the CoC. In short, a data quality plan sets expectations for both the community and the end users to capture reliable and valid data on persons accessing the homeless assistance system.
What is a Data Quality Monitoring Plan?

A data quality monitoring plan is a set of procedures that outlines a regular, on-going process for analyzing and reporting on the reliability and validity of the data entered into the HMIS at both the program and aggregate system levels. A data quality monitoring plan is the primary tool for tracking and generating information necessary to identify areas for data quality improvement.

b) DATA QUALITY PLAN

Data Timeliness

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

Data entry timeframe by program type (excluding weekends or holidays):

- **Emergency Shelters**: Universal Data Elements and Housing Check-In/Check-Out are entered within 3 workdays.
- **Transitional and Permanent Supportive Housing Programs**: Universal Data Elements, Program-Specific Data Elements, and Housing Check-In/Check-Out are entered within 3 workdays.
- **Rapid Re-Housing and Homelessness Prevention Programs**: Universal and Program-Specific Data Elements are entered within 3 workdays.
- **Outreach Programs**: Limited data elements entered within 3 workdays of the first outreach encounter. Upon engagement for services, all remaining Universal Data Elements entered within 3 workdays.
- **Supportive Services Only Programs**: Universal Data Elements are entered within 3 workdays.

Data Completeness

All data entered into the HMIS shall be complete. Partially complete or missing data (e.g., missing digit(s) in a SSN, missing the year of birth, missing information on disability or veteran status) can negatively affect the ability to provide comprehensive care to clients. Missing data could mean the client does not receive needed services - services that could help them become permanently housed and end their episode of homelessness.
The Continuum of Care's goal is to collect 100% of all data elements. However, the CoC recognizes that this may not be possible in all cases. Therefore, the CoC has established an acceptable range of null/missing and unknown/don't know/refused responses, depending on the data element and the type of program entering data.

All programs using the HMIS shall enter data on one hundred percent (100%) of the clients they serve.

Acceptable range of missing (null) and unknown (don’t know/refused) responses:

<table>
<thead>
<tr>
<th>Data Element</th>
<th>TH, PSH, HUD SSO, RRH, HP</th>
<th>ES, Non-HUD SSO</th>
<th>Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>First &amp; Last Name</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>SSN</td>
<td>0%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
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<td>0%</td>
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<td>0%</td>
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<td>0%</td>
</tr>
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<td>Gender</td>
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<td>0%</td>
<td>0%</td>
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<tr>
<td>Veteran Status (Adults)</td>
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<td>Residence Prior to Entry</td>
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<td>0%</td>
</tr>
<tr>
<td>Zip of Last Perm. Address</td>
<td>0%</td>
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<td>0%</td>
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<td>Housing Status (Entry)</td>
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</tr>
<tr>
<td>Housing Status (Exit)</td>
<td>0%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Income &amp; Benefits (Entry)</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Income &amp; Benefits (Exit)</td>
<td>0%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Add'l PDEs (Adults; Entry)</td>
<td>0%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Destination (Exit)</td>
<td>0%</td>
<td>5%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Bed/Unit Utilization Rates**

One of the primary features of an HMIS is the ability to record the number of client stays or bed nights at a homeless residential facility. Case managers or shelter staff enter a client into the HMIS and assign them to a bed and/or a unit. The client remains there until he or she exits the program. When the client exits the program, they are also exited from the bed or unit in the HMIS.

Acceptable range of bed/unit utilization rates for established projects:

- Emergency Shelters: 85%-105%
- Transitional Housing: 85%-105%
- Permanent Supportive Housing: 90%-105%

The CoC recognizes that new projects may require time to reach the projected occupancy numbers and will not expect them to meet the utilization rate requirement during the first operating year.
Data Accuracy & Consistency

Information entered into the HMIS needs to be valid, i.e. it needs to accurately represent information on the people that enter any of the homeless service programs contributing data to the HMIS. Inaccurate data may be intentional or unintentional. In general, false or inaccurate information is not permitted. Recording inaccurate information is strictly prohibited, unless in cases when a client refuses to provide correct personal information (see below).

To ensure the most up-to-date and complete data, data entry errors should be corrected on a monthly basis.

All data entered into the CoC's HMIS shall be a reflection of information provided by the client, as documented by the intake worker or otherwise updated by the client and documented for reference.

Data consistency will ensure that data is understood, collected, and entered consistently across all programs in the HMIS. Consistency directly affects the accuracy of data; if an end user collects all of the data, but they don’t collect it in a consistent manner, then the data may not be accurate. All data in HMIS shall be collected and entered in a common and consistent manner across all programs. To that end, all intake and data entry workers will complete an initial training before accessing the live HMIS system.

Aliases

Participating providers will make their best effort to record accurate data. Only when a client refuses to provide his or hers or dependents’ personal information and the program funder does not prohibit it, it is permissible to enter client data under an alias. To do so, the provider must follow these steps:

- Create the client record, including any family members, under an assumed first & last name
- Set the date of birth to 01/01/XXXX, where XXXX is the actual year of birth
- Skip any other identifiable elements or answer them as "refused"
- Make a notation of the alias in the client file and include the corresponding HMIS Client ID

If a client's record already exists in HMIS, the provider must not create a new alias record. Client records entered under aliases may affect provider's overall data completeness and accuracy rates. The provider is responsible for any duplication of services that results from hiding the actual name under an alias.

Data Consistency Checks

The HMIS staff may check data accuracy and consistency by running program pre-enrollment, co-enrollment, or post-enrollment data analysis to ensure that the data "flows" in a consistent and accurate manner. For example, the following instances will be flagged and reported as errors:

- Mismatch between exit/entry data in subsequent enrollment cases
- Co-enrollment or overlapping enrollment in the same program type
- Conflicting assessments
- Household composition error

c) DATA QUALITY MONITORING PLAN

Roles and Responsibilities

- Data Timeliness: The HMIS support staff will measure timeliness by running custom reports in ServicePoint's Advanced Reporting Tool (ART). Programs of different types will be reviewed separately. The summary report and any related client detail reports will be emailed to the provider program manager during the first week of the following month. The provider will be required to improve their data timeliness or provide explanation before the next month's report.

- Data Completeness: The HMIS support staff will measure completeness by running APRs, Universal Data Quality, or custom ART reports, and compare any missing rates to the data completeness benchmarks. The summary report and any related client detail reports will be emailed to the program manager during the first week of the following month. The provider will be required to improve their data completeness rate or provide explanation before the next month's report.

- Data Accuracy: The HMIS support staff will review source documentation during the annual site visits. The provider staff is responsible to make this documentation available upon request. To facilitate the process, the HMIS staff may send a list of Client IDs that will be reviewed beforehand. Outreach programs may be exempt.

Monitoring Frequency

- Monthly Review: Data Timeliness and Data Completeness
- Annual Review (Site Visits): Data Accuracy
- Other: Data quality monitoring may be performed outside of the regularly scheduled reviews, if requested by program funders or other interested parties (the provider itself, HMIS Lead Agency, CoC, HUD, or other Federal and local government agencies)
Compliance

- **Data Timeliness**: The average timeliness rate in any given month should be within the allowed timeframe.

- **Data Completeness**: There should be no missing (null) data for required data elements. Responses that fall under unknown (don't know or refused) should not exceed the allowed percentages in any given month. Housing providers should stay within the allowed utilization rates.

- **Data Accuracy**: The percentage of client files with inaccurate HMIS data should not exceed 10%. (For example, if the sampling includes 10 client files, then 9 out of 10 of these files must have the entire set of corresponding data entered correctly in HMIS.)

**Data Quality Reporting and Outcomes**

The HMIS Staff will send data quality monitoring reports to the contact person at the provider responsible for HMIS data entry. Reports will include any findings and recommended corrective actions. If the provider fails to make corrections, or if there are repeated or egregious data quality errors, the HMIS Staff may notify the provider's funders or community partners about non-compliance with the required HMIS participation.

HMIS data quality certification is now part of several funding applications, including for CoC and ESG programs. Low HMIS data quality scores may result in denial of this funding.

d) **TERMS & DEFINITIONS**

**Data Quality Benchmarks** - Quantitative measures used to assess the validity and reliability of the data. These include measures for:

**Timeliness** - Is the client information, including intake data, program entry dates, services provided, and program exit dates entered into the HMIS within a reasonable period of time?
*Example: Client information is entered within 2 working days of intake.*

**Completeness** - Are all of the clients receiving services being entered into the HMIS?
*Example: All programs using the HMIS shall enter data on 100 percent of the clients they serve.*

Are all of the appropriate data elements being collected and entered into the HMIS?
*Example: Missing information does not exceed 5 percent for the HUD Universal and Program-Specific Data Elements for all clients served.*

**Accuracy** - Does the HMIS data accurately and consistently match information recorded on paper intake forms and in client files?
*Example: 95 percent of data entered into an HMIS must reflect what clients are reporting.*

Are HMIS data elements being collected in a consistent manner?
Example: HMIS users will record the full, legal name of the client (first, middle, last) into the system. Do not use nicknames or aliases.

Data Quality Monitoring Plan - A set of procedures that outlines a regular, on-going process for analyzing and reporting on the reliability and validity of the data entered into the HMIS at both the program and aggregate system levels. A data quality monitoring plan is the primary tool for tracking and generating information necessary to identify areas for data quality improvement.

Data Quality Plan - A community-level document that facilitates the ability of a CoC to achieve statistically valid and reliable data. A data quality plan is generally developed by the HMIS Lead Agency with input from community stakeholders, and is formally adopted by the CoC. At a minimum, the plan should include the following:

- Identify the responsibilities of all parties within the CoC that affect data quality.
- Establish specific data quality benchmarks for timeliness, completeness, and accuracy.
- Describe the procedures that the HMIS Lead Agency will take to implement the plan and monitor progress to meet data quality benchmarks.
- Establish a timeframe for implementing the plan to monitor the quality of data on a regular basis.

Data Quality Standards - A national framework for ensuring that every Continuum of Care can achieve good quality HMIS data. It is anticipated that HUD will propose Data Quality Standards that 1) establishes administrative requirements and, 2) sets baseline data quality benchmarks for timeliness, completeness, and accuracy.

Human Management Information Systems (HMIS) - A locally administered, electronic data collection system that stores longitudinal person-level information about the men, women, and children who access homeless and other human services in a community. Each CoC receiving HUD funding is required to have a functional HMIS. Furthermore, elements of HUD's annual CoC funding competition are directly related to a CoC's progress in implementing its HMIS.

HMIS Data Elements

- **Program Descriptor Data Elements (PDDE)** - data elements recorded about each project in the CoC, regardless of whether the project participates in the HMIS. PDDEs are updated at least annually. HUD's Program Descriptor Data Elements as set forth in the HMIS Data Standards Revised Notice, March 2010, Data Elements 2.1 through 2.13.

- **Universal Data Elements (UDEs)** - baseline data collection that is required for all programs reporting data into the HMIS. HUD's Universal Data Elements are set forth in the HMIS Data Standards Revised Notice, March 2010, Data Elements 3.1 through 3.15.

- **Program Specific Data Elements (PDEs)** - data provided about the characteristics of clients, the services that are provided, and client outcomes. These data elements must be collected from all clients served by programs that are required to report this information to HUD. HUD's Program-specific Data Elements are set forth in HMIS Data Standards Revised Notice, March 2010, Data...
Elements 4.1 through 4.15H.

- **Annual Performance Report Program Specific Data Elements** - the subset of HUD's Program-specific Data Elements required to complete the SHP Annual Performance Report (APR) set forth in the HMIS Data Standards Revised Notice, March 2010, Data Elements 4.1 through 4.14

**HMIS Data Quality** - Refers to the reliability and validity of client-level data. HMIS data quality can be measured by the extent to which the client data in the system reflects actual information in the real world.

**HMIS Reports**

- **Annual Homeless Assessment Report (AHAR)** - HUD's annual report to Congress on the nature and extent of homelessness nationwide.

- **Annual Performance Report (APR)** - A reporting tool that HUD uses to track program progress and accomplishments of HUD homeless assistance programs on an annual basis. Formerly known as the Annual Progress Report.

- **Universal Data Quality** – ServicePoint’s report that returns a list of clients enrolled in a particular program with universal data answers, and includes flags for missing answers.

- **ART** - ServicePoint’s custom reporting utility that can be used for data quality analysis.

- **HMIS Staff** - Staff members of the HMIS Lead Agency that are responsible for user training, user support, reporting, analysis, and quality improvement of the HMIS data.

**Program Types and Corresponding Funding Sources**

- Emergency Shelter (ES): ESG Shelter, VA Community Contract, Other/Private funding

- Transitional Housing (TH): SHP TH, VA GPD, Other/Private funding

- Permanent Supportive Housing (PSH): SHP PH, SPC, Sec. 8 SRO, VASH, Other/Private funding + SHP

- Rapid Re-Housing (RRH): ESG RRH, SSVF RRH, Other/Private funding

- Homelessness Prevention (HP): ESG HP, SSVF HP, Other/Private funding

- Outreach: ESG Outreach, SHP SSO with Outreach, PATH, Other/Private funding

- Supportive Services Only Programs (SSO): SHP SSO without Outreach, HHSP, HVRP, Other/Private funding
## Total Population PIT Count Data

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count</td>
<td>167</td>
<td>193</td>
<td>129</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>26</td>
<td>36</td>
<td>4</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>90</td>
<td>76</td>
<td>84</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>116</td>
<td>112</td>
<td>88</td>
</tr>
<tr>
<td>Total Unsheltered Count</td>
<td>51</td>
<td>81</td>
<td>41</td>
</tr>
</tbody>
</table>

## Chronically Homeless PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of Chronically Homeless Persons</td>
<td>30</td>
<td>37</td>
<td>22</td>
</tr>
<tr>
<td>Sheltered Count of Chronically Homeless Persons</td>
<td>4</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Unsheltered Count of Chronically Homeless Persons</td>
<td>26</td>
<td>29</td>
<td>22</td>
</tr>
</tbody>
</table>
## Homeless Households with Children PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children</td>
<td>24</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Households with Children</td>
<td>22</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Households with Children</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

## Homeless Veteran PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Veterans</td>
<td>101</td>
<td>44</td>
<td>39</td>
<td>45</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Veterans</td>
<td>100</td>
<td>37</td>
<td>36</td>
<td>37</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Veterans</td>
<td>1</td>
<td>7</td>
<td>3</td>
<td>8</td>
</tr>
</tbody>
</table>
### HMIS Bed Coverage Rate

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2018 HIC</th>
<th>Total Beds in 2018 HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) Beds</td>
<td>22</td>
<td>22</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Safe Haven (SH) Beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Transitional Housing (TH) Beds</td>
<td>110</td>
<td>0</td>
<td>110</td>
<td>100.00%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) Beds</td>
<td>26</td>
<td>5</td>
<td>21</td>
<td>100.00%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) Beds</td>
<td>122</td>
<td>0</td>
<td>27</td>
<td>22.13%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) Beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Total Beds</strong></td>
<td><strong>280</strong></td>
<td><strong>27</strong></td>
<td><strong>158</strong></td>
<td><strong>62.45%</strong></td>
</tr>
</tbody>
</table>
### PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

<table>
<thead>
<tr>
<th>Chronically Homeless Bed Counts</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC</td>
<td>12</td>
<td>5</td>
<td>20</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Households with Children</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH units available to serve families on the HIC</td>
<td>2</td>
<td>14</td>
<td>2</td>
</tr>
</tbody>
</table>

### Rapid Rehousing Beds Dedicated to All Persons

<table>
<thead>
<tr>
<th>All Household Types</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH beds available to serve all populations on the HIC</td>
<td>6</td>
<td>62</td>
<td>26</td>
</tr>
</tbody>
</table>
Measure 1: Length of Time Persons Remain Homeless

This measure 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.

<table>
<thead>
<tr>
<th></th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Persons in ES and SH</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, and TH</td>
<td>246</td>
<td>194</td>
<td>188</td>
</tr>
</tbody>
</table>

- **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.

The construction of this measure changed, per HUD’s specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.
### FY2017 - Performance Measurement Module (Sys PM)

<table>
<thead>
<tr>
<th></th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Submitted FY 2016</td>
<td>FY 2017</td>
<td>Submitted FY 2016</td>
</tr>
<tr>
<td>1.1 Persons in ES, SH, and PH</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(prior to &quot;housing move in&quot;)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, TH, and</td>
<td>258</td>
<td>204</td>
<td>196</td>
</tr>
<tr>
<td>PH (prior to &quot;housing move in&quot;)</td>
<td></td>
<td>228</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>126</td>
<td>186</td>
<td>60</td>
</tr>
</tbody>
</table>
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.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

<table>
<thead>
<tr>
<th>Exit was from</th>
<th>Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)</th>
<th>Returns to Homelessness in Less than 6 Months</th>
<th>Returns to Homelessness from 6 to 12 Months</th>
<th>Returns to Homelessness from 13 to 24 Months</th>
<th>Number of Returns in 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit was from SO</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Exit was from ES</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Exit was from TH</td>
<td>65</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>1%</td>
</tr>
<tr>
<td>Exit was from SH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Exit was from PH</td>
<td>20</td>
<td>6</td>
<td>30%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>TOTAL Returns to Homelessness</td>
<td>85</td>
<td>6</td>
<td>7%</td>
<td>0</td>
<td>1%</td>
</tr>
</tbody>
</table>

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts
### Metric 3.2 – Change in Annual Counts

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>258</td>
<td>204</td>
<td>-54</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>258</td>
<td>204</td>
<td>-54</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>13</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>Number of adults with increased earned income</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>0%</td>
<td>6%</td>
<td>6%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>13</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>Number of adults with increased non-employment cash income</td>
<td>1</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>8%</td>
<td>33%</td>
<td>25%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>13</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>Number of adults with increased total income</td>
<td>1</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>8%</td>
<td>39%</td>
<td>31%</td>
</tr>
</tbody>
</table>
### Metric 4.4 – Change in earned income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of adults who exited with increased earned income</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of adults who exited with increased non-employment cash income</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Metric 4.6 – Change in total income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of adults who exited with increased total income</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH or TH during the reporting period.</td>
<td>176</td>
<td>118</td>
<td>-58</td>
</tr>
<tr>
<td>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.</td>
<td>4</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>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)</td>
<td>172</td>
<td>109</td>
<td>-63</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH, TH or PH during the reporting period.</td>
<td>180</td>
<td>148</td>
<td>-32</td>
</tr>
<tr>
<td>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.</td>
<td>4</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>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.)</td>
<td>176</td>
<td>139</td>
<td>-37</td>
</tr>
</tbody>
</table>
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 FY2017 (Oct 1, 2016 - Sept 30, 2017) 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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons who exit Street Outreach</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Of persons above, those who exited to temporary &amp; some institutional destinations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>% Successful exits</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Metric 7b.1 – Change in exits to permanent housing destinations
## Metric 7b.2 – Change in exit to or retention of permanent housing

<table>
<thead>
<tr>
<th>Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing</th>
<th>Submitted FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in all PH projects except PH-RRH</td>
<td>24</td>
<td>26</td>
<td>2</td>
</tr>
<tr>
<td>Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations</td>
<td>24</td>
<td>26</td>
<td>2</td>
</tr>
<tr>
<td>% Successful exits/retention</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
</tr>
</tbody>
</table>
This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.
## 2018 HDX Competition Report
### FY2017 - SysPM Data Quality

<table>
<thead>
<tr>
<th></th>
<th>All ES, SH</th>
<th>All TH</th>
<th>All PSH, OPH</th>
<th>All RRH</th>
<th>All Street Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Number of non-DV Beds on HIC</strong></td>
<td>30 20 0 0</td>
<td>89 89 112 110</td>
<td>111 113 119 122</td>
<td>119 122</td>
<td>119 122</td>
</tr>
<tr>
<td>2. Number of HMIS Beds</td>
<td>0 0 0 0</td>
<td>66 62 112 110</td>
<td>28 28 24 27</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td><strong>3. HMIS Participation Rate from HIC (%)</strong></td>
<td>0.00 0.00</td>
<td>74.16 69.66 100.00 100.00</td>
<td>25.23 24.78 20.17 22.13</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td><strong>4. Unduplicated Persons Served (HMIS)</strong></td>
<td>0 0 0 0</td>
<td>109 178 258 202</td>
<td>26 22 24 27</td>
<td>0 0 0 43</td>
<td>0 0 0 0</td>
</tr>
<tr>
<td><strong>5. Total Leavers (HMIS)</strong></td>
<td>0 0 0 0</td>
<td>53 95 172 130</td>
<td>5 2 0 0</td>
<td>0 0 0 31</td>
<td>0 0 0 0</td>
</tr>
<tr>
<td><strong>6. Destination of Don't Know, Refused, or Missing (HMIS)</strong></td>
<td>0 0 0 0</td>
<td>8 1 5 17</td>
<td>0 0 0 0</td>
<td>0 0 0 0</td>
<td>0 0 0 0</td>
</tr>
<tr>
<td><strong>7. Destination Error Rate (%)</strong></td>
<td>15.09 1.05 2.91 13.08</td>
<td>0.00 0.00</td>
<td></td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>
## Date of PIT Count

| Date CoC Conducted 2018 PIT Count | 1/23/2018 |

## Report Submission Date in HDX

<table>
<thead>
<tr>
<th>Submitted On</th>
<th>Met Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018 PIT Count Submittal Date</td>
<td>4/30/2018</td>
</tr>
<tr>
<td>2018 HIC Count Submittal Date</td>
<td>4/30/2018</td>
</tr>
<tr>
<td>2017 System PM Submittal Date</td>
<td>5/30/2018</td>
</tr>
</tbody>
</table>
Homeless Services Continuum of Care

Written Standards

Adopted September 8, 2016
The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 reauthorized the McKinney-Vento Homeless Assistance programs. In turn, the federal Department of Housing & Urban Development (HUD) published the latest interim rule. The Continuum of Care (CoC) Program interim rule requires that the CoC, in consultation with Emergency Solutions Grant (ESG) recipients establish and consistently follow written standards for providing housing and homelessness prevention assistance. At a minimum, the standards must include:

- Policies & procedures for evaluating eligibility for assistance
- Determining and prioritizing which eligible individuals and families will receive assistance

The purpose of the written standards are to:

- Establish community wide expectations on the operation of projects within the community;
- Ensure the system is transparent to users and operators;
- Establish a minimum set of standards and expectations in terms of project quality;
- Make the local priorities transparent to recipients and subrecipients of funds; and
- Create consistency and coordination between recipients’ and subrecipients’ projects

Cecil County’s continuum of homeless services (that receive either CoC or ESG funding) includes a day program, with case management, for individuals who are homeless or at risk of homelessness, one seasonal emergency shelter that operates through the winter months, one emergency shelter for women or women with children fleeing domestic violence, three transitional housing programs (one for women with children, one for single men, and one for families with children), one rapid rehousing project serving women or women with children fleeing domestic violence, and two permanent supportive housing projects. Homelessness prevention projects are operated by the Cecil County Help Center.
Cecil County’s Coordinated Entry System

The Cecil County Continuum of Care has implemented a decentralized, multi-site, coordinated entry system starting with the subpopulations of chronically homeless and veterans. Coordinated intake for families with children is expected to be implemented in late 2016 or early 2017.

How it Works:

All agencies that receive ESG or CoC funding participate in the local Homeless Management Information System (HMIS) and serve as intake sites. See appendix, attachment 1 for a list of participating providers. For each homeless individual/family seeking housing, an initial intake form is completed (see appendix, attachment 2). Based on responses, the individual/family may be screened in to the Permanent Supportive Housing (PSH) interest list. The CoC specifically refers to an interest list as opposed to a waitlist to decrease the potential for misunderstanding that the CoC operates on a first come-first serve basis for entrance into its PSH projects. If the individual/family is identified as a candidate for PSH, a vulnerability index is completed resulting in an assigned vulnerability score for the interest list (see appendix, attachment 3).

In addition to the vulnerability score, the Cecil County CoC has adopted HUD’s recommended Order of Priority for Permanent Supportive Housing (see appendix, attachment 4) which generally supports filling vacancies first with those who meet the definition of chronically homeless (see appendix, attachment 5 for homeless definitions) as well as those who have been homeless for the longest amount of time and have the most severe service needs. When a vacancy exists, the PSH provider filters the interest list for those who are chronically homeless, then looks to the one with the highest vulnerability score to attempt to fill the vacancy.

Recipients and subrecipients of CoC or ESG funds may develop additional standards for administering program assistance, however, they may not be in conflict with those outlined in the interim rule or those adopted by the Cecil County CoC.

Veteran’s By Name List:

Key partners within the CoC are actively maintaining a by name list on HMIS, of any/all homeless veterans in Cecil County, and actively linking them to permanent housing as quickly as possible. All HMIS agencies, in addition to Veteran’s service agencies add to the list, which is ultimately managed by Cecil County’s HMIS consultant. Outreach providers who do not have direct access to HMIS, complete paperwork with the veteran’s consent, and send it to the Health Department to be added to the list. This group is receiving formal technical assistance from a HUD-contracted consultant group, CSH, to meet federal benchmarks for ending veteran homelessness in Cecil County.
Permanent Supportive Housing

Eligibility: To meet minimum criteria for permanent supportive housing, the household must meet the HUD definition of homeless under Category 1 (below) and have a verified disabling condition. Permanent supportive housing projects may prioritize specific subpopulations identified by HUD as well.

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Literally Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.</td>
</tr>
</tbody>
</table>

Prioritization of Eligible Households:

In an effort to end chronic homelessness consistent with the national plan Opening Doors, the Cecil County CoC has adopted HUD’s recommended order of priority for entrance into permanent supportive housing. For complete details, see appendix, attachment #6. Additionally, to reach the prioritized goal of ending veteran’s homelessness, the CoC has prioritized veteran households that are not eligible for V.A. housing and services for permanent supportive housing beds, when all other orders of priority are equal among households. Briefly summarized below is the order of priority for both dedicated and non-dedicated/non-prioritized beds:

For Dedicated Chronically Homeless Beds

First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs

Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness

Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs

Fourth Priority—All Other Chronically Homeless Individuals and Families

For Non-Dedicated and Non-Prioritized Beds

First Priority—Homeless Individuals and Families with a Disability with the Most Severe Service Needs

Second Priority—Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness
Third Priority–Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.

Fourth Priority–Homeless Individuals and Families with a Disability Coming from Transitional Housing

Definition of Chronically Homeless:

Chronically homeless means:

(1) A “homeless individual with a disability,” as defined in the Act, who:
   - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
   - Has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months
     - Occasions separated by a break of at least seven days
     - Stays in institution of fewer than 90 days does not constitute a break

(2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Recordkeeping Requirements:

For dedicated or prioritized beds, Permanent Supportive Housing Projects must document and verify a household’s chronic homelessness status.

For documenting an individual’s time in a place not meant for human habitation, an emergency shelter, or a safe haven, the order of priority for obtaining this documentation is as follows:

(1) Third-party
(2) Intake worker observation
(3) Certification from the person seeking assistance

A Single encounter in a month is sufficient to consider a household homeless for the entire month unless there is evidence of a break.

If third-party documentation cannot be obtained, a written record of intake workers due diligence to obtain, the intake worker’s documentation of the living situation, AND the individual’s self-certification of the living situation may suffice.
Evidence of a break can be documented by third party evidence or self-report of the individual seeking assistance. One hundred percent of breaks can be documented by self-report.

**For documenting institutional stays**, discharge paperwork or written or oral referral from a social worker, case manager, or other appropriate official stating the beginning and end dates of the time residing in the institutional care facility is sufficient. Where this is not attainable, a written record of the intake workers due diligence to obtain AND the individual’s self-certification that he or she is exiting an institutional care facility where s/he resided less than 90 days is sufficient.

**Documentation of disability status** must be third party, and include one of the following:

1. Written verification from a professional licensed by the State to diagnose and treat the disability and certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual’s ability to live independently
2. Written verification from SSA
3. The receipt of a disability check
4. Intake staff-recorded observation of a disability that is confirmed and accompanied by evidence above within 45 days

**Minimum Standards:**

All referrals must be made and accepted through the coordinated entry system. Support services must be offered and available throughout the participant’s stay in housing. Programs may not have a designated length of stay. Participants must enter into a lease agreement of at least one year, which is automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.
Rapid Re-Housing

Eligibility:

Cecil County’s only Rapid Re-Housing Project serves households who meet HUD’s definition of homeless under Category IV: Fleeing/Attempting to flee domestic violence (see appendix, attachment 5). This includes any individual or family who is fleeing or attempting to flee domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing.

Recordkeeping Requirements:

For Victim Service Providers – an oral statement by the individual or head of household seeking assistance which states they are fleeing, have no subsequent residence, and they lack resources. This statement must be a self-certification or documented by the intake worker.

For Non-Victim Service Providers- an oral statement by the individual or head of household seeking assistance which states they are fleeing, have no subsequent residence, and they lack resources. This statement must be a self-certification or documented by the intake worker. Additionally, where the safety of the individual or family is not jeopardized, the oral statement must be verified.

Prioritization:

If there are two or more households requesting rapid re-housing assistance at once, the vulnerability index score will be used to determine the order in which households will receive the assistance. The interest list, in keeping with the requirements of the Violence Against Women Act of 1994 is not kept on the electronic HMIS but is kept on-site by the provider of the service. Additionally, households with the ability to increase their income and pay the entire rent by the end of the assistance period are prioritized.

Rental Assistance Limits & Duration:

Short-term rental assistance is provided to eligible households for a period of up to 4 months. The amount of rental assistance is based on the household income.

Minimum Standards:

Support services must be offered and available throughout the duration of housing assistance.

Participants must enter into a lease agreement of at least one year, which is automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.
Emergency Solutions Grant

Emergency Solutions Grant program funds in Cecil County are made available in order to assist households experiencing homelessness to quickly regain stability in permanent housing and to prevent households from becoming homeless. This funding supports coordinated community-based activities that are designed to reduce the overall length of homelessness in the community, the number of households that become homeless, and the overall rate of formerly homeless households returning to homelessness. Emergency shelter, re-housing and prevention activities are targeted and coordinated with other homeless services providers and homeless prevention providers with the ultimate goal of making homelessness in Cecil County rare, brief, and non-recurring.

Subrecipients:

Local governments that are awarded ESG funding are required by federal law to perform due diligence in regards to organizational capacity of sub-grantees before making awards to non-profit organizations. Cecil County has based its funding decisions on four sub-grantee non-profit agencies that have demonstrated the ability to provide ESG eligible services within the program guidelines and applicable state and federal policies and procedures.

Funding decisions for sub-grantee non-profit agencies are based on an objective process and review of the following information:
1. Organizational structure, operating process, and capacity;
2. The extent to which the organization operates under the authority of a diversified and involved Board of Directors;
3. Professional management;
4. The consistency of the organization’s identity or its mission to the provision of homeless services;
5. The extent to which the organization utilizes networks to avoid duplication of housing and services;
6. Participation in appropriate provider groups and local Continuum of Care meetings;
7. Financial resources available to the agency, including unrestricted funding;
8. Organizational financial policy, controls, stability, and capacity, including the presence and accuracy of financial management systems, accounts, funds, reports, and other documentation.

Program Components Eligible for ESG Funding:

1. Street Outreach
2. Emergency Shelter
3. Homelessness Prevention
4. Rapid Re-Housing
5. HMIS
6. Administration
Homelessness Prevention:

Funds under the ESG Program, homelessness prevention component, are intended to provide housing relocation and stabilization services and short-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter and prevent incidences of homelessness.

Eligibility:

1. Individuals and households assisted must have an annual income below (30%) of the area median income, as determined by HUD;
2. Individuals and households must qualify as a homeless or at-risk household;
3. Persons/families eligible for assistance are lacking sufficient resources or support networks, e.g. family, friends, faith-based or other social networks, immediately available to prevent them from moving into an emergency shelter or a primary nighttime residence that is not designed for or ordinarily used as a regular sleeping accommodation for human beings and temporary rent assistance would prevent them from becoming homeless or, who need assistance to move into another unit; AND meet ONE of the following conditions:

   - Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for assistance;
   - Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for assistance;
   - Is living in the home of another because of economic hardship;
   - Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
   - Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;
   - Lives in a single room occupancy or efficiency apartment unit in which there resides more than two persons or lives in a larger housing unit in which there resides more than 1.5 persons per room, as defined by the U.S. Census Bureau;
   - Is exiting a publicly funded institution or system of care (such as a health care facility, a mental health facility, foster care or other youth facility, or correctional program or institution.

4. Individuals and households are only eligible to the extent necessary to help them regain stability in their current permanent housing or move into other permanent housing and achieve stability in that housing;
Special Note on Security Deposits and/or First Month’s Rent:

Funds may only be used for security deposits and/or first month’s rent under the following conditions:

1. To assist persons moving from a shelter to permanent subsidized or unsubsidized housing; or
2. To relocate persons without resources who are forced to move due to at least one of the following:
   - Severe damage to their living unit cause by natural disaster.
   - Imminent governmental condemnation of their living unit.
   - Court ordered eviction by landlord.
   - Written request of relatives with whom they reside and to whom they pay rent or with whom they share living expenses.

Minimum Standards:

Assistance is limited to one time in a 12-month period. All units must meet Fair Market Rent requirements as established by HUD. Assistance is limited to security deposits equal to no more than 2 month’s rent, first and last month’s rent; short-term rental assistance for up to 3 months; rental arrears for up to 6 months of rent.