Before Starting the CoC Application

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

 The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
  - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

 For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1A-1. CoC Name and Number: MD-503 - Annapolis/Anne Arundel County CoC

1A-2. Collaborative Applicant Name: Anne Arundel County, Maryland

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Anne Arundel County Department of Social Services

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	No
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	Yes	Yes	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	No
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Not Applicable	Not Applicable	Not Applicable
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Funders - United Way Board member	Yes	Yes	Yes
Pastors/religious leaders	Yes	Yes	Yes
Veterans representatives	Yes	Yes	No

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area.   Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.
(limit 1000 characters)

The Anne Arundel County CoC is open to any person or group interested in preventing or ending homelessness. It is a volunteer group. While the group has been re-structured to have an elected board, the board, all committees and workgroups are open to any who are willing to participate. There is no exclusion process. Depending on the committee or group,if a particular group is not represented and should be, they are invited to join in order to give input and expertise. For example, in order to strengthen the connection between the County's local schools and the CoC, the Homeless Liaison now sits on the CoC Board, ensuring that the CoC is always apprised of the needs of homeless students. Additionally, the CoC invites members of the faith community to sit on the Board and to attend general membership meetings. Not only are they on the frontlines of service to the homeless, they benefit from gaining knowledge of community resources, bringing ideas and their own resources to the table.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Blessed in Tech	No	Yes	Yes
Partnership for Children, Youth, and Families	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Anne Arundel County and Annapolis YWCA	Yes	Yes

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	No
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
 (limit 1000 characters)

The Anne Arundel County CoC committees are open to any individual who are willing to volunteer, participate, and do the work. The CoC Board is at the center of the CoC's planning process identifying the strategies and methods for implementation of Opening Doors goals. Committees are established as needed to ensure the CoC continues to move forward. Coalition members are invited to join committees at the bi-monthly CoC Coalition meetings. For example, the CoC Board strives to meet the goal of ending chronic homelessness and committees were established to implement 100,000 Homes strategy in the County, to develop the County's coordinated assessment, implement and utilize the By-Name list for the County's permanent housing resources,and participate and conduct a count of the County's homeless youth. The CoC reaches out to individuals representing populations that are not at the table, and should be, in order to include them in appropriate committee work.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015.
(limit 1000 characters)

Once the CoC application is announced, a letter is emailed to all members of the County's CoC and other interested individuals. The letter announces the competition, and the renewal and new project application criteria and requirements. The letter also gives community members a date – for anyone, including new agency's - to submit short "letters or emails of Intent" to seek new funding. This letter and information is also posted on ACDS' website.

ACDS staff, the CoC's Collaborative Applicant, reviews the 'letters of intent' and contacts applicants seeking new funds to determine if the proposed projects meet HUD's minimum project eligibility criteria. Regardless of the outcome of the discussion, all interested applicants are invited to attend a Board meeting where the CoC Competition issues, such as re-allocation, community priorities and needs are discussed. All interested applicants who will be requesting new funding are provided application information and due dates.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?　　Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

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

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

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2	100.00%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2	100.00%
How many of the Con Plan jurisdictions are also ESG recipients?	2	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2	100.00%

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2	100.00 %

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

ACDS is under contract with Anne Arundel County to administer the CoC, ESG, CDBG, HOME, and HOPWA funds and preparing the County's 5-year Consolidated Plan. ACDS coordinates the County's homeless CoC planning process. The CoC played an active role in the preparation of the Anne Arundel County FY2016-FY2020 Consolidated Plan. Members participated in an affordable housing, special needs, and homeless focus groups (one at the Board level and one at the membership coalition level), three public hearings including the public hearing that prioritized needs and goals for allocating HUD funding. The Homeless Coalition Board members were responsible for drafting and prioritizing the goals and strategizes related to ending homelessness and included in the Consolidated Plan. Consolidated Plan staff and CoC leadership talk and email weekly, meeting monthly, participate in multiple committees together. The CoC coordinates with the City of Annapolis as well.

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

ACDS is a nonprofit organization under contract with Anne Arundel County to administer federal HUD funds including ESG funds and provides staff support for the County's CoC which is responsible for overall planning, policy, and program development. ACDS utilizes the CoC as the vehicle for coordinating the local ESG funds. The CoC plays an active role in establishing the County's strategy for the use of ESG funds. CoC members were invited and participate in the two annual budget hearings that help decide the use of ESG funds. The City of Annapolis planning applies for State ESG funds and a City staff member is a Board member of the CoC. The evaluation of performance for all ESG funded programs is part of the CoC efforts to improve effectiveness of the County's programs to end homelessness. All shelters are evaluated for HMIS data quality, performance standards, shelter recidivism, length of shelter stay, exit destination and housing success.

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

The CoC has a non-CoC funded DV shelter, Arden House, operated by the YWCA, for victims of DV. The YWCA is a member of the CoC. Arden House is located in a secure, confidential location and is accessed through a 24 hour Domestic Violence Hotline. Victims contact the DV Hotline directly to obtain shelter and services. They may be referred to the Crisis Warmline, the coordinated assessment front door, for shelter if the DV shelter full. If a victim first reaches out to the Crisis Warmline, staff will help her contact to the DV hotline or will, if the women is not imminent danger, refer her to the County's family shelter.   However, this shelter is not a secure facility. The Crisis Response Team may hotel an at-risk family until there is space at a DV shelter. DV victims can access the County's program, transitional housing and other resources through the Crisis Warmline. The YWCA case managers link families to non-DV housing and services.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Commission of Anne Arundel County	10.00%	Yes-Both
Housing Authority of the City of Annapolis	0.00%	No

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

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

The Anne Arundel County HOME program provides funding for low-income multi-family affordable housing in the County. While these projects are not specifically developed for the homeless, they target families earning less than 50 percent of area median income with a percentage of units targeted to families earning less than 30 percent of AMI and are marketed to the County's Homeless Coalition (CoC), especially during the initial lease up period. ACDS operates a scattered-site rental program with more than 50 units located in neighborhoods across the County. This program is marketed to the Homeless Coalition members and the community at large and is a resource for the homeless. The United Way provides a rapid re-housing program targeted to homeless families. While the offers time-limited support, it is a resource for homeless families in the County.   The County also offers two State-funded Rental Assistance Programs – offered through the Housing Commission and Community Action Agency - which help subsidize the rent on market rate units for homeless households.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	X
No strategies have been implemented:	

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

Foster Care:	X
Health Care:	
Mental Health Care:	X
Correctional Facilities	X
None:	

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

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)

The CoC coordinates with local institutions and has developed plans to help ensure persons discharged are not discharged into homelessness.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

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

The County's Community Warmline, a 24 hour,7 day crisis hotline, is AA CoC coordinated entry point and is part of the County's Mental Health Agency Crisis Response System. The Warmline is marketed to the CoC, County agency heads, libraries, faith community, food pantries and 211. It is advertised on multiple County websites. Individuals least likely to access services can reach the Warmline by phone. Depending on the situation, the Crisis Mobile Team will be sent to assess in person. Initial screening uses a modified Arizona Self-Assessment, and basic HMIS data. Individuals are referred to appropriate shelter and other services based on assessment. Homeless persons can also enter through local shelters, DSS, and day programs. All programs use VI-SPDAT to assess needs of homeless and create by-name vulnerability list. The CoC gives priority for shelter to homeless assessed as vulnerable and on the street or other place not fit for human habitation.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable."   If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	X	X			X	
CDBG/HOME/Entitlement Jurisdiction	X	X			X	
Law Enforcement	X	X				
Local Jail(s)		X				
Hospital(s)		X				
EMT/Crisis Response Team(s)	X	X	X	X	X	
Mental Health Service Organizations	X	X	X	X	X	
Substance Abuse Service Organizations	X	X				
Affordable Housing Developer(s)	X	X			X	
Public Housing Authorities	X	X			X	
Non-CoC Funded Youth Homeless Organizations	X	X			X	
School Administrators/Homeless Liaisons	X	X			X	
Non-CoC Funded Victim Service Organizations	X	X				
Street Outreach Team(s)	X	X				
Homeless or Formerly Homeless Persons	X	X				

	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	14

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0

How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	14

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	X

Performance outcomes from APR reports/HMIS	
Length of stay	X
% permanent housing exit destinations	X
% increases in income	X

Monitoring criteria	
Participant Eligibility	X
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services	
Youth	
Victims of Domestic Violence	
Families with Children	
Persons Experiencing Chronic Homelessness	X
Veterans	

None	

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

The CoC has prioritized the needs of the most vulnerable, chronically homeless individuals and families when determining project application priority. The CoC assesses all homeless persons using the VI-SPDAT tool and uses the results to determine their placement on the County's Access Housing list,creating a by-name vulnerability list. Those individuals that score the highest are given priority for housing. The CoC prioritizes projects that prioritize these individuals and agree to utilize the shared community by-name waitlist. The CoC also considers veterans status and vulnerable families. During the ranking and review of project applications, the Anne Arundel CoC gives 10 points if a project prioritizes serving chronically homeless persons and 10 points if a project has embraced Housing First and a low barrier approach for admittance.

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

Anne Arundel CoC made the ranking and review criteria publically available through the following steps: 1)October 2, 2015 CoC Board reviewed and approved ranking criteria at a Board meeting which was open and advertised to interested parties; 2)November 5, 2015, project applicants were notified of the acceptance of their applications and received a copy of initial ranking matrix for review; 3)November 6, 2015, at an open Board meeting, project review and ranking were discussed and final ranking was approved by members with members submitting applications being recused from the vote; 4)November 10,2015 final ranking emailed to CoC Board and interested parties, and 5)November 12,2015 final ranking was posted on the ACDS website.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)

11/12/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

No

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

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?   Yes

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

ACDS is under contract with Anne Arundel County to administer the CoC program as well as designated as the lead agency through the CoC Governance Charter. In both contracts, ACDS is responsible for program monitoring of all CoC funded grants with the exception of the Shelter Plus Care grant which is monitored by the State Behavioral Health Administration. ACDS staff conducts on-site monitoring of each CoC funded grant including a review of beneficiaries, housing standards, supportive services, project progress, CoC program requirements, employee information, fiscal control, invoicing, procurement/disposition, managing fixed assets, and reports and records. ACDS also reviews APRs. On a quarterly basis, the CoC Board also reviews the following performance measures for each project including the State CoC (former Shelter Plus Care) program: data quality, occupancy rate, recidivism, exit destination, income, housing placements and stability.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.
page 4, governance charter

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

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

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? Applicant will enter the HMIS software name (e.g., ABC Software).   Service Point

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Applicant will enter the name of the vendor (e.g., ABC Systems).   Bowman Systems

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$25,000
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$25,000

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	$0
County	$42,000
State	$0
State and Local - Total Amount	$42,000

2B-2.4 Funding Type: Private

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

2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	$67,000

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/11/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	147	21	126	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	90	0	90	100.00%
Rapid Re-Housing (RRH) beds	13	0	13	100.00%
Permanent Supportive Housing (PSH) beds	208	0	208	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)

All of the CoC housing type have a bed coverage rate of 100%.

2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

VA Domiciliary (VA DOM):	
VA Grant per diem (VA GPD):	
Faith-Based projects/Rescue mission:	
Youth focused projects:	
HOPWA projects:	
Not Applicable:	X

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

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	2%	5%
3.3 Date of birth	1%	0%
3.4 Race	1%	0%
3.5 Ethnicity	1%	0%
3.6 Gender	1%	0%
3.7 Veteran status	1%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	12%	27%
3.15 Relationship to Head of Household	5%	0%
3.16 Client Location	11%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	2%	0%

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

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

	☐
None	☐

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 7

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

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

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

VA Supportive Services for Veteran Families (SSVF):	☐
VA Grant and Per Diem (GPD):	X
Runaway and Homeless Youth (RHY):	☐
Projects for Assistance in Transition from Homelessness (PATH):	X
	☐
None:	☐

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

None, all enter data into HMIS. The County receives services through the SSVF grant. However, the data for the SSVF is entered into the Baltimore County HMIS. AA County HMIS coordinator has the ability to view which AA County veterans have been entered into the Baltimore County HMIS.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?   Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):   01/28/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?   Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy):   05/11/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

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

HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	
Sample of PIT interviews plus extrapolation:	

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

With the exception of the County's Domestic Violence shelter, Anne Arundel County CoC use HMIS reports created by Bowman System to generate a report and mandates all emergency, transitional, and other outreach programs sheltering the homeless in motels to have their data in the system and updated on the night of the PIT count. We selected this method because it provides the most accurate count for the CoC. The County's Domestic Violence shelter is asked to complete a simple paper survey documenting those being sheltered on the night of count. This documentation is added to the HMIS count in order to complete PIT count.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count).
(limit 1000 characters)

There was no change to the methodology used in the sheltered PIT count from 2014 to 2015.

2F-5. Did your CoC change its provider   No
coverage in the 2015 sheltered count?

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count.
(limit 750 characters)

There was no change in Anne Arundel County CoC provider coverage in the 2015 sheltered count.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

Training:	X
Provider follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

No change in how the sheltered PIT count was conducted in 2014 to 2015.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

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

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/11/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	
Night of the count - known locations:	X
Night of the count - random sample:	
Service-based count:	
HMIS:	X

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

The Anne Arundel CoC worked with the members of the community, police, and the homeless to identify sites and encampments where the homeless were known to sleep prior to the PIT. The Homeless Coordinator developed multiple teams of volunteers to cover all the known areas and hosted several trainings prior to the night of the PIT to instruct volunteers about the methodology. On the night/early morning of the PIT, each team went to sites and interviewed and counted everyone they found at a site. This method allowed the CoC to effectively cover a large County.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

The CoC made several minor changes in the PIT count from 2014 to 2015. The CoC added early morning teams (4 am) as well as several late afternoon teams to increase chance of reaching the greatest number of people. The CoC also increased the number of volunteers used to cover a wider range of times. The CoC used HMIS to de-duplicate all homeless counted during the PIT timeframe.

**2I-4. Does your CoC plan on conducting   Yes
         an unsheltered PIT count in 2016?**

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	X
"Blitz" count:	X
Unique identifier:	
Survey question:	X
Enumerator observation:	
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method).
 (limit 1000 characters)

There was no change in survey methodology that would affect data quality. Considerable effort was made to survey, talk to each individual so data could be de-duplicated and subpopulations could be self-identified.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

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

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

		2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		384	335	-49
Emergency Shelter Total		251	220	-31
Safe Haven Total		0	0	0
Transitional Housing Total		82	67	-15
Total Sheltered Count		333	287	-46
Total Unsheltered Count		51	48	-3

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

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons		837
Emergency Shelter Total		752
Safe Haven Total		0
Transitional Housing Total		171

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

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)

The CoC utilizes multiple strategies to reduce the number of individuals and families who become homeless for the first time including division and prevention. Division may happen when an individual contacts the Crisis Warmline, the CoC's coordinated assessment front door, for the first time. At that time a worker will assess, discuss options, and make referrals to prevention programs as needed. The United Way funded a prevention program in partnership with the School System this past year.   School counselors identify families at-risk of homelessness who could benefit from case management, flexible funding, and linkage to services. Since the program's inception in late 2014, 29 families have been prevented from becoming homeless. CoC partners uses the Arizona Self-Assessment Matrix as a means for identifying key risk factors such as housing including threat of eviction, unaffordable rent, temporary situation, employment and income, and overall crisis.

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

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)

The Anne Arundel CoC is taking the following steps make the experience of homelessness as brief as possible. First, the CoC uses several tools – VI-SDAT and Arizona Self-Assessment Matrix - to assess and evaluate the housing barriers and other factors. All homeless are assessed with the VI-SPDAT and placed on the CoC's by-name vulnerability list. If an individual scores high on the VI-SPDAT, they will be offered PSH first when a bed is available. The CoC is also using the by-name list for Rapid Re-Housing. All programs offer case management and establish a housing plan. Housing options–such as re-uniting with family or moving to a more affordable jurisdiction- are explored. Given the cost of housing in Anne Arundel County, employment and addressing income is also a key part of the case management plan. Limiting the length of time one is homeless is a challenge for the CoC as the County is experiencing a tight rental market and for many housing is not affordable without a subsidy.

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

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

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited		121
Of the persons in the Universe above, how many of those exited to permanent destinations?		100
% Successful Exits		82.64%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH		225
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?		213
% Successful Retentions/Exits		94.67%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness.   Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.
(limit 1000 characters)

Three strategies to reduce recidivism include 1) better initial assessment to target the best housing intervention through the use of VI-SPDAT and development of the by-name, vulnerability list; 2) provision of follow-up support such as the Light House Shelter Safe Harbor Alumni Center and Sarah's House Service Linked Housing Program. Both programs continue to provide support to those existing shelter or transitional housing programs; and 3) building better linkages to the mental health/substance abuse system to mitigate risk and help individuals remain stable in housing. The Anne Arundel CoC is able to monitor returns to homelessness by persons, including families who exited rapid re-housing, by generating the 0555.00 - Shelter Recurrence in Bowman Systems ART reporting system.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).
(limit 1000 characters)

Approximately 40% of all participants served in HUD funded CoC projects increased their income through employment and/or non-employment sources during FY2014. Strategies implemented by CoC Program-funded projects include Arundel House of Hope, Sarah's House, and Light House which offer employment programs. Sarah's House has an employment specialist who has been successful at helping guests obtain jobs in the new casino located in the County thereby taking advantage of a new service industry. These jobs pay above minimum wage.   CoC Program-funded projects staff also take advantage of the County's S.O.A.R program to assist participants in applying for SSI/SSDI. Department of Social Service staff present on-site at Sarah's House to help guests obtain all Family Investment Administrative benefits. All case managers connect eligible participants to the County's Workforce Housing Corporation or to DHR funded supported employment programs.

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

The Anne Arundel CoC has been building a strong relationship with the County's Workforce Development Corporation. Workforce Development has designated a staff member as a homeless/community coordinator and is a member of the Anne Arundel County's CoC. They market their programs and training courses to CoC providers at CoC meetings.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)

One of the gaps Anne Arundel CoC faces is a lack of a fully funded outreach team who can identify and build relationships with the unsheltered homeless. Although, during the 2013 100,000 Homes 3-day blitz count, relationships were developed and have been maintained among many of the street homeless and shelter staff/volunteers and the County's Homeless Coordinator. Additionally, a faith based organization, Blessed In Tech, has started an outreach effort to the street homeless and homeless youth living in the City of Annapolis. The County's Mobile Crisis Team receives referrals from the Police Department and community members which aids in the process of linking the unsheltered to services. This effort will be expanded beginning 2015 as the Mental Health Agency was awarded a SAMSHA grant that will allow the County to create a new Assertive Community Team (ACT) targeted to serve over 100 chronically homeless individuals, many of whom are expected to be unsheltered.

3A-7a. Did the CoC exclude geographic areas   Yes
from the 2015 unsheltered PIT count where
the CoC determined that there were no
unsheltered homeless people, including
areas that are uninhabitable (e.g., deserts)?

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

The CoC utilized the "known location" method to identify areas of the County to count the unsheltered homeless. The CoC Homeless Coordinator surveys community providers, the police, community members, and the homeless to map out the areas where the unsheltered homeless are known to encamp or to stay. This is a comprehensive process that takes place several months leading up to an annual PIT count. The CoC attempts to be as through in its count as possible and often sends volunteers to old encampments or other location in an effort to be as comprehensive as possible.

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

		2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		73	71	-2
Sheltered Count of chronically homeless persons		42	46	4
Unsheltered Count of chronically homeless persons		31	25	-6

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

The CoC saw a slight decrease of 2 individuals in the overall number of chronically homeless persons counted on the night of 2015 PIT Count. The unsheltered count saw a decrease of 6 individuals. This we believe is due to the change in prioritization for PSH programs and the use of a by-name waitlist which targets the chronically homeless. The CoC provided subsidized housing to 8 unsheltered homeless persons during FY2014 which would have been reflected in the 2015 count. Many of these individuals had lived in encampments for years. On the otherhand, the number of sheltered chronically homeless increased by 4 on the night of PIT. This could be due to the use of VI-SPDAT assessment tool which is improving the CoC's ability to identify vulnerable, chronically homeless individuals.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

The CoC's two year goal is to fully implement the housing phase of the 100,000 Homes Campaign. In 2013, AA CoC joined the 100,000 Homes Campaign and surveyed the street homeless using the campaigns vulnerability index tool, VI-SPDAT, which generated a list prioritizing the County's most vulnerable, chronically homeless. The CoC will fill 100 percent of CoC funded Permanent Supportive Housing beds with the most vulnerable, chronically homeless when they units become available. It is anticipated that over the next year,6 units may become available. Goal is to prioritize for chronically homeless 6 units in FY2014 and 6 units in FY2015 for a total of 12 units. In addition, the CoC will seek to increase the number of permanent supportive beds through non-CoC funded sources. Methods include mobilizing the faith community to provide funds to pay for units and applying for HOME funds for tenant based rental assistance. To date, two churches have committed to paying for two chronically homeless persons.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

While the CoC did not add as many beds as reflected in the 2015 HIC count, it has been successful at meeting the goals outlined in FY2013/FY2014 CoC Application. The CoC has successfully prioritized and targeted the County's most vulnerable, chronically homeless (CH) individuals by: full implementation of the County's by-name vulnerability list using the VI-SPDAT assessment; 7 beds were filled by CH households through turnover of CoC funded PSH beds; an additional 7 CH individuals were assisted in locating unsubsidized housing in the County; 7 CH (4 households) were provided Housing Choice Vouchers through the County's Housing Commission; and the CoC obtained HOME funds to implement a HOME funded TBRA program which will serve six CH families by January 2016.   In all, a total of 21 CH households were housed. Of those housed,8 CH individuals were residing on the street prior to admission.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	70	77	7

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count.
(limit 1000 characters)

There was an increase of 7 PSH beds from 2014 to 2015. This was due to primarily prioritizing chronically homeless households on a by-name vulnerability lists for beds which became available through turnover. The 2014 count also reflected a increase over the 2013 HIC by 2 beds.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?

Yes

3B-1.4a. If "Yes", attach the CoC's written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC's update.

1

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness		FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.		112
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.		14
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.		14
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.		100.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?   No

This question will not be scored.

3B-1.6a. If "Yes," what are the strategies implemented by the CoC to maximize current resources to meet this goal? If "No," what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

The Anne Arundel CoC has already made ending chronically homelessness a top priority and goal for the jurisdiction. As the rental housing market in Anne Arundel County is extremely tight, competitive and expensive - a one bedroom unit is $985 or more - and there are few studio apartments, finding adequate funding streams for the provision of rental subsidies with support services is a critical need. The CoC has successfully tapped into the Housing Commissions' Housing Choice Voucher program, as well as, successfully assisting individuals obtain unsubsidized housing however, the need is greater than the supply. Additional funding for housing would be the most useful resource. While we have already implemented a by-name vulnerability list, without new housing, the wait on the list can be significant.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	
Unsheltered homelessness:	X
Criminal History:	
Bad credit or rental history (including not having been a leaseholder):	
Head of household has mental/physical disabilities:	X
N/A:	

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
(limit 1000 characters)

The CoC plan to rapidly rehouse every family who becomes homeless within 30 days involves the following strategies: (1) comprehensive assessment - VI-SPDAT and Arizona Self-Assessment Matrix- to target best available housing intervention by need (e.g. quick return market rate housing, re-unification with family, rapid re-housing, or PSH if a family is determined to be chronically homeless with severe disabilities; (2) target rapid re-housing to families who score between a 5-10 on VI-SPDAT vulnerability list and receive a low score on the Arizona Matrix; (3) quickly link families to employment and income resources; (4) prioritize ESG funded rapid re-housing for families; (5) increase supply of rapid rehousing funded by CoC, United Way, private funds; (6) develop a HOME funded TBRA for chronically homeless vulnerable families; and (7) target transitional housing to families to DV, young, or those who struggle with substance abuse.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	11	10	-1

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

CoC policies and procedures prohibit involuntary family separation:	X
There is a method for clients to alert CoC when involuntarily separated:	X
CoC holds trainings on preventing involuntary family separation, at least once a year:	X
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	50	34	-16
Sheltered Count of homeless households with children:	50	34	-16
Unsheltered Count of homeless households with children:	0	0	0

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The 2015 PIT saw a decrease of 16 homeless households from 2014 PIT. During that night, neither the family transitional housing program or the County's domestic violence shelter were at capacity. The United Way funded a new family prevention and rapid re-housing program in the County which began operating in the fall of 2014. The program has prevented 29 households from becoming homeless and have rapid re-housed an additional 19 families. The inception of a new program may have had an effect on the 2015 PIT count. The CoC will include the United Way program in its 2016 HIC count, as it was just began operating in late 2014.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ 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?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

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

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	X
Increase housing and service options for youth fleeing or attempting to flee trafficking:	X
Specific sampling methodology for enumerating and characterizing local youth trafficking:	
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	
Community awareness training concerning youth trafficking:	X
N/A:	

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	X
Length of time homeless:	
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
N/A:	

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	18	18	0

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why.
(limit 1000 characters)

As the school system is not allowed to enter data into the County HMIS on homeless youth under the age of 18, the numbers of youth identified above are reflective of young people between the age of 18 and 24. It isn't clear why there is no difference between the number of youth counted in FY2013 and FY2014 as according to HMIS the majority of these youth are not the same youth counted both years.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$105,500.00	$105,500.00	$0.00
CoC Program funding for youth homelessness dedicated projects:	$0.00	$0.00	$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$105,500.00	$105,500.00	$0.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	20
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	2
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	20

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local eduction liaisons and State educational coordinators.
(limit 1000 characters)

The AA County's Public School system has a designated Community Liaison for Homelessness who is an active member of the CoC's Board. She was a committee chair for the County's Homeless Youth Reach Count, a State funded homeless youth initiative, along with other CoC members. Strategic involvement between the School system and CoC has led to a number of partnerships serving homeless families. For example, school PPWs identify and refer at-risk and homeless families to a United Way funded prevention and rapid re-housing program. Additionally, AHOH, the School System, and the several churches have developed a four unit supported housing program for homeless families. All families are referred to the program by the schools PPWs. Both of these programs began as a result the Anne Arundel County School Systems involvement with the CoC. PPWs and the Community Liaison are also involved in outreach efforts such as the annual Homeless Resource Day.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs.
(limit 2000 characters)

The CoC has policies to inform homeless families and unaccompanied youth of their educational rights. Each family shelter/program actively works with PPWs and school personnel to implement policies. For example at Sarah's House Shelter and transitional housing program, case workers and childcare staff communicate with PPWs and school administrators about transportation and other eligible services. They organize a school orientation at the beginning of the school year to educate families about rights and resources; 2) arrange and host parent/teacher conference at the shelter; 3) hire a School Age Counselor responsible for identifying children and ensuring families know their education rights and are linked to services; and 4)work together (PPW, teachers, and Program staff) to arrange tutoring and other academic supports for families. School Liaisons and PPW refer families to the Mental Health Agency Crisis Warmline staff, the CoC's coordinated intake, for homeless services.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	18	28	10
Sheltered count of homeless veterans:	18	24	6
Unsheltered count of homeless veterans:	0	4	4

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

Unfortunately, the CoC saw an increase of 10 Veterans counted in the 2015 PIT when compared with 2014. This, the CoC Board, believes is due to a number of factors. The CoC changed the wording of the Veteran questions on the PIT from "are you a veteran?" to "have you served in the military at any point?" This may have allowed more veterans, especially those with no active duty experience or dishonorably discharged to self- identify as a veteran. Additionally, Anne Arundel County has increased the availability of services for veterans. For example, a six bed housing program funded with VA Per Diem funds was opened in 2012 and a new Vet Center was opened in Annapolis. This means that veterans no longer need to go to Baltimore or Washington D.C. to receive services. This would have an impact on PIT count.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?
(limit 1000 characters)

AA CoC works to ensure that all veterans eligible for VA services are identified, assessed and referred to appropriate resources. A CRRC outreach social worker from the VA MD Heath Care System visits the Homeless Resource Center, Light House, and other programs at least 2 times per month. He is able to assess and refer individuals to SSVF and other resources. Additionally, Workforce Development also has a Homeless Veteran grant. VA providers, such as the Outreach social worker, are members of the Coalition and helps educate homeless program staff about VA resources and contacts. The CoC is beginning weekly case conference calls with the SSVF staff, other VA providers, and the AA County Homeless Coordinator better serve homeless veterans.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?
(limit 1000 characters)

The CoC has established prioritization procedures for its PSH by-name waitlist via an assessment driven process. The CoC uses the VI-SPDAT to assess and assign each homeless individual a numeric score. The higher the score, the more vulnerable an individual is assumed to be (eg. scoring a 17 is higher than scoring a 15) and they are given higher priority on the PSH waitlist. Based on VI-SPDAT assessment, those with the highest score are determined to be the most vulnerable and at-risk, therefore the CoC gives priority to those CH individuals regardless of veteran status. However, typically there are several individuals with same score (eg.17). The CoC has agreed to prioritize homeless veterans, regardless of discharge status, over a non-veteran if they both score within the same sub-group for CoC funded PSH. This policy applies to PSH beds and rapid re-housing beds.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	5	24	380.00%
Unsheltered count of homeless veterans:	0	4	0.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.   No

This question will not be scored.

3B-3.5a. If "Yes," what are the strategies being used to maximize your current resources to meet this goal? If "No," what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

At this time, ACDS and the Homeless Coordinator/HMIS Administrator have been receiving TA with Elizabeth Buck, CHS, in order to better improve Anne Arundel County connection with Baltimore City/County based veteran services.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	16
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	16
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants.
(limit 1000 characters)

All of the County providers have established procedures to help program participants enroll in health insurance. The State of Maryland has established the Heath Care Access Maryland Exchange. Initially, Healthcare navigators community based. For example, they cane to Arundel House of Hope medical clinic/homeless day center twice a week or they would go directly to the County shelters. Now the HealthCare Access Maryland have 5 or 6 satellite offices throughout the County. Sarah's House shelter, like many of the providers, provides transportation to these Heath Care Access offices to assist with enrollment. In FY14, of 751 homeless adults, 473 adults (63%) had health insurance (Medicaid or Medicare Health Insurance.)

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

Educational materials:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	16
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	13
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	81%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	16
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	13
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	81%

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

Direct outreach and marketing:	X
Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

		2014	2015	Difference
RRH units available to serve any population in the HIC:		11	10	-1

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

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

This question is not applicable.

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

No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

This question is not applicable.

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?

No

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

No, this question is not applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.

Yes

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

This response does not affect the scoring of this application.

CoC Governance:	
CoC Systems Performance Measurement:	
Coordinated Entry:	
Data reporting and data analysis:	
HMIS:	
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	X
Maximizing the use of mainstream resources:	
Retooling transitional housing:	
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	
Not applicable:	

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
TA for Veterans Programs Access	10/01/2015	5

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

 For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Communication wit...	11/16/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	Public Posting Ev...	11/16/2015
03. CoC Rating and Review Procedure	Yes	MD-503 Rating & R...	11/16/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	MD-503 Rating and...	11/16/2015
05. CoCs Process for Reallocating	Yes	MD-503 Re-Allocation	11/16/2015
06. CoC's Governance Charter	Yes	MD-503 Governance...	11/16/2015
07. HMIS Policy and Procedures Manual	Yes	MD-503 HMIS Polic...	11/16/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	MD-503 Housing Co...	11/16/2015
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Communication with Rejected Projects

Attachment Details

Document Description: Public Posting Evidence

Attachment Details

Document Description: MD-503 Rating & Review Matrix

Attachment Details

Document Description: MD-503 Rating and Review Public Posting

Attachment Details

Document Description: MD-503 Re-Allocation

Attachment Details

Document Description: MD-503 Governance Charter

Attachment Details

Document Description: MD-503 HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: MD-503 Housing Commission Homeless
Preference Policy

Attachment Details

Document Description:

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Submission Summary

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3A. System Performance	11/16/2015
3B. Objective 1	11/16/2015
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3B. Objective 3	11/16/2015
4A. Benefits	11/16/2015
4B. Additional Policies	11/16/2015
4C. Attachments	11/16/2015
Submission Summary	No Input Required

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2015 Continuum of Care Program Competition - NOFA

**NEW ANNOUNCEMENT for Homeless Program funding:
2015 Continuum of Care Program Competition - NOFA**

Applications are due November 20, 2015 for Collaborative Consolidated CoC Application.

The U.S. Department of Housing and Urban Development (HUD) has announced the NOFA (Notice of Funding Availability) for FY 2015 Funds for the Continuum of Care Homeless Assistance Programs. At this time, ACDS is initiating the application process for new and renewal projects to be included in the County's funding application under the Continuum of Care programs. Please Click here to review Letter to CoC Project Applicants outlining the Anne Arundel and Annapolis CoC's process for applying for funding for new and renewal project applications.

- Letters of intent to seek new funds – October 1, 2015
- New Project Applications due to ACDS – October 16, 2015

Additional helpful links to the following documents:

- FY 2015 Continuum of Care Application – HUD's Homeless Policy and Program Priorities
- FY 2015 HUD Continuum of Care Project Threshold – Project Renewals
- FY 2015 HUD Continuum of Care Project Threshold – NEW PROJECTS
- For more information please go to: HUD's CoC Webpage for full details on the 2015 CoC program competition
- Follow this link to the HUD Broadcast describing the FY15 NOFA requirements

On Friday, November 6, 2015, Anne Arundel County and Annapolis Coalition for the Homeless (AA County CoC) Board of Directors – Review and Ranking Committee - reviewed and ranked the following project applications (see attached – Final Ranking – AA County CoC Project List) to be submitted as part of the FY2015 Continuum of Care Program Competition on November 20, 2015 (or November 19, 2015). The projects were reviewed and ranked based on the attached Anne Arundel and Annapolis Coalition to End Homelessness Continuum of Care (CoC) Federal Application Process policies (Review and Ranking Procedures). Please notify Beth Brush at 410-222-7600 ext. 151 or ebrush@acdsinc.org if you have any questions or if you would like a copy of the Project Rank and Review Score sheet.

- Review and Ranking Procedures
- MD-503 Final Ranking

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2015 Continuum of Care Program Competition - NOFA

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- **FY 2015 HUD Continuum of Care Project Threshold – Project Renewals**

- **FY 2015 HUD Continuum of Care Project Threshold – NEW PROJECTS**

- **For more information please go to: HUD's CoC Webpage for full details on the 2015 CoC program competition**

- **Follow this link to the HUD Broadcast describing the FY15 NOFA requirements**

On Friday, November 6, 2015, Anne Arundel County and Annapolis Coalition for the Homeless (AA County CoC) Board of Directors - Review and Ranking Committee - reviewed and ranked the following project applications (see attached - Final Ranking - AA County CoC Project List) to be submitted as part of the FY2015 Continuum of Care Program Competition on November 20, 2015 (or November 19, 2015). The projects were reviewed and ranked based on the attached Anne Arundel and Annapolis Coalition to End Homelessness Continuum of Care (CoC) Federal Application Process policies (Review and Ranking Procedures). Please notify Beth Brush at 410-222-7600 ext. 151 or ebrush@acdsinc.org if you have any questions or if you would like a copy of the Project Rank and Review Score sheet.

- **Review and Ranking Procedures**
- **MD-503 Final Ranking**

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11/12/2015

Anne Arundel County
Homeless Management Information System (HMIS)
Policies and Procedures

Revised Version Effective August 1, 2015

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Introduction:

The Homeless Management Information System (HMIS) is administered by Anne Arundel County Department of Social Services (hereinafter known as "DSS") and Arundel Community Development Services (hereinafter known as "ACDS") with oversight from the Anne Arundel And Annapolis Coalition To End Homelessness.

The project utilizes Internet-based technology to assist homeless service organizations across Anne Arundel County to capture information about the clients that they serve. DSS staff provides technology, training and technical assistance to users of the system throughout Anne Arundel County. A goal of HMIS is to inform the public about policy, procedure, and the extent and nature of homelessness in Anne Arundel County and the State of Maryland. This is accomplished through analysis and release of data that are grounded in the actual experiences of homeless persons and the service providers who assist them in shelters and homeless assistance programs throughout the county. Information is gathered through intakes conducted by service providers with consumers, is analyzed for an unduplicated count, aggregated (void of any identifying client level information) and made available to policy makers, service providers, advocates, and consumer representatives.

The Anne Arundel And Annapolis Coalition To End Homelessness is hereinafter known as the "Coalition." The Coalition's mission is to ensure homelessness is rare and brief through education and advocacy.

Benefits for Homeless Men, Women, and Children and Case Managers:

Case Managers will have shared assessments with other homeless service agencies. This will decrease duplication of intake and assessment. Referrals can be streamlined and shared amongst agencies to help coordinate services. Case managers can use HMIS to coordinate services internally, among agency programs, and externally with other providers.

Benefits for Agency and Program Managers:

Aggregated information can be used to garner a more complete understanding of clients' needs and outcomes, and to advocate for additional resources, complete grant applications, conduct evaluations of program services, and report to funders such as United States Department of Housing and Urban Development (HUD), Maryland State Department of Human Resources (DHR), and Anne Arundel County Community Development Services (ACDS). The software has the capability to generate required reports including the HUD Annual Progress Report (APR), Community Development Block Grant (CDBG) Monthly Statistical Report, Emergency Services Grant (ESG) Monthly Statistical Report, Continuum of Care (CoC) Progress Report, Emergency Transitional Housing Services/Homeless Prevention Program (ETHS/HPP) Monthly Statistical Report, Homeless Prevention Program (HPP) Follow-up Statistical Report, and Homeless Women's Crisis Shelter (HWS) Monthly Statistical Report.

Benefits for Community-wide Continuums of Care and Policymakers:

HMIS data and aggregate reports provide understanding of the scope of homelessness in the county. Reporting can direct the Coalition to service gaps and effectively measure current program performance. Policy decisions and systems designs

can be determined through the information obtained in the HMIS. The ability to measure the performance of the community system will help prevent and end homelessness.

Governing Principles:
Described below are the overall governing principles upon which all other decisions pertaining to HMIS are based.

Data Integrity:
Data is the most valuable asset of HMIS. It is our policy to protect this asset from accidental or intentional unauthorized modification, disclosure, or destruction. All HMIS participants are also required to input at least the minimum data requirements as prescribed by Homeless Management Information Systems (HMIS) Data and Technical Standards Final Notice (FR 4848-N-02).

Access to Client Records:
The Client Records Access Policy is designed to protect against the recording of information in unauthorized locations or systems. Only staff who work directly with clients or who have administrative responsibilities will receive authorization to look at, enter, or edit client records. Additional privacy protection policies include:
- No client records will be shared electronically with another agency without written client consent;
- Client has the right to not answer any question unless entry into a service program requires it;
- Client has the right to know who has added to, deleted from, or edited their client record;
- Client information transferred from one authorized location to another over the web is transmitted through a secure encrypted connection.

Application Software:
Only tested and controlled software should be installed on networked systems. Use of unevaluated and untested software outside an application development environment is prohibited.

Computer Crime:
Computer crimes violate state and federal law as well as the HMIS Data Security Policy and Standards. They include but are not limited to: unauthorized disclosure, unauthorized modification or destruction of data, programs, or hardware; theft of computer services; illegal copying of software; invasion of privacy; theft of hardware, software, peripherals, data, or printouts; misuse of communication networks; promulgation of malicious software such as viruses; and breach of contract. Perpetrators may be prosecuted under state or federal law, held civilly liable for their actions, or both. DSS staff and authorized agencies must comply with license agreements for copyrighted software and documentation. Licensed software must not be copied unless the license

agreement specifically provides for it. Copyrighted software must not be loaded or used on systems for which it is not licensed.

End User Ethics:

Any action taken with a specific intent that adversely affects the resources of any participating organization or institution or employees is prohibited. Any action taken with a specific intent that adversely affects any individual is prohibited. Users are prohibited to use HMIS computing resources for personal purposes. Users must not attempt to gain physical or logical access to data or systems for which they are not authorized. Users must not attempt to reverse-engineer commercial software. Users are prohibited from loading unauthorized programs or data onto HMIS. Users should scan all personal computer programs and data for viruses before logging onto HMIS.

Definitions:

HMIS Staff:
1. Homeless Services Coordinator- is responsible for the implementation and oversight of HMIS.
2. HMIS Specialist- is responsible for training and technical assistance of users, HUD reporting systems, and oversight of the daily operations of the system administration for all federal regulations.
3. ACDS is responsible for the general administration of the program for all federal regulations.
4. Coalition- is the final decision maker of all Policies and Procedures regarding HMIS.

Agency Staff People:
1. Participating Agency- is any agency that receives government funding for homeless services or serves the homeless population.
2. Agency Executive Director- is responsible for all agency staff that have access to HMIS.
3. Agency Administrator- is responsible for the administration of the software for his or her agency.
4. End User- is responsible for data input, data security, and data integrity.

Resources: This Document is based upon the University of Massachusetts Boston's "CSPTech Policies and Procedures". DSS, ACDS and the Coalition have been given expressed written consent to use the above-named policies and procedures as a basis for this document. Additional components summarized and added were derived from the Riverside County California HMIS Policies and Procedures Manual.

Section One:
Contractual Requirements and Roles

1.1 HMIS Contract Requirements

Policy: DSS shall provide HMIS technical assistance to all Participating Agencies.

All existing and new agencies participating in HMIS that are funded through HUD and administered by ACDS will be required to participate in the County's HMIS. Participating Agencies are responsible for all costs associated with hardware acquisition and maintenance, personnel, and internet access. In order to participate in HMIS, all existing and new participating agencies must sign an Interagency Data Sharing Agreement (**Attachment I**) with the Coalition.

1.2 HMIS Governing Structure and Management

Policy:
DSS shall manage the structure that supports the HMIS Systems Operation. ACDS advises and supports HMIS operations in the following programmatic areas: resource development; consumer involvement; and quality assurance/accountability. The staffing of HMIS shall be:
   a. Homeless Services Coordinator (DSS)
   b. HMIS Specialist (DSS)
   c. Data Researcher (ACDS)
   d. Coalition's HMIS and Data Management Committee

The HMIS management structure will adequately support the operations of the Anne Arundel County system according to the Governing Principles described above. The responsibilities of the HMIS Specialist will be apportioned according to the information provided below.

The HMIS Specialist is responsible for the oversight of all day-to-day operations including: technical infrastructure; planning, scheduling, and meeting project objectives; orientation of new agency staff to program operations.

The HMIS Specialist is responsible for overseeing usage of the application known as Service Point and being available for phone support as needed. Responsibilities and duties include:
   1. Implementing HMIS to Anne Arundel County Homeless Service Providers
   2. Providing training as needed to agency staff
   3. Providing technical assistance and troubleshooting as needed
   4. Providing technical assistance in generating required reports
   5. Visiting all site agencies as needed.

The Homeless Services Coordinator, along with the Coalition's Board of Directors and HMIS and Data Management Committee is responsible for overall direction and ongoing oversight of HMIS and will ensure that there is an HMIS Specialist who will:
   1. Provide training as needed to agency staff
   2. Provide technical assistance and troubleshooting as needed
   3. Provide technical assistance in generating required reports.

The ACDS is responsible for the general administrative responsibilities for federal regulations.

The Coalition Board of Directors shall be the final decision maker of all policies and procedures by which HMIS is governed.

1.3 HMIS and Data Management Committee

Policy:
The HMIS Committee will be made up of various members from the community who both use the HMIS and/or are "Agency Administrators." The purpose of these meetings is to establish HMIS Policies and Procedures, assist in the planning of all Point-In-Time (PIT) counts, review compliance reports, and plan/participate in HMIS compliance monitoring.

The Committee is responsible for ensuring every Participating Agency is compliant with HUD and County mandated Policies and Procedures. These meetings will allow Participating Agencies the opportunity to voice their concerns as well as determine how the policies are written and enforced. The HMIS and Data Management Committee is also responsible for reviewing HMIS compliance reports and monitoring HMIS implemented program sites (hereinafter referred to as "sites").

1.4 Data Analysis

Policy: ACDS and the Coalition's Board of Directors shall be responsible for Data Analysis.

Data analysis is as follows:
   a. Providing data quality queries to sites on a regular basis.
   b. Providing detailed reports on families and individuals accessing homeless programs and services.
   c. Providing data analysis for reporting purposes to agencies that have contracts with ACDS.

1.5 Policy Addition, Deletion, or Changes

Policy: All changes to this document (hereafter known as the "Policy & Procedure Manual") will be voted on by the HMIS and Data Management Committee and approved by the Coalition's Board of Directors.

All changes or requests for changes to the HMIS Policy & Procedure Manual will be overseen by the HMIS Specialist. Changes will be tracked in a draft document for approval by the HMIS and Data Management Committee and must be approved by the Coalition Board of Directors to become effective.

1.6 Systems Administration, Security, and User Accounts:

Policy: System Security and Integrity shall be reviewed on a regular basis.
Anne Arundel County has entered into a contract with Bowman Internet Systems, Inc. ("Bowman") for the latter to provide a data software system ("Service Point") and host the central server (located in Louisiana). Bowman has overall responsibility for the security of the system.

The HMIS Specialist will review all network and security logs regularly. All Agency Administrators and Agency staff user accounts are the responsibility of the Systems Administration staff. The Agency Administrator is responsible for his or her agency's accounts on a regular daily basis.

1.7 Agency Executive Director

Policy: The Executive Director of each Participating Agency shall be responsible for all agency staff that has access to HMIS.

The Executive Director of each Participating Agency will be responsible for oversight of all agency staff who generate or have access to client-level data stored in the system software. The Executive Director holds final responsibility for the adherence of his or her agency's personnel to the HMIS Governing Principles and standard operating procedures outlined in this document. The Participating Agency's Executive Director is responsible for all activity associated with agency staff access and use of the Service Point data system. The Executive Director shall establish and monitor agency procedures that meet the criteria for access to the Service Point Software system, as detailed in the Policies and Procedures outlined in this document. The Agency will ensure that the Agency and its staff fully comply with the end user terms and these Policies and Procedures and hereby agrees to fully indemnify and hold harmless the County, and any of its agents or assigns, from any unauthorized use, improper use, or misuse of the software and the system by the Agency and/or its staff, or any violation of law arising out of or in connection with the acts or omissions of Agency and its staff and the Agency's participation in the HMIS reporting process. The Executive Director agrees to limit access to the Service Point software system to staff who work directly with (or supervise staff who work directly with) clients or have data entry responsibilities.

Each Agency must ensure that each user of the software and system obtains a unique user license. Only those with a user license may access and use the software and system. Sharing of user names and passwords is expressly forbidden. In addition, each user of the software and system must agree to the End User License Agreement located in the Terms of Use in the software and system, i.e. the program. The Agency shall promptly notify in writing the HMIS Specialist if the Agency will no longer require access to the HMIS.

The Executive Director also oversees the implementation of data security policies and standards and will:
   a. Assume responsibility for integrity and protection of client-level data entered into the Service Point system;

b. Establish business controls and practices to ensure organizational adherence to the HMIS Policies and Procedures;
c. Communicate control and protection requirements to agency custodians and users;
d. Authorize data access to agency staff and assign responsibility for custody of the data;
e. Monitor compliance and periodically review control decisions.

1.8 Agency Administrator

Policy: Every Participating Agency must designate at least one person to be the Agency Administrator.

The designated Agency Administrator holds responsibility for the administration of the system software in his or her agency. This person will be responsible for:
a. Editing and updating agency information;
b. Granting technical access to the software system for authorized persons by updating passwords;
c. Training new staff on any agency policies which impact the security and integrity of client information in HMIS;
d. Ensuring that access to the Service Point system is granted to authorized staff members only after they have received training;
e. Notifying all users in their agency of interruptions in service;
f. Implementing data security policy and standards, including:
(i) Administering agency-specified business and data protection controls;
(ii) Administering and monitoring access control;
(iii) Providing assistance in the backup and recovery of data;
(iv) Detecting and responding to violations of the Policies and Procedures or agency procedures.

1.9 End User

Policy: Staff requiring legitimate access to HMIS shall be granted such access.

All individuals at the Participating Agency levels who require legitimate access to the software system will be granted such access. Individuals with specific authorization can access the system software application for the purpose of conducting data management tasks associated with their area of responsibility. The Agency Administrator agrees to authorize use of the Service Point Software system only to users who need access to the system for technical administration of the system, report writing, data analysis and report generation, back-up administration or other essential activity associated with carrying out HMIS responsibilities.

The Participating Agency agrees to authorize use of the Service Point Software system only to users who need access to the system for data entry, editing of client records, viewing of client records, report writing, administration or other essential activity associated with carrying out participating agency responsibilities.

Users are any persons who use the Service Point software for data processing services. They must be aware of the data's sensitivity and take appropriate measures to prevent unauthorized disclosure. Users are responsible for protecting institutional information to which they have access and for reporting security violations. Users must comply with the data security policy and standards as described in these Policies and Procedures. Users are accountable for their actions and for any actions undertaken with their usernames and passwords.

The Participating Agency will designate the end users and communicate the end user's name and level of access to the HMIS Specialist before the user may begin using the system. The communication may be made in the form of an e-mail transmission or a letter.

All End Users shall sign an End User License Agreement "HMIS Caseworker Agreement" (Attachment II) prior to obtaining access to HMIS.

Section Two:
Participation Requirements

2.1 Participation Requirements

Policy: The Systems Administration staff shall communicate all requirements for participation in HMIS.

Systems Administration staff and Participating Agencies will work to ensure that all sites receive the benefits of the system while complying with all stated policies.

2.2 System Requirements

Policy: Each computer accessing HMIS shall meet the following Minimum System Requirements:

a. Broadband Internet Connection.
b. Computer with one (1) Gigahertz Pentium Processor (PC or Mac OS x 10.2 or higher).
c. Web browser must be at least Microsoft Internet Explorer 9.0 or above or Google Chrome version 11.0.696.65 or above, or Apple Safari version 4 or above, or Mozilla Firefox version 3.5 or above.
d. Hard drive with at least Nine (9) gigabytes and sixty-four (64) megabytes of RAM.
e. SVGA monitor with 800x600 resolution.
f. Keyboard and mouse.

2.3 Interagency Data Sharing Agreement Requirements

Policy: Each Participating Agency shall comply with Participation Agreement Requirements.

a. Identification of Agency Administrator. This person will be responsible for resetting agency passwords and monitoring software access.
b. A Meeting of Agency Executive Director, Systems Administrator and Agency Administrator is required to assess and complete Agency Information Security Protocols.
c. The Agency Administrator and designated staff must commit to attending all training(s) prior to accessing the system online. Staff will not be permitted to attend training until all Information Security paperwork is completed and signed by Executive Director.
d. Interagency Data Sharing Agreements must be established between any shelter/service program where sharing of client level information is to take place.
e. Client Consent Forms must be signed by all clients to authorize the sharing of their personal information electronically with other Participating Agencies through the Service Point software system.
f. Interagency Data Sharing Agreements must be signed by Participating Agencies. See **Attachment I:** Interagency Data Sharing Agreement.

g. Agencies are required to enter minimal data elements as defined by the Homeless Management Information Systems (HMIS) per the 2014 HMIS Data and Technical Standards Final Notice.

2.4 Implementation Requirements

Policy: Each Participating Agency shall comply with Implementation Requirements.

a. All Participating Agencies must read and understand all participation requirements and complete all required documentation prior to implementation of the system, and all implementation requirements must be completed and on file with DSS prior to using the system.

b. **Information Security Protocols-** Continuum of Care staff will assist Participating Agencies in the completion of all required documentation. A meeting of Agency Executive Director (or Program Manager/Administrator) and Agency Administrator with HMIS Specialists(s) shall be conducted to assist in completion of the Agency's Information Security Protocols ("Security Assessment").

c. **Participation Agreement-** refers to the agreement document executed by the Participating Agency and the HMIS Continuum of Care staff. This agreement includes commitment to minimal data as defined by Homeless Management Information Systems (HMIS) Data and Technical Standards Final Notice. This document is the legally binding document that refers to all laws relating to privacy protections and information sharing of client-specific information.

d. Upon completion of the Security Assessment, each agency must agree to abide by all policies and procedures set forth in the HMIS Security Manual. The Executive Director will be responsible for signing the Participation Agreement.

2.5 Interagency Data Sharing

Policy: Each Participating Agency shall comply with Interagency Data Sharing procedures.

Data Sharing throughout the entire Anne Arundel County Homeless Management Information System (HMIS) will be supported upon completion of the System-wide Data Sharing Agreement. Data sharing for Domestic Violence, Mental Health, and Substance Abuse agencies will only be supported upon completion of an Interagency Data Sharing Agreement by Participating Agencies wishing to share client-identified data. In order for the Interagency Data Sharing Agreement to be fully executed, a written, formal document must be signed by the Executive Directors of each of the Participating Agencies involved in the data sharing.

a. Participating Domestic Violence, Mental Health, and Substance Abuse Agencies wishing to share information electronically through the Service Point System are required to provide, in writing, an agreement that has been signed by the

Executive Directors of the Participating Agencies. (See **Attachment I:** Interagency Data Sharing Agreement.)

b. The Executive Director is responsible for abiding by all the policies stated in any Interagency Sharing Agreement.

c. Executive Directors wishing to participate in a data sharing agreement will contact Coalition staff to initiate the process.

d. Each participating agency shall retain a copy of the Interagency Data Sharing Agreement and a signed original is filed with DSS.

e. Agency Administrators shall receive training on the technical configuration to allow data sharing.

f. Each Client whose record is being shared must agree to have their data shared by signing a written client consent form. A client must be informed what information is being shared and with whom it is being shared. An Agency's failure to adhere to the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") laws shall be subject to HIPAA regulations. Each Agency must also adhere to the Maryland Confidentiality of Medical Records Act ("MCMRA") and Federal Code 42 CFR Part 2.

g. Any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to: a formal letter of reprimand, suspension of system privileges, revocation of system privileges, termination of employment and criminal prosecution.

h. Any agency that is found to have consistently and/or flagrantly violated security protocols may have its access privileges suspended or revoked.

i. Written Client Consent Procedure for Electronic Data Sharing: As part of the implementation strategy of the system software, every Participating Agency must have client consent procedures and completed forms in place whenever electronic data sharing is to take place. Client consent procedures must be on file with DSS prior to the assignment of user accounts to the site by the HMIS Specialist.

2.6 Confidentiality and Informed Consent

Policy: Each Participating Agency shall comply with Confidential and Informed Consent Protocol.

All Participating Agencies agree to abide by all privacy protection standards and agree to uphold all standards of privacy as established by the Coalition. Participating Agencies shall develop procedures for providing fact sheets to clients about the usage of HMIS. However, Participating Agencies are required to obtain executed written client consent forms whenever information is to be shared with another agency.

All Clients shall be provided with a HMIS Fact Sheet (Attachment III) for non-shared records which states that the Client's information will be entered into a computerized record-keeping system (HMIS); this HMIS Fact Sheet must be signed by the Client. The Participating Agency should provide an oral explanation of HMIS and the terms of consent. **The agency shall post the HMIS Fact Sheet within the agency.** The fact sheet will include the following information:

a. What Service Point is: a web-based information system that homeless services agencies across the county use to capture information about the persons they serve;

b. Why the agency uses it: to understand their clients' needs and help the programs plan to have appropriate resources for the people they serve, and to inform public policy;

c. **Who Has Access-** Only staff who work directly with clients or who have administrative responsibilities can look at, enter, or edit client records;

d. No information will be released to another agency without written consent;

e. **Right of Refusal-** Client has the right to not answer any question, unless entry into a program requires it; Client has the right to know who has added to, deleted, or edited their Service Point record; Information that is transferred over the web is through a secure, encrypted connection;

f. **How Information is Used-** Case manager tells client what services are offered on site or by referral through the assessment process; Case manager and client can use information to assist clients in obtaining resources that will help them meet their needs.

g. Each Client whose record is being shared electronically through HMIS must agree via a written client consent form to have their data shared. A client must be informed what information is being shared and with whom it is being shared. The Participating Agency agrees not to release client-identifiable information to any other organization pursuant to federal and state law without proper client consent. (See Attachment IV "Authorization to Use or Disclose Protected Health Information (PHI).

h. The Participating Agency will uphold Federal and State Confidentiality regulations to protect client records and privacy. In addition, the Participating Agency will only release client records with the written consent of the client, unless otherwise provided for in the regulations.

i. The Participating Agency will abide specifically by the Federal confidentiality rules as contained in 42 CFR Part 2 regarding disclosure of alcohol and/or drug abuse records. In general terms, the Federal rules prohibit the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Participating Agency understands that the Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.

j. The Participating Agency will abide specifically by COMAR 07.01.07.00 through 07.01.07.9999. In general, this law provides guidance for the confidentiality of personal client information.

k. The Participating Agency will not solicit or input information from clients unless it is essential to meet minimum data requirements, provide services, or conduct evaluations or research.

l. Clients have the right to file a Grievance form regarding potential violations of their privacy rights regarding HMIS participation. To complete the Grievance Process, a client must request and complete a Grievance form from the Participating Agency and may choose to turn the form in to a person of authority not related to the grievance or may mail the form to the DSS HMIS

Administrator. The DSS HMIS Administrator will review the grievance, research the nature of the complaint, and respond to the grievant within 30 days.

2.7 Minimal Data Elements

Policy: Each Participating Agency shall input Minimum Data Elements.

Participating Agencies that collect client data through HMIS will, at a minimum, collect all data contained within the Profile Screen. The profile screen will be compatible with the requirements set forth by Homeless Management Information Systems (HMIS); 2014 HMIS Data and Technical Standards Final Notice. The minimal data elements will ensure that agencies are collecting and inputting quality data. The Participating Agency is responsible for ensuring that all clients are asked a minimal set of questions for use in aggregate analysis. These questions are contained within the Profile Screen. Minimum data elements are outlined in the 2014 HMIS Data Standards and other standards as prescribed by HUD.

2.8 HMIS Data Quality

Policy: The HMIS Specialist will monitor the overall data quality of the HMIS and the quality of the data produced by individual participating agencies and their contributory homeless assistance programs.

At a minimum, the HMIS Specialist will utilize the ART 0212 Duplicate Clients In ServicePoint, ART 0252 Data Completeness Report Card (EE), ART 0254 Shelter-History, Overlap, Return, ART 0625 HUD CoC APR, Daily Unit Report, Client Served Report, and Entry/Exit Report to monitor data quality for each Participating Agency. The HMIS Specialist will produce a monthly program report for each Participating Agency identifying data quality weaknesses and recommending solutions for issues that need to be addressed. Further the HMIS Specialist will provide regular feedback to individual Participating Agencies to ensure that problems are addressed. Finally, the HMIS Specialist will monitor the cleaning and updating of client data that has been identified as non-compliant with data quality standards.

Participating Agency Data Quality Requirements

Policy: In order to qualify as "participating in the HMIS" all participating agencies must ensure data quality.

Information entered into the HMIS must accurately represent information on each client that enters any programs that contribute data to the HMIS. Every Participating Agency must enter data on clients in the same way over time, regardless of which staff member is recording the data in the HMIS. The Participating Agency will determine the accuracy of information in HMIS by regularly conducting data quality checks and audits. This can be done by spot checking the data that are entered by HMIS end users, and comparing the HMIS data to a sample of paper files. At minimum, 95% of data entered into HMIS must reflect what clients are reporting.

Data Completeness

Policy 100% of all HUD-funded homeless assistance programs (excluding Domestic Violence programs) and 75% of all beds in non-HUD funded programs must participate in the HMIS.

To be complete, the HMIS must include all homeless assistance programs (to the greatest extent possible), all clients served by those programs, and all required data elements for each client served. If a client record is missing then the aggregate report on the program will not adequately capture the clients served. Paper records must be maintained for any clients that do not consent to have their information entered into the HMIS.

Data Timeliness

Policy: Client information must be entered by a Participating Agency within 3 business days following the month in which the client was served by the contributory program. Every Participating Agency is responsible for updating client information at exit and/or at annual assessment, per requirements relative to each universal and program-specific data element.

Data Quality Required Reports
The overall standards for HMIS software are presented in the Homeless Management Information System (HMIS) 2014 Data Standards.

0212 Duplicate Clients In Service Point
This report is designed to assist administrators in finding duplicate clients for one or more selected provider(s). The report identifies duplicates by comparing unique client ID numbers and by comparing Social Security numbers.

0252 Data Completeness Report Card (EE)
This report is a data quality monitoring tool that produces a letter grade for the system as well as the individual providers. Prompts allow the user to specify a date range and to select the provider(s) on which to base the report as well as the option to include services or not. The report includes a detail section to assist users in finding and fixing data entry omissions.

0254 Shelter – History, Overlap, and Return
This report will display all of a client's Services and/or Entry Exit history with alerts to notify the user when the client has multiple stays in the same time period at different providers. The report can also be used to determine the number of clients that return to the shelter within a certain time period, allowing the user to calculate the percentage of repeat clients within that time.

0625 HUD CoC APR
This report has been created to facilitate the extraction of data from HMIS for the completion of the HUD's mandated CoC APR. A companion Report; #0631 provides

several data detail and data quality tabs to assist the user in insuring that the data to be reported is complete and accurate.

<u>Client Served Report</u>
This report outlines general demographics and services received including shelter stays for a specified date range for each program or group.

<u>Entry/Exit Report</u>
Similar to the HUD CoC APR – This report outlines a comparison of clients at entry and at their exit. This is not a substitute for the HUD CoC APR, however, it provides a quick overview of how a program is performing.

<u>Daily Unit Report</u>
This report calculates the daily bed counts for residential programs. This report can be used to determine bed vacancy and bed utilization.

Reduce Duplications in HMIS for Every Participating Agency

Policy: In order to reduce the duplication of client records, users should always search for the client in HMIS using first / last name and social security number before creating a new client record.

The responsibility of *not* creating duplicate records falls on each participating agency. The HMIS system does not prevent duplicate client records from entering the database, therefore it is up to each user to ensure that every client is first searched for, and if not found, then added. If matches are found, the user must determine if any of the records found match their client. Having multiple (duplicate) records on the database for a single client causes confusion and inaccurate information being stored. End users will not use Anonymous Client feature.

Data Quality and Correction

Policy: Agency Administrators are required to respond to the HMIS Specialistequest for data clean-up.

To produce high quality reliable reports, it is imperative to possess high quality data. HMIS Project Managers will help assure stakeholders that the data contained within HMIS is of high quality. A scorecard will be distributed to each participating agency of the results of their agency's data. Participating Agencies are required to work with the HMIS System Administrator to rectify any shortfalls on data quality and fix issues within five business days.

2.9 Information Security Protocols

Policy: Participating Agencies must develop and have in place minimum information security protocols.
    At a minimum, a Participating Agency must develop rules, protocols or procedures to address each of the following:

a. Assignment of user accounts;
b. Unattended workstations;
c. Physical access to workstations;
d. Policy on user account sharing;
e. Client record disclosure;
f. Report generation, disclosure and storage.

Information Security Protocols or procedures will protect the confidentiality of the data and ensure its integrity at the site, as well as the confidentiality of the clients.

2.10 Implementation Connectivity

Policy: Each Participating Agency is required to obtain an adequate Internet connection.

An adequate internet connection is defined as 56K/v90 or greater, preferably 128 KBPS, DSL, or Cable. Proper Connectivity ensures proper response time and efficient system operation of HMIS. The HMIS Specialist is committed to informing all participating agencies about availability of Internet providers. Obtaining and maintaining an Internet connection greater than 56K/v90 is the responsibility of the participating agency.

2.11 Maintenance of Onsite Computer Equipment

Policy: Each Participating Agency shall maintain onsite computer equipment.

Participating Agencies commit to a reasonable program of data and equipment maintenance in order to sustain an efficient level of system operation. Participating Agencies must meet the technical standards for minimum computer equipment configuration, Internet connectivity, data storage and data backup. Participating Agencies will ensure that an equipment and data maintenance program is adopted.

The Executive Director will be responsible for the maintenance and disposal of on-site computer equipment and data used for participation in HMIS including the following:

a. The Participating Agency is responsible for maintenance of on-site computer equipment. This includes purchase of and upgrades to all existing and new computer equipment for the utilization of HMIS.
b. The Participating Agency is responsible for supporting a backup procedure for each computer connecting to Service Point.
c. HMIS Specialist members are not responsible for troubleshooting problems with Internet Connections.
d. As a matter of course, each agency should install virus protection software on all computers.
e. The Participating Agency agrees to only download and store data in a secure format.
f. The Participating Agency agrees to dispose of documents that contain identifiable client-level data by shredding paper records, deleting any information from diskette before disposal, and deleting any copies of client-level data from the hard drive of any machine before transfer or disposal of property. The HMIS Specialist

is available to consult on appropriate processes for disposal of electronic client-level data.

Section Three:
Training

3.1 Training Schedule

Policy: DSS shall maintain an HMIS training schedule.

The HMIS Specialist will maintain an ongoing training schedule for Participating Agencies. The HMIS Specialist will publish a schedule for training sessions and will offer them regularly. Agencies are asked to RSVP for all training. Training will be offered at various sites within the county.

3.2 User, Administrator, and Security Training

Policy: Each HMIS User must attend appropriate trainings.

All users must undergo security training before gaining access to the system. This training must include a review of HMIS Policies and Procedures. The HMIS Specialist will provide data security training to ensure that staff is properly trained and knowledgeable of HMIS Policies and Procedures.

Agency staff must attend end user training. Agency Administrators must also attend an Administrator training and a Report Writer I training in addition to end user training. Agencies will be notified of scheduled training sessions.

The HMIS Specialist is responsible for training all new users. Users must receive Service Point training prior to being granted user privileges for the system.

Section Four:
User, Location, Physical and Data Access

4.1 Access Privileges to System Software, Unique User Identification (ID) and Password

Policy: Each Participating Agency shall adhere to standard procedures in requesting and obtaining system access. Only authorized users will be granted a User ID and Password to ensure that only authorized users will be able to enter, modify, or read data.

Participating Agencies will apply the user access privilege conventions set forth in this procedure. Allocation of user access accounts and privileges will be made according to the format specified in this procedure:

a. User access and user access levels will be determined by the Executive Director of the Participating Agency in consultation with the Agency Administrator. The System Administrator will generate usernames and passwords within the administrative function of Service Point.

b. The System Administrator will create all usernames using the First Initial of First Name and Last Name format. For example, John Doe's username would be JDoe. In the case where there are two people with the same first initial and last name, a first name will be used. For example, John Doe and Jane Doe; John Doe would be jdoe as he was created first and Jane Doe would be either Jane or Janed.

c. Temporary passwords are automatically generated by the system when a user is created. Agency Administrators will communicate the system-generated password to the user.

d. . Discretionary Password Reset- Initially each user will be given a password for one time use only. The first or reset password will be automatically generated by Service Point and will be issued to the User by the System Administrator. Passwords will be communicated in written or verbal form. The first time, temporary password can be communicated via email. HMIS Specialist is not available to agency staff to reset passwords; only an Agency Administrator can reset a password.

e. The user will be required to change the password the first time they log onto the system. The password must be between 8 and 16 characters and contain 2 numbers. Passwords must be alphanumeric.

f. Forced Password Change (FPC) - FPC will occur every forty-five days once a user account is issued. Passwords will expire and users will be prompted to enter a new password. Users may not use the same password consecutively, but may use the same password more than once.

g. Unsuccessful Logon- If a User unsuccessfully attempts to logon three times, the User ID will be "locked out", access permission revoked and unable to gain access until the password is reset in the manner stated above.

h. Access to computer terminals within restricted areas should be controlled through a password or through physical security measures;

i. Each user's identity should be authenticated through an acceptable verification process;

j. Passwords are the individual's responsibility, and users cannot share passwords;

k. Any passwords which are written down should be securely stored and inaccessible to other persons. Users should not store passwords on a personal computer for expedited log on.

l. The Agency Administrator shall terminate the rights of a user immediately upon termination from their current position. If a staff member is to go on leave for a period of longer than 45 days, their password should be inactivated within 5 business days of the start of their leave. The Agency Administrator is responsible for removing users from the system and informing the HMIS Specialist. The Agency Administrator must update the access list and signed agreement on a quarterly basis.

m. The HMIS Specialist must be provided with a list from every Participating Agency detailing the names, user names, and contact info including e-mail and phone number of every user within the agency. The names and user names of all new users must be submitted to the HMIS Specialist before they may gain access to the system. All users that leave must be terminated in the system within one business day. The change must also be made with the HMIS Specialist.

n. Upon request from the System Administrator, the HMIS Specialist must disclose the password of any user within that agency.

4.2 Access Levels for System Users

Policy: Appropriate access levels shall be assigned to each HMIS user.

Participating Agencies will manage the proper designation of user accounts and will monitor account usage. The Participating Agency agrees to apply the proper designation of user accounts and manage the use of these accounts by agency staff. User accounts will be created by the System Administrator and deleted by the Agency Administrator under authorization of the Participating Agency's Executive Director.

These access levels should be reflective of the access a user has to client-level paper records and access levels should be need-based. Need exists only for those shelter staff, volunteers, or designated personnel who work directly with (or supervise staff who work directly with) clients or have data entry responsibilities. Access levels are as follows:

a. **Volunteer:** Access to Resource Point module and limited access to Client Point, and limited access to service records. A volunteer can view or edit basic demographic information about clients (the profile screen), but is restricted from viewing detailed assessments. A volunteer can enter new client records, make referrals, or check-in/out a client from a shelter. Normally, this access level allows a volunteer to complete the intake and then refer the client to agency staff or a case manager.

b. **Agency Staff:** Agency staff has access to Resource Point, limited access to Client Point, full access to service records and access to most functions in Service Point. However, Agency Staff can only access basic demographic data on clients (profile screen). All other screens are restricted, including assessments and case plan records. They have full access to service records. Agency Staff can also add news items to the newswire feature. There is no reporting access.

c. **Case Manager:** Case Managers have access to all features excluding administrative functions. They have access to all screens within Client Point, including the assessments and full access to service records. There is full reporting access.

d. **Agency Administrator:** Agency Administrators have access to all features, including agency level administrative functions. This level can add and remove users for his or her agency and edit their agency and program data. They have full reporting access. They cannot access the following administrative functions: Assessment Administration, Picklist Data, Licenses, Shadow Mode, or System Preferences.

e. **Executive Director:** Same access rights as Agency Administrator, but ranked above Agency Administrator.

f. **System Operator:** System Operators have no access to Client Point or Shelter Point. They have no access to reporting functions, but do have access to administrative functions. The System Operator can set up new agencies, add new users, reset passwords, and access other system-level options. The system operator helps to maintain the system, but does not have access to any client or service records. The system operator can order additional user licenses and modify the allocations of licenses.

g. **System Administrator:** Has the same access rights to client information (full access) as Agency Administrator. However, this user has full access to administrative functions and has full and complete access to the system. This user does not, however, have the option of choosing a Provider other than the default Provider assigned to their ID.

4.3 Location Access Privileges to System Server

Policy: Participating Agencies shall enforce the location access privileges to the system server.

Only authorized computers will be able to access the system from authorized locations. Access to the system will only be allowed from computers specifically identified by the Executive Director and Agency Administrator of the Participating Agency. Those designated computers will be registered with the Coalition.

4.4 Access to Data

Policy: Participating Agencies shall enforce the user access privileges to system data server.

The user access privileges to system data server are as stated below:

a. **User Access:** Users will only view the data entered by users of their own agency unless they are sharing a client with another participating agency. Security measures exist within the Service Point software system which can restrict agencies from viewing each other's data;

b. **Raw Data:** Users who have been granted access to the Service Point Report Writer tool have the ability to download and save client level data onto their local computer. Once this information has been downloaded from the Service Point server in raw format to an agency's computer, this data then becomes the

responsibility of the agency. A participating Agency should develop protocol regarding the handling of data downloaded from the Report Writer;

c. **Agency Policies Restricting Access to Data**: The Participating Agencies must establish internal access to data protocols. These policies should include who has access, for what purpose, and how they can transmit this information. Issues to be addressed include storage, transmission and disposal of this data;

d. **Access to Statewide Service Point Data**: Access will be granted based upon policies developed by the Maryland State Homeless Data Warehouse, a state-wide group dedicated to developing a state-wide warehouse for HMIS data.

4.5 Access to Client Paper Records

Policy: Participating Agencies shall establish procedures to handle access to client paper records.

These procedures will:
a. Identify which staff has access to the client paper records and for what purpose. Staff should only have access to records of clients which they directly work with or for data entry purposes;
b. Identify how and where client paper records are stored;
c. Develop policies regarding length of storage and disposal procedure of paper records;
d. Develop policies on disclosure of information contained in client paper records.

4.6 Physical Access Control

Policy: Each Participating Agency shall adhere to Physical Access Control Procedures.

Physical access to the system data processing areas, equipment, and media must be controlled. Access must be controlled for the transportation of data processing media and other computing resources. The level of control is contingent on the level of risk and exposure to loss. Personal computers, software, documentation and portable data storage devices shall be secured proportionate with the threat and exposure to loss. Available precautions include equipment enclosures, lockable power switches, equipment identification, and fasteners to secure the equipment.
a. The HMIS Specialist will assist the Agency Administrators within Participating Agencies in determining the physical access controls appropriate for their organizational setting based on HMIS security policies, standards and guidelines;
b. All who are granted access to an area or to data are responsible for their actions. Additionally, those granting another person access to an area are responsible for that person's activities;
c. Printed versions of confidential data should not be copied or left unattended and open to unauthorized access;
d. Media containing client-identified data will not be shared with any agency other than the owner of the data for any reason. HMIS data may be transported by authorized employees using methods deemed appropriate by the participating

agency that meet the above standard. Reasonable care should be used, and media should be secured when left unattended;

e. Magnetic media containing HMIS data that is released and/or disposed of from the Participating Agency and Central Server should first be processed to destroy any data residing on that media;

f. Degaussing and overwriting are acceptable methods of destroying data;

g. Responsible personnel must authorize the shipping and receiving of magnetic media, and appropriate records must be maintained;

h. HMIS information in hardcopy format should be disposed of properly. This may include shredding finely enough to ensure that the information is unrecoverable.

4.7 Right to Deny User and Participating Agency's Access

Policy: Violations of Security Protocols shall result in denial to HMIS.

A Participating Agency's or a user's access may be suspended or revoked for a suspected or actual violation of the security protocols. Serious or repeated violation by users of the system may result in the suspension or revocation of an agency's access. The suspension or revocation process is as follows:

a. All potential violations of any security protocols will be investigated;

b. Any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to: a formal letter of reprimand, suspension of system privileges, revocation of system privileges, termination of employment and criminal prosecution;

c. Any agency that is found to have consistently and/or flagrantly violated security protocols may have its access privileges suspended or revoked;

d. All sanctions are imposed by the Coalition.

4.8 Data Access Control

Policy: Participating Agencies and the HMIS Specialist shall monitor access to system software.

Agency Administrators at Participating Agencies and the HMIS Specialist will regularly review user access privileges and remove identification codes (User IDs) and passwords from agency systems when users no longer require access. Agency Administrators at Participating Agencies and the HMIS Specialist must implement discretionary access controls to limit access to HMIS information when available and technically feasible. Participating Agencies and the HMIS Specialist must audit all unauthorized accesses and attempts to access HMIS information. Participating Agencies and the HMIS Specialist also must audit all off-campus accesses and attempts to access HMIS. Audit records shall be kept at least six (6) months, and Agency Administrators and the HMIS Specialist will regularly review the audit records for evidence of violations or system misuse.

4.9 Auditing: Monitoring, and Violations

Policy: The Coalition will monitor access to all systems that could potentially reveal a violation of information security protocols.

Violations will be reviewed for appropriate disciplinary action that could include termination of employment or criminal prosecution.

All exceptions to these standards are to be requested in writing by the Executive Director of the Participating Agency and approved by the Chair of the Coalition as appropriate.

Monitoring shall occur as follows:
a. Monitoring compliance is the responsibility of the HMIS Specialist;
b. All users and custodians are obligated to report suspected instances of noncompliance.

Violations are as follows:
a. The Coalition will review standards violations and respond as appropriate to the agency through corrective and disciplinary actions;
b. Users should report security violations to the Agency Administrator, and the Agency Administrator will report to the HMIS Specialist.
c. Should there be a violation by the Agency Administrator, end users may report directly to the HMIS Specialist.

4.10 Local Data Storage

Policy: Client records containing identifying information that are stored within the Participating Agency's local computers are the responsibility of the Participating Agency.

Participating Agencies should develop policies for the manipulation, custody, and transmission of client-identified data sets. A Participating Agency will develop policies consistent with Information Security Policies outlined in this document regarding client-identifying information stored on local computers.

4.11 Transmission of Client Level Data

Policy: Client level data will be transmitted in such a way as to protect client privacy and confidentiality.

Administrators of the Central Server data must be aware of access-control vulnerabilities for that data while they are in transmission within the network. Transmission will be secured by 128-bit encryption provided by SSL Certificate protection, which is loaded at the HMIS server.

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Section Five:
Technical Support and System Availability

5.1 Planned Technical Support

Policy: HMIS Specialist shall offer technical support to all Participating Agencies on use of the system software.

HMIS Specialist will assist agencies in:
a. Start-up and implementation;
b. On-going technical assistance and troubleshooting;
c. Training;
d. Technical assistance with report writing and any other additional modules;
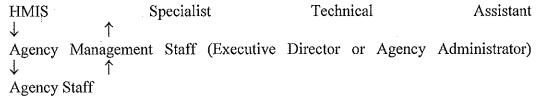e. On-site visits to participating agencies.

5.2 Participating Agency Service Request

Policy: HMIS Specialist shall respond to requests for services.

All service requests will arrive from the Agency's Executive Director or the Agency Administrator. The HMIS Specialist will respond to service requests, however, the HMIS Specialist will require that proper communication channels (phone, fax, or e-mail) be established and used at all times. To initiate a service request from a Participating Agency:
a. Agency Management Staff (Executive Director or Agency Administrator) contact assigned HMIS Specialist for service;
b. HMIS Specialist will determine the resources needed for service;
c. HMIS Specialist will be available to the community of users in a manner consistent with the user's reasonable service request requirements. HMIS Specialist is available for Technical Assistance, questions, and troubleshooting generally Monday through Friday, excluding state and federal holidays;
d. HMIS Specialist contacts agency management staff to develop a mutually convenient service schedule.

Chain of communication:

HMIS   Specialist   Technical   Assistant
↓   ↑

Agency Management Staff (Executive Director or Agency Administrator)
↓   ↑

Agency Staff

5.3 Hours of System Operation

Policy: System shall be accessible 24 hours a day 7 days a week.

The system will be available to the community of users in a manner consistent with the user's reasonable usage requirements. Members of HMIS Specialist agree to minimally operate the system website twenty-four (24) hours a day/ seven days (7) a week, excluding acts of nature, or federal or state declared emergency situations.

5.4 Planned Interruption to Service

Policy: HMIS Specialist shall inform Participating Agencies of any planned interruption to service.

Participating Agencies will be notified of planned interruption to service one (1) week prior to the interruption. The HMIS Specialist will notify Participating Agencies via e-mail of the schedule for the interruption to service. An explanation of the need for the interruption will be provided and expected benefits or consequences articulated. The HMIS Specialist will notify agencies via e-mail that service has resumed.

5.5 Unplanned Interruption to Service

Policy: HMIS Specialist shall notify each Participating Agency of unplanned interruption to service in a timely manner.

Participating Agencies may or may not be notified in advance of unplanned interruption to service. Participating Agencies will be notified of unforeseen interruptions to service that are expected to exceed two (2) hours. When an event occurs that makes the system inaccessible, the HMIS Specialist and Bowman Internet Systems will make a determination to switch service to the secondary server. At this point, users will be able to resume operation. The procedure will be as follows:
  a. Detect event;
  b. Analyze event;
  c. Repair the problem within two (2) hours or switch to secondary server;
  d. Resume operation at Participating Agency.

When production server becomes available:
  e. During the next full backup process, production server will be restored with latest data from secondary server;
  f. HMIS Specialist will notify agencies via e-mail that service has resumed;
  g. Return to normal operation.

Section Six:
Data Release Protocols

6.1 Data Release Authorization and Distribution

Policy: The Coalition owns all data entered into the system by Participating Agencies.

The Participating Agency will follow HMIS procedures for the release of all data. Participating Agencies will abide by Access to Data Policies as established by this document. Agencies shall only use data for internal use and for required reporting to funders. Any data released will conform to the following:
   a. Coalition approval is required for any other release of data;
   b. Request for data release must be submitted in writing to the Homeless Services Coordinator;
   c. Only de-identified aggregate data will be released.

6.2 Right to Deny Access to Client Identifying Information

Policy: HMIS Specialist retains authority to deny access to all client identifying information contained within the system.

No data will be released to any person, agency, or organization that is not the owner of said data. The release procedure is as follows: Any request for client identifying data from any person, agency, or organization other than the owner will be forwarded to the Homeless Services Coordinator, to determine whether a release is appropriate.

***end of document

Section Seven:
Attachments

Attachment I: Interagency Data Sharing Agreement

Anne Arundel And Annapolis Coalition To End Homelessness
Interagency Data Sharing Agreement

The Homeless Management Information System (HMIS) is an electronic data collection system that stores information about persons who access the homeless services in Anne Arundel County. HMIS is a valuable resource because of its capacity to integrate and deduplicate data from all homeless assistance and homelessness prevention programs in the County. Aggregate HMIS data can be used to understand the size, characteristics, and needs of the homeless population at the local, state and national levels.

Funding for programs and services in the county depends on information collected in the HMIS. The analysis of county data will allow for better planning and resource allocation and management and an increased ability to address the present and future needs of people experiencing homelessness in Anne Arundel County.

By establishing this agreement, the Anne Arundel and Annapolis Coalition to End Homelessness agrees that:

1. HMIS information in either paper or electronic form will never be shared outside of the originating agency without client written consent.
2. Client level information will only be shared electronically through the HMIS with agencies the client has authorized to see their information.
3. Information that is shared with written consent will not be used to harm or deny any services to a client.
4. A violation of the above will result in immediate disciplinary action.
5. Information will be restricted from the system upon written client request.
6. Clients have the right to request information about who has viewed or updated their HMIS record.
7. De-identifying information will be submitted to Statewide Data Warehouse

The Anne Arundel and Annapolis Coalition to End Homelessness establishes this interagency sharing agreement so that its agencies will have the ability to share client information electronically through the HMIS. This agreement does not pertain to client information that has not been entered into the HMIS. This electronic sharing capability only provides a tool to share client information. This tool will only be used when a client provides written consent to have his/her information shared. Anne Arundel and Annapolis Coalition to End Homelessness has completed security procedures regarding the protection and sharing of client data.

By signing this form, on behalf of my agency, I authorize HMIS to share information between our agencies. We agree to follow all of the above policies to share information between the collaborating agencies.

I understand that this information has been disclosed to me from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibits me from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Except in accordance with a court order, the below named agency shall not use or disclose any information concerning a recipient of the services provided under this Agreement for any purposes not directly connected with the administration of such services, except upon written consent of the client or his/her responsible parent, guardian, or legal representative or as required by §§ 10-611, *et.seq.*, State Government Article and Article 88A, §§ 6 and 6A, Maryland Annotated Code and COMAR 07.01.07.

I agree to share the following information:
Basic Client Profile Information; Required Data Elements (HUD Universal Data Elements); Children's HUD Required Data Assessment; State Data Warehouse; Services Provided.

Printed Name of Executive Director Agency

Signature of Executive Director Date

Attachment II: HMIS Caseworker Agreement

Anne Arundel And Annapolis Coalition To End Homelessness
HMIS Caseworker Agreement

Agency Name:_____

Name:_____

Anne Arundel and Annapolis Coalition to End Homelessness recognizes the importance of clients' needs in the design and management of the system. These needs include the need to improve the quality of homelessness and housing services. It is equally important to maintain client confidentiality, treating the personal data of our most vulnerable populations with respect and care.

As the guardians entrusted with this personal data, HMIS users have a moral and a legal obligation to ensure that the data they collect is being collected, accessed, and used appropriately. It is the responsibility of each user to ensure that client data is only used to the ends for which it was collected. The goals have been made explicit to clients and are consistent with our mission to assist families and individuals to resolve their housing crisis. Proper user training, adherence to the Anne Arundel County Homeless Management Information System (HMIS) Policies and Procedures Manual, and a clear understanding of client confidentiality are vital to achieving these goals.

To ensure client confidentiality, I agree that:

- A client consent form must be signed by each client whose data is to be entered into the HMIS
- Client consent may be revoked by that client at any time through a written notice
- No client may be denied services for failure to provide consent for HMIS data collection
- Clients have a right to inspect, copy and request changes in their HMIS records
- HMIS Users may not share client data with individuals or agencies that have not entered into an HMIS Interagency Data Sharing Agreement with Anne Arundel and Annapolis Coalition to End Homelessness without obtaining written permission from that client
- HMIS Users will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals or entities
- Any HMIS User found to be in violation of the Anne Arundel County Homeless Management Information System (HMIS) Policies and Procedures, or the points of client confidentiality in this HMIS Caseworker Agreement, may be denied access to the HMIS and/or be punished by Federal or State law.

I affirm the following:

I have received training in how to use the HMIS.
I have read and will abide by all policies and procedures in the Anne Arundel County Homeless Management Information System (HMIS) Policies and Procedures Manual.
I will maintain the confidentiality of client data in the HMIS as outlined above and in the Anne Arundel County Homeless Management Information System (HMIS) Policies and Procedures Manual.
I will only collect, enter and extract data in the HMIS relevant to the stated purposes of the Anne Arundel and Annapolis Coalition to End Homelessness and my agency and for no other purpose.

_____   _____
Signature – Title   Date

Attachment III: HMIS Fact Sheet

Anne Arundel And Annapolis Coalition To End Homelessness
HMIS Fact Sheet / Consent to Collect

WHAT IS HMIS:

HMIS is the Homeless Management Information System. Anne Arundel County uses ServicePoint as their HMIS. A web based information system that homeless services agencies across AACO use to capture information about the persons they serve.

WHY DO WE USE HMIS:

To understand client needs and help programs plan for appropriate resources.

WHO HAS ACCESS:

Only staff that work directly with clients, or have administrative responsibilities, and have gone through training can look at, enter, or edit client records. No information is released to other agencies without signed consent form.

RIGHT OF REFUSAL:

A Client has the right to not answer any question, unless entry into a program requires it; client has the right to know who has added to, deleted, or edited their ServicePoint record. Information that is transferred over the internet is through a secure encrypted connection.

HOW INFORMATION IS USED:

Case manager and client can use information to assist clients in obtaining resources that will help them meet their needs. Information is also used to perform aggregate reports to better understand the homeless population and areas of need.

CONFIDENTIALITY:

A signed consent form is required prior to client information being entered into the HMIS. The participating agency will uphold Federal and State Confidentiality regulations to protect client records and privacy. The participating agency will abide specifically by COMAR 07.01.07.00 through 07.01.07.9999 and 42 CFR Part 2. The participating agency will not solicit or input information from clients unless it is essential to meet minimum data requirements, provide services, or conduct evaluations or research.

GRIEVANCE:

Clients have the right to file a grievance form regarding potential violations of their privacy rights regarding HMIS participation. To complete the Grievance Process, a client must request and complete a grievance form from the participating agency and may choose to turn the form into person of authority not related to the grievance or may mail the form directly to the DSS HMIS Administrator. The DSS HMIS Administrator will review the grievance, research the nature of the complaint, and respond to the grievant within 30 days.

I consent to the collection of information and preparation of records pertaining to the services provided to me. The information gathered and prepared by the Agency will be included in a Homeless Management Information System (HMIS) database and shall be used by Anne Arundel and Annapolis Coalition to End Homelessness.

Client Signature: _____ Date: _____

Attachment IV: Authorization To Use Or Disclose Protected Health Information (PHI)

Anne Arundel And Annapolis Coalition To End Homelessness
Authorization to Use or Disclose Protected Health Information (PHI)

Section 1. Who is the Individual

Last Name:	First Name:	Middle Initial:
Provider Completing Assessment:	Date Of Birth:	Social Security Number:

I hereby authorize the use or disclosure of protected health information about the individual named above

I am: ☐ the individual named above (complete Section 8 below to sign this form)

☐ A personal representative because the patient is a minor, incapacitated, or deceased (complete section 9 below)

Section 2. Who Will Be Disclosing Information About the Individual?

The following person(s) or entity may use or disclose the information:

All providers within the Anne Arundel and Annapolis continuum of care (Anne Arundel And Annapolis Coalition To End Homelessness) who utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessment and the homeless management information system (HMIS) including: Anne Arundel County Department Of Social Services, Anne Arundel County Partnership For Children, Youth, & Families, Arundel House Of Hope, Anne Arundel County Mental Health Agency, Arundel Lodge Inc, Arundel Community Development Services (ACDS), Anne Arundel Crisis Response System, Blessed In Tech Ministries, Housing Commission Of Anne Arundel County (HCAAC), The Light House, People Encouraging People, Sarah's House Catholic Charities, We Care & Friends, Community Residences, and PDG Rehab.

Section 3. Who Will Be Receiving Information About The Individual?

The information may be disclosed to:

All providers within the Anne Arundel and Annapolis continuum of care (Anne Arundel and Annapolis Coalition To End Homelessness) who utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessment and the homeless management information system (HMIS) including: Anne Arundel County Department Of Social Services, Anne Arundel County Partnership For Children, Youth, & Families, Arundel House Of Hope, Anne Arundel County Mental Health Agency, Arundel Lodge Inc, Arundel Community Development Services (ACDS), Anne Arundel Crisis Response System, Blessed In Tech Ministries, Housing Commission Of Anne Arundel County (HCAAC), The Light House, People Encouraging People, Sarah's House Catholic Charities, We Care & Friends, Community Residences, and PDG Rehab.

Section 4. What Information About the Individual Will Be Disclosed?

The information to be disclosed may include records on drug abuse, alcoholism, behavioral health, mental health, sickle cell anemia, human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), or tests for HIV information.

The information to be disclosed, including behavioral health and/or substance abuse services includes the following:

All information contained within the Vulnerability Index and Service Priotization Decision Assistance Tool (VI-SPDAT) pre-screen assessment and the 2014 HMIS Data Standards, including

A. History of Housing and Homelessness
B. Risks and Income
C. Socialization and Daily Functioning
D. Wellness

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