Date Completed/Revised:	7/1/2015
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Continuum of Care Name: Baltimore City CoC		CoC Number:	MD-501
CoC Representative:	Title:		
Adrienne Breidenstine Director, Baltimore City Journey F		y Home Program	
Phone/Email:			
(410) 396-7543; a.breidenstine@baltimorecity.gov			
Person Completing this Summary:	Title:		
Mr. Charles A. Culver, Sr.	Mr. Charles A. Culver, Sr. SSVF Project Director, New Vision House of Hope, Inc.		e, Inc.
Phone/Email:			
(410) 466-8558; cculver@newvisionhouseofhope.com			

Primary Group Name: Baltimore City Coordinated Access Workgroup		
Principal Members	Affiliation	
Adrienne Breidenstine	Baltimore City, Journey Home Program	
Adrienne Melendez	VA	
Amy Kleine	Weinberg Foundation	
Andrea Fyffee	HEESU	
Andrew Timleck	AIDS Interfaith Residential Services, Inc.	
Brandi Nieland	2-1-1 Maryland	
Carolyn Johnson	HPRP	
Colleen Valez	CSH	
Craig Cook	VAMHCS	
Danielle Meister	City of Baltimore, Mayor's Office of Human Services (MOHS)	
Diana Hood	Project PLASE	
Dimitrios Cavathas	People Encouraging People	
Gabby Knighton	City of Baltimore, MOHS, Homeless Services Program	
Victoria Wynn	New Vision House of Hope, Inc.	
John Pomory	Alliance, Inc.	
Kelley Camarote	VAMHCS	
Michael Brown	Project PLASE	
Jackie Adams	VAMHCS	

2.	Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and
	coordinate efforts. Include a summary of what information is reviewed during these meetings.

This group meets on a quarterly basis. During the meetings, the following information is reviewed: MOHS Data Unit; ClientTrack/HMIS; which reports are due and when; the Point In Time Survey; APRs; HIC forms; updating client data (data that was collected on paper, clients enrolled at any point after 10/01/2014; checking in and out clients into beds and units for housing projects; HMIS new user training; HMIS refresher training; transitioning the PMCP to HMIS; getting permission for the VA to share data through HMIS; revised pre-screening process to ensure clients cannot be inappropriately screened out and/or are referred to legal services, when appropriate; meeting with the Housing Authority of Baltimore City to identify strategies to accelerate the lease-up process; creation of "how to explain Coordinated Access to clients;" facilitating a brainstorming meeting with PSH providers to improve match and intake process; and facilitating a landlord forum to identify issues that landlords have in placing homeless Veterans and other homeless individuals.

- 3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.
- **3A.** Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the VA CoC Gaps Analysis Tool (GAT).

Estimated Annual Total: 830

3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:

B. Length of Time Homeless Goal (max or average days):	60	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	338	35	373
Of number above, how many will also be counted as chronically homeless:	50	6	56

		Yes/No/Under Dev
A.	Has your community identified every Veteran who is homeless right now by name?	Under Dev
В.	Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Under Dev
C.	Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
	If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D.	Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E.	Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

The definition of Functional Zero in Baltimore City is:

- There will be zero unsheltered homeless Veterans in Baltimore City;
- Veterans homelessness in Baltimore City will be rare and brief;
- Every homeless Veteran will be housed within 60 days of entry to the homeless system; and
- Every homeless Veteran will have a housing plan within two weeks of entry in the homeless services system.

Other issues:

- Identification of every Veteran who is homeless right now by name: The current Master List of Veterans in Baltimore City was created by the Mayor's Office of Homeless Services. This list is not complete, in that there are agencies and organizations that have not been a part of the Baltimore CoC's Veterans Case Conferencing committee meetings. These groups are needed to complete the Master List of Veterans. The current List is updated or reviewed on a weekly basis, as the COC continues to reach out to community groups that are not a part of the Veterans Case Conferencing Committee to secure a more complete list of homeless Veterans.
- Homeless Veterans Housing Plans: This strategy is still under development across the entire Baltimore CoC. Although SSVF
 providers work with each homeless Veteran served to develop a Housing Plan within one week of enrollment into each respective
 SSVF program, the CoC and HUD-VASH are still working on a coordinated housing plan process.

STRENGTHS: 1) Excellent community partners and networking between and among agencies and the CoC; 2) Excellent collaboration among the three Baltimore City SSVF programs (e.g., weekly meetings at Project PLASE; referrals; performance improvement methodology; and technical assistance and training); 3) Use of ClientTrack (HMIS) to share data, tracking Veterans experiencing homelessness and their housing placements (VA and HUD-VASH will have capability for data sharing).

CHALLENGES: a) Finding a pool of landlords to accept HUD-VASH Vouchers and to provide affordable, decent housing for homeless Veteran families; b) Assisting Veteran families to overcome housing placement barriers (i.e., bad credit history; criminal background; mental health and substance use disorders issues; negative rental history; and lack of resources to pay for furniture, furnishings, and household goods); c) lack of employment opportunities for Veterans with mental health and substance use disorders issues and Veterans with criminal backgrounds (more short-term job training programs for these Veterans are needed); and d) lack of subsidized housing for the population, despite HUD-VASH and SHP, for those very low-income or ineligible for VA

Date Completed/Revised:	7/1/2015
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Continuum of Care Name: Charles, Calvert, St.Mary's Counties	CoC	CoC Number:	MD-508
CoC Representative:	Title:		
Corae Young	Chairperson		
Phone/Email:			
301-609-9900 cyoung@lifestylesofmd.org			
Person Completing this Summary:	Title:		
H. S. Lanny Lancaster	Executive Director/Three Oaks	Center	
Phone/Email:	-		
301-997-6843 hslancaster@threeoakscenter.org			

Corae Young Continuum of Care Subcommittee on Veteran Services		
Principal Members	Affiliation	
H. S. Lancaster, Chair	Three Oaks Center (Homeless Services)	
Corae Young	Lifestyles of Maryland/CoC Chair	
Sara Martin	St. Mary's Co. Homeless Prevention Bd., Vice Chair	
Donald Barber	Pathways, Inc. (Behavioral Health)	
Justin Willis	Maryland's Commitment to Veterans, Reg. Coord./Veteran	
Michael "Mike" Moses	College of Southern Maryland/Veteran	
Michael Bellis	United Way of Charles County	
Susanna McNamara	Div. of Human Services, St. Mary's Co.	
LaRita Mullins	HUD/VASH, Clinical Social Worker	
Trisha Gipson	Project Echo/CoC Secretary	
Wayne Millette	Crisis House (Behavioral Health)/Veteran	

2.	Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and
	coordinate efforts. Include a summary of what information is reviewed during these meetings.

The Strategic Planning Committee of the Charles, Calvert, St. Mary's Counties Continuum of Care (CoC) meets on a monthly basis. Quarterly, the Veteran Services Planning Subcommittee, which includes members of the Strategic Planning Committee and individuals who provide direct services to veterans, meets to discuss the current list of homeless veterans who have been identified. The list is stored and maintained in the HMIS system. Data in the HMIS system is gleaned from SSVF, Maryland's Committment to Veterans, VASH, street outreach, and referrals from other social services agencies. The list and other information associated with the veterans on the list enables the committee to determine if the planning mechanisms and supportive systems are being applied effectively and adequately addressing needs. It is the explicit intention of the Veteran Services Subcommittee and the Continuum of Care to manage our Veterans Services System in a manner that will support elimination of veteran homelessness in our region by making instances of Veteran homelessness rare and brief.

- 3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.
- **3A. Estimated Annual Number of Homeless Veterans:** Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the VA CoC Gaps Analysis Tool (GAT).

Estimated Annual Total: 126

3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:

B. Length of Time Homeless Goal (max or average days):	60	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	16	5	21
Of number above, how many will also be counted as chronically homeless:	6	3	9

		Yes/No/Under Dev
Α.	Has your community identified every Veteran who is homeless right now by name?	Yes
	Is this list updated regularly?	Yes
	Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved?	Yes
В.	Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Yes
C.	Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
	If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D.	Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E.	Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

The Charles, Calvert, St. Mary's Counties CoC is a well organized consortium of social services providers, faith groups, local governments, the local Military community, and a growing number of businesses committed to ending homelessness in this region of Maryland. While resources still fall short of needs, we are fortunate to have access to Federal, state, local, and foundation support for ending homelessness in the area. Our support includes contributions and grants from organizations including SSVF, VASH, HUD, HHS, Department of Labor, and Maryland's Commitment to Veterans Programs. Additionally, we are fortunate to have access to emergency/crisis and transitional beds across numerous nonprofit programs that provide a temporary solution to cover the time period between identification of a homeless veteran and/or family and moving that individual or family into permanent housing. The CoC subscribes to a "Housing First" best practice approach focused on finding permanent housing as an integral foundation for ending homelessness. While our planning and processes are not yet fully formalized, our road map and community-wide plan to end homelessness, including Veteran homelessness, is fully documented and will be implemented by the end of calendar year 2015. The ability to meet our goal of functional zero and to permanently house each homeless veteran in 60 days or less is achievable within the construct we have implemented. We will continue to make adjustments in order to reduce the number of days it takes to rehouse. A key element of the roadmap is our Interdisciplinary Team (IDT/Rapid Rehousing) approach. The Rapid Rehousing Team builds a collaboration system among diverse service providers, making Veteran support more integrated and holistic. Rapid Response is obliged to manage "the list", the plan, and the assurance that veterans receive sufficient housing opportunities and services. Some challenges do exist. Homeless veterans are sometimes difficult to locate due to the fact that they are geographically dispersed. Additionally, Veteran access to services can be challenging since the region is largely rural and anywhere from 50 to 120 miles from the nearest VAMC. Housing and behavioral health organizations believe that Veterans find it difficult to navigate the VA medical system and would benefit greatly from a more community-based approach to managing

Date Completed/Revised:	7/1/2015
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Continuum of Care Name: Frederick City & County CoC		CoC Number:	MD-509	
CoC Representative:	Title:			
Mike Spurrier Director, Frederick Community		Action Agency		
Phone/Email:				
Phone: 301-600-3955, Email: mspurrier@cityoffrederick.com	Phone: 301-600-3955, Email: mspurrier@cityoffrederick.com			
Person Completing this Summary:	Title:			
Jonathan J. Whitted	Project Coordinator, Friendship Place			
Phone/Email:				
Phone: 202-380-5167, Email: jwhitted@friendshipplace.org				

Primary Group Name: The Frederick County Coalition For The Homeless			
Principal Members	Affiliation		
Jonathan Whitted	Friendship Place		
John Pomory	Alliance Inc.		
Ken Allread	Advocates for Homeless Families		
Rev. Julie Wilson	Calvary/Centennial United Methodist Church		
Betsy Day	The Community Foundation of Frederick County		
Todd Johnson	Frederick Community Action Agency		
Kathy Schey	Frederick County Dept of Aging		
Mary Beth Johnson	Frederick County Dept of Housing & Community Development		
Kathleen Hartsock	Frederick County Public Schools		
Lt. Jason Keckler	Frederick Police Department		
Janet Harding	Frederick Regional Health System		
Tommy Skaggs	Frederick Rescue Mission		
Mike Spurrier	Friends of Neighborhood Progress		
Marte Birnbaum	Gale Recovery		
Beth Farlow	Interfaith Housing Alliance		
Ron Cramer	Habitat for Humanity		
Sharon DeAngelo	Mental Health Association of Frederick County		
JoyceAnn Sundergill-Schmid	Mental Health Management Agency		

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The Frederick County Coalition for the Homeless (FCCH) meets on a monthly basis on the third Tuesday of the month. The FCCH is comprised of individuals who represent public and private agencies and organizations that provide homeless services, affordable or subsidized housing, or other related services. Also included at the meetings are elected officials, representatives of faith-based organizations, and representatives of other coalitions. The Coalition discusses common concerns regarding homelessness amongst the CoC. Much of what is discussed is ways of obtaining more housing resources for the homeless population. Using the information gathered at PIT Counts, they establish what resources are needed in regards to housing and other community resources. The Coalition has been working to create a comprehensive strategic plan such as the HUD Continuum of Care Plan, a Ten-Year Plan to reduce homelessness, and other such efforts. The goal is to have the 10 year plan developed over the next 12 months. Notes: The Coalition currently does not have a goal for "length of time homeless" or this was not shared with the SSVF Providers. Information pertaining to goals for 2016 PIT Count were also not provided. A default goal of 90-days has been inserted at this time, and zeros placed for 2016 PIT Count goals as the FCCH has a goal of reaching "functional zero" for veterans by the end of 2015. (Section 3) Updated Notes (6/26/15): Reaching the goal of achieving a "functional zero" of homeless veterans in the community, has been defined as every homeless veteran should be identified and connected with the resources that will ensure stable housing for an individual within a 60 to 90 day period by the end of 2015. **Update on 3B (B):** 90 days is the maxium length of time housing goal for homeless veterans. This number has been selected due to the fact that VASH resources are not available and there are only two SSVF providers available to cover such a large area with not an abundant amount of resources.

- 3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.
- **3A.** Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the VA CoC Gaps Analysis Tool (GAT).

Estimated Annual Total:	29
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:

B. Length of Time Homeless Goal (max or average days):	90	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	0	0	0
Of number above, how many will also be counted as chronically homeless:	0	0	0

		Yes/No/Under Dev
Α.	Has your community identified every Veteran who is homeless right now by name?	Yes
	Is this list updated regularly?	Yes
	Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved?	Under Dev
В.	Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Under Dev
C.	Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
	If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D.	Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E.	Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Under Dev

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Strengths: Frederick County has a very low number of homeless veterans. Emergency shelter for homeless veteran's is available. The CoC has assistance from two SSVF providers, Alliance Inc. and Friendship Place, that have enough resouces to assist the current number of homeless vets in the community. RRH providers in other counties have also provided assistance. The community has also accessed services and residential placements from the Way Station through the vets program located in Hagerstown. The community has some other resources that vulnerable individuals facing homelessness may access while experiencing homelessness or after they are already housed. The Coalition has created sub committees to help with developing local events, raising public awareness, creating strategies, and organizing PIT Counts to help combat veteran homelessness. Challenges: The CoC is not fully aware of the SSVF providers in the community and the assistance SSVF provides. Also the SSVF providers do not have consistent representation at the FCCH meetings. Currently, the CoC is ineligible for VASH. Notes: Friendship Place and Alliance Inc. will collaborate with the FCCH in order to explain the resources available to them and establish a stronger relationship with the CoC. Updated Notes (6/26/15): The SSVF providers (Friendship Place and Alliance Inc.) have agreed to have more representation in the FCCH meetings. SSVF staff have already begun to meet with the members of the CoC in order to explain the resources available to them through their rapid rehousing programs. SSVF providers will continue to give presentations on their programs for veterans for the Frederick County community. The SSVF providers will also coordinate with the FCAA case managers and outreach workers in order to discuss some specific client situations and try to identify/develop a list of homeless vets for outreach purposes. The community is still without VASH support. During the CoC meetings, other programs geared towards assisting homeless veterans have been able explain to the CoC how veterans can be connected with other much needed resources that can create stability for them. Update 3B (B): The FCCH has a list of the homeless veterans that have been identified through the PIT count and community services, but cannot disclose this information without authorization. This list is reviewed periodically and the FCCH will work with community partners to maintain the list through a bi-weekly review in order to strengthen the CoC's ability to reach a "functional zero". Update on 3C (E): The CoC has a better understanding of the SSVF providers and the SSVF providers are planning to coordinate with the FCCH, FCAA case managers, and FCAA outreach workers in order to ensure homeless veterans in the community who have been identified can be provided SSVE services

Primary Group The Frederick County Coalition For The Homeless			
Principal Members	Affiliation		
Jonathan Whitted	Friendship Place		
John Pomory	Alliance Inc.		
Ken Allread	Advocates for Homeless Fan		
Rev. Julie Wilson	Calvary/Centennial United Method		
Betsy Day	The Community Foundation of Fred		
Todd Johnson	Frederick Community Action A		
Kathy Schey	Frederick County Dept of A		
Mary Beth Johnson	Frederick County Dept of Housing & Commu		
Kathleen Hartsock	Frederick County Public Sch		
Lt. Jason Keckler	Frederick Police Departme		
Janet Harding	Frederick Regional Health Sy		
Tommy Skaggs	Frederick Rescue Missio		
Mike Spurrier	Friends of Neighborhood Pro		
Marte Birnbaum	Gale Recovery		
Beth Farlow	Interfaith Housing Alliand		
Ron Cramer	Habitat for Humanity		
Sharon DeAngelo	Mental Health Association of Frede		
JoyceAnn Sundergill-Schmid	Mental Health Management A		
Brooke Grossman	Potomac Case Management Serv		
Josh Pedersen	United Way of Frederick Co		

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Date Completed/Revised:	7/1/2015				
Continuum of Care Name:	Mid-Shore Regional CoC		CoC Number:	MD-511	
CoC Representative:		Title:			
Jeanine Beasley		CoC Lead	CoC Lead		
Phone/Email:					
(410) 770-4801; jbeasley@m	smhs.org				
Person Completing this Sum	mary:	Title:			
Lore Chambers		SSVF Coordinator - St. James AME Zion Church Zion House			
Phone/Email:					
442-880-6001: Ilchambers00:	7@gmail.com				

Primary Group Name: Mid Shore Veteran Planning and Monitoring Committee		
Principal Members	Affiliation	
Lore Chambers	St. James	
Jon Pomory	Alliance	
Mike Bargiband	Camp Royal Oak/VSCOA	
Jeanine Beasley	CoC/HMIS Lead	
Greta Rolland	HMIS Support	
Daniel Rose	VA HCHV	
Dina Karpf	Maryland Commitment to Veterans	
Tyler Betz	VA HUD VASH	

2.	Ongoing Review and Coordination: Briefly describe how often (e. coordinate efforts. Include a summary of what information is revi	•		s to review	progress and
	The Planning/Coordination Group meets on a monthly basis. Duri households served, porportion of Rapid Rehousing/Prevention as Moving forward, these meetings will also focus on development/the homeless veteran list.	sistance, funding updat	tes, and succe	esses/challe	enges experienced.
	3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the Ending Homelessness Among Veterans Overview for additional guidance. 3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the VA CoC Gaps Analysis Tool (GAT).				
	Estimated Annual Total: 16				
3B.	Community/CoC Goals: Identify your community's/CoC's key goa	ls and targets.			
	A. Permanent Housing Placement Target & SSVF Rapid Re-Hous Complete and attach SSVF Edition of Veteran Homelessness Go Strategy 4 (SSVF) Worksheet	•	Q3 OR an CoC	Gaps Analy	ysis Tool –
	B. Length of Time Homeless Goal (<u>max</u> or average days):			60	days
	C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unshelte	ered	Total
	Number of Veterans expected to be counted as homeless	6	3		9
	during the CoC's January 2016 PIT count: Of number above, how many will also be counted as chronically homeless:	1	3		4
	Chromically nomeless.				

		Yes/No/Under Dev
A.	Has your community identified every Veteran who is homeless right now by name?	Under Dev
В.	Does every Veteran who is homeless now have a Housing Plan and access to safe (and low	Yes
	barrier as needed) shelter and/or permanent housing?	
C.	Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
	If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D.	Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
Ε.	Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

The community planning workgroup continues to meet on a monthly basis to develop and monitor our community plan. Thus far, five goals have been identified, and the workgroup is currently addressing our goal to develop a by name list of homeless veterans. A by name list has been created by the HMIS administrator, however, the utilization of this list is currently limited because the HMIS releases on file do not currently provide explicit consent to share the names of veterans with the workgroup members for discussion. A new release of information is now under development. Once completed and signed by veterans, a new by name list can be created, discussed, and monitored. With regard to item 3CB and 3CC, responses have been changed to "yes" with the undertanding that "every Veteran who is homeless" is defined as the ones of whom we are aware.

Date Completed/Revised: 7/1/2015	
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Continuum of Care Name: Wicomico/Somerset/Worcester County CoC		CoC Number:	MD-513
CoC Representative:	Title:		
Greta Rolland	HMIS Lead		
Phone/Email:			
443-880-0794; gretarolland@aol.com			
Person Completing this Summary:	Title:		
Andrea Petersen	SSVF Coordinator at Diakonia		
Phone/Email:			
410-213-0923; andrea@diakoniaoc.org			

Primary Group Name: Lower Shore Veteran Planning and Monitoring Committee		
Principal Members	Affiliation	
Andrea Petersen	Diakonia	
Lore Chambers	St. James	
Jon Pomory	Alliance	
Mike Bargiband	Camp Royal Oak/VSCOA	
Greta Rolland	HMIS Lead	
Shannon Frey	CoC Lead	
Daniel Rose	VA HCHV	
Dina Karpf	Maryland Commitment to Veterans	
Jon Black	Maryland National Guard	
Tyler Betz	VA HUD VASH	

2.	Ongoing Review and Coordination: Briefly describe how often (e. coordinate efforts. Include a summary of what information is revi		• .	view progress and	
	The Planning/Coordination Group meets on a monthly basis. Duri households served, porportion of Rapid Rehousing/Prevention as Moving forward, these meetings will also focus on development/the homeless veteran list.	sistance, funding updat	ces, and successes/o	challenges experienced.	
	 Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the <i>Ending Homelessness Among Veterans Overview</i> for additional guidance. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the VA CoC Gaps Analysis Tool (GAT). 				
	Estimated Annual Total: 95				
3В.	Community/CoC Goals: Identify your community's/CoC's key goa	ls and targets.			
	A. Permanent Housing Placement Target & SSVF Rapid Re-Hous Complete and attach SSVF Edition of Veteran Homelessness Go Strategy 4 (SSVF) Worksheet	-	ุว3 OR an CoC Gaps	Analysis Tool –	
	B. Length of Time Homeless Goal (max or average days):		60	days	
	C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total	
	Number of Veterans expected to be counted as homeless	15	0	15	
	during the CoC's January 2016 PIT count: Of number above, how many will also be counted as chronically homeless:	5	0	5	
	3 22				

		Yes/No/Under Dev
A.	Has your community identified every Veteran who is homeless right now by name?	Under Dev
В.	Does every Veteran who is homeless now have a Housing Plan and access to safe (and low	Yes
	barrier as needed) shelter and/or permanent housing?	
C.	Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
	If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D.	Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
Ε.	Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

The community planning workgroup continues to meet on a monthly basis to develop and monitor our community plan. Thus far,
five goals have been identfied, and the workgroup is currently addressing our goal to develop a by name list of homeless veterans.
A by name list has been created by the HMIS administrator, however, the utilization of this list is currently limited because the
HMIS releases on file do not currently provide explicit consent to share the names of veterans with the workgroup members for
discussion. A new release of information is now under development. Once completed and signed by veterans, a new by name list
can be created, discussed, and monitored. With regard to item 3CB and 3CC, responses have been changed to "yes" with the
undertanding that "every Veteran who is homeless" is defined as the ones of whom we are aware.
Our Community Definition for Functional Zero: Every accessible homeless Veteran, both sheltered and unsheltered, will be
identified, rapidly engaged, sheltered and housed, if desired, within 60 days. Our system, which includes local VA, CoC partners,
and community service providers, will also be prepared to effectively serve any veteran who was initially unidentified, becomes at
risk for homelessness, or experiences a future episode of homelessness.

Date Completed/Revised:	7/1/2015
Date Completed/Revised:	7/1/2015

Continuum of Care Name:	Name: Prince George`s County/Maryland CoC		CoC Number:	MD-600
CoC Representative:		Title:		
Con	tessa Riggs	DSS Planner, Prince George's Co	ounty	
Phone/Email:				
301-909-6333/contessa.riggs@maryland.gov				
Person Completing this Summary:		Title:		
Emily Bell		Project Coordinator - Friendshi	p Place	
Phone/Email:				
202-536-9210/Ebell@friendshipplace.org				

Primary Group Name: Veterans Work Group		
Principal Members	Affiliation	
Emily Bell	Friendship Place	
Layla Wynn	Housing Counseling Services	
Contessa Riggs	DSS	
Dennis Lewis	DSS	
Michael Strong	DSS	
Linda Holland	US Vets	
Debra Truchon	US Vets	
Gay Shane	Operation Renewed Hope Foundation	
Nancy Espinal	VA	
Connie Denmark	Vesta, Inc.	
Justin Willis	MD Commitment to Veterans (DHMH)	
Dwayne Burgeois	Prince George's Community College	

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The Prince George's County Continuum of Care (CoC) for people experiencing homelessness is coordinated through the County's Homeless Services Partnership (HSP) and addresses issues of homelessness through on-going coordination, collaboration, planning, development, and evaluation. The Prince George's County Department of Social Services serves as the lead administering agency for the CoC. The Homeless Veterans' workgroup is a sub-committee of the HSP. The workgroup now meets biweekly to identify veterans experiencing homelessness in Prince George's County and to work on connecting them to community providers. The workgroups receives an updated list of homeless veterans in the County on a biweekly basis. The list includes veterans who contacted the County's Homeless Hotline in search of shelter, those currently residing in the County's shelters, veterans located through street outreach and church feeding programs, homeless veterans temporarily detained at the county's correctional facility, and veterans identified through Veteran Court. Progress reports are provided for those veterans who have been linked to providers and veterans new to the list will be assigned a provider in order to coordinate services. Update: 3B: The length of time homeless goal is set at 60 days because the county is still working on identifying veterans and getting them connected with the appropriate resources. 3C (B and C): At this point there is not the infrastructure on the County level nor is there the capacity of area non-profits to ensure that every Veteran who is experiencing homelessness to be referred to shelter or have a housing plan immediately upon identification. There is very little emergency shelter in the county, but efforts are being made to identify veterans and refer them to SSVF services as appropriate. There is also significant coordination among the VA street outreach, SSVF outreach, and other outreach providers in the county and the goal is to work towards developing a housing plan for every veteran experiencing homelessness in the County.

- 3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.
- **3A.** Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the VA CoC Gaps Analysis Tool (GAT).

Estimated Annual Total:	167
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:

Length of Time Homeless Goal (max or average days):	60	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	15	15	30
Of number above, how many will also be counted as chronically homeless:	3	12	15

		Yes/No/Under Dev
A.	Has your community identified every Veteran who is homeless right now by name?	Yes
	Is this list updated regularly?	Yes
	Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved?	Yes
В.	Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Under Dev
C.	Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Under Dev
D.	Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E.	Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

The veteran workgroup of Prince George's County is committed to using coordinated entry in order to end veteran homelessness. Strengths: There is strong collaboration between the workgroup and its community partners including: local government agencies, street outreach and ACT teams, and church and community groups. Most recently, the Department of Corrections began identifying pre-trial and short-term detainees who are veterans and were homeless at intake. These veterans are then referred to the veteran's workgroup and linked to community resources prior to discharge. Prince George's county also opened the first veteran's court in Maryland on April 16, 2015 and the veteran workgroup is working on identifying veterans for services who come through this court. Weaknesses: There is a problem with information sharing because the SSVF providers enter data about the Prince George's county veterans they serve into Washington, D.C.'s HMIS; this makes it difficult for the county's other homeless service providers to know which veterans in the county receive what services from SSVF providers. The HSP has worked to overcome this challenge by providing a central office space inside the County's Department of Social Services that all SSVF providers can utilize and one of the SSVF providers now has an office located in Prince George's County. The veteran's workgroup is also working on an MOU with DC to share HMIS data. Additionally, it has been challenging for Prince George's county to identify veterans experiencing homelessness in their community because, due to the lack of low barrier shelters in the community, many veterans experiencing homelessness stay in DC or one of the other surrounding counties. There also needs to be more permanent supportive housing that uses the Housing First model in the County. Additional update: Functional zero for the County will be reached when all veterans experiencing homelessness in the community have been identified and rapidly rehoused and there are supportive services in place to continue to identify veterans as they become homeless, develop a housing plan, and to rapidly rehouse them using the appropriate intervention.

Date Completed/Revised:	7/1/2015
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Continuum of Care Name: Montgomery County CoC		CoC Number:	MD-601	
CoC Representative:	Title:			
Nili Soni	Montgomery County Dept. of Health and Human Services			
Phone/Email:				
240-777-4595/nili.soni@montgomerycountymd.gov				
Person Completing this Summary:	Title:			
Oscar Mitchell	SSVF Program Director Housing Counseling Services			
Phone/Email:				
202-667-7704/oscarmitchell@housingetc.org				

Primary Group Name: Zero: 2016			
Principal Members	Affiliation		
Nili Soni	Montgomery County Dept. of Health and Human Svcs.		
Richard Schiffauer	Montgomery County Dept. of Health and Human Svcs.		
Stacey Matthews	Montgomery County Dept. of Health and Human Svcs.		
Chattman Todd	Montgomery County Coalition for the Homeless		
Garnett Nelson	DC Veteran Affairs Medical Center		
Kevin Morton	DC Veteran Affairs Medical Center		
Oscar Mitchell	Housing Counseling Services		
Jonathon Whitted	Friendship Place		
Gay Shane	Operation Renewed Hope		
Linda Clark-Holland	U.S. VETS		

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

This planning group meets at minimum on a monthly basis. Also participating in this meeting are representatives from county organizations that serve homeless veterans including shelters, transitional housing programs, and SSVF providers. During this meeting participants review the county's consolidated list of homeless veterans known through outreach, residence in shelter or transitional housing, and the 2015 PIT efforts. For each veteran identified as homeless, known barriers to stable housing are discussed, eligibility for veteran and county housing programs are assessed, and appropriate housing service providers are assigned to engage each veteran towards reaching the goal of securing permanent housing.

Note: In regards to 3A, Estimated Number of Homeless Veterans the CoC has identified, although the SSVF Veteran Gap Analysis Tool estimates that 122 veterans will be homeless during 2015, the Montgomery County CoC has estimated that only 56 veterans will be homeless in 2015 based on their evaluation of homeless veterans data, trends, and service utilization within the county. Additionally, as a result of this CoC's strategy and effort to reach the goal of Functional Zero homeless by 2016, its estimates for the number of homeless veterans to be identified as homeless (3B.C) during the 2016 PIT to be less than 5.

- 3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.
- **3A.** Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the VA CoC Gaps Analysis Tool (GAT).

Estimated Annual Total: 122

3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:

Complete and attach SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet

B. Length of Time Homeless Goal (max or average days):

60 days

C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	2	2	4
Of number above, how many will also be counted as chronically homeless:	1	2	3

		Yes/No/Under Dev
A.	Has your community identified every Veteran who is homeless right now by name?	Yes
	Is this list updated regularly?	Yes
	Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved?	Yes
B.	Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Yes
C.	Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Under Dev
D.	Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
Ε.	Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Montgomery County Maryland is making significant progress towards reaching the goal functional zero for veteran homelessness by the end of 2015. Major strengths of our approach to accomplish this goal include all major housing stakeholders who serve veterans in the county are actively involved in the planning and coordination process; the CoC has alligned its service delivery system towards the prioritization of veterans for permanent housing placements; and adequate SSVF resources are available to serve veterans identified as appropriate for Rapid Rehousing as well as to serve those who may awaiting entry into another permanent housing program. Also as a member of the Zero: 2016 campaign, the county is committed to allocating the necessary resources to reach the goal of functional zero homelessness for veterans by the end of the year and going forward. Current challenges faced by the county related to service delivery include difficulty tracking some homeless veterans due to our close proximity to the District of Columbia and other counties in the metropolitan region as homeless veterans may migrate to a contiguous jurisdication and obtaining necessary documentation from persons identifying themselves as homeless veterans towards ensuring all appropriate and available housing interventions can be identified and offered.

July 1, 2015 Update: Definition of Functional Zero: the number of veteran households experiencing homelessness will not be greater than the county's monthly housing placement rate into housing options of homeless veterans. Regarding 3Bb, the CoC's goal is ultimately to reach 30 days however it is still in the process of developing an appropriate strategy towards reaching that goal. A major barrier to the goal of 30 days is the limited availability of VASH and PSP housing placements within the county. Regarding 3Cc, although every veteran known to be homeless is rapidly enaged and offered appropriate services, the CoC continues towork to improve its ability to identify all homeless veterans in the county. All identified homeless veteran are now being screened using the SPDAT tool to determine the most appropriate intervention. Also, the CoC has established a process to