Application Coversheet

Project Information	
Project Name *(please match project name in eSNAPS)*	Angel's Watch Shelter Program
Applicant/Recipient Organization Name	Catholic Charities of the Archdiocese of Washington
Subrecipient Names(s) (*if applicable*)	N/A
Proposed # of people served annually	108
Proposed # of households served annually	36
Total Funds Requested*	$760,669.67/year ($2,282,009 over three years)

Application Type					
***RENEWAL* Project**	☒ Permanent Supportive Housing	☐ Rapid Rehousing	☐ TH-RRH	☐ Transitional Housing	☐ SSO-CE
***NEW* Project**	☐ Permanent Supportive Housing	☐ Rapid Rehousing	☒ TH-RRH	☐ SSO-CE	☐ SSO
***NEW* DV Bonus Project**	☐ Rapid Rehousing	☐ TH-RRH	☐ SSO-CE		
If NEW project, desired project start date (must be in CY 2023)					

Contact Details	
Legal Name of Applicant	Catholic Charities of the Archdiocese of Washington
Mailing Address *(Include City & Zip Code)*	924 G Street NW, Washington, DC, 20001
County of Headquarters' Office	N/A (District of Columbia)
Authorized Representative Information	
Chief Executive - First and Last name	Monsignor John Enzler
Title	President and CEO
Email	John.Enzler@cc-dc.org
Phone number	202-772-4329
Information of person to contact with CoC Application questions	
First, Middle and Last names	Amanda S. Chesney
Email	Amanda.Chesney@cc-dc.org
Cell Phone	202-481-1435
Agency eSNAPS Contact (Authorized user submitting your CoC Project Application in eSNAPS)	
Name	Daniel Erichsen-Teal
Email	Daniel.Erichsen-Teal@cc-dc.org
Cell Phone	202-519-2064

Proposal General Questions: ALL NEW & RENEWAL PROJECTS

1. **HEALTHCARE Indicate, for each type of healthcare listed below, whether your program assists clients with enrolling in health insurance and/or assists clients effectively utilizing Medicaid and other benefit**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	✓	☐
Private Insurers:	☐	☐
Non-Profit, Philanthropic:	✓	☐
Other: Provide access for program participants to access • Outpatient Health Services (including Prenatal, screenings) • Dental treatment (free dental clinics) • COVID testing/vaccination (Health Department) • Inpatient Health Services (with hospital case manager) • Substance Abuse Treatment Services • Mental Health Services/Counseling/Domestic Violence support	✓	✓
N/A		☐

2. **EDUCATIONAL ACCESS/SERVICES: Does the agency have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports?**

	MOU/MOA	Other Formal Agreement
Birth to 3 Years	☐	☐
Child Care and Development Fund	☐	☐
Early Childhood Providers	☐	☐
Early Head Start	☐	☐
Federal Home Visiting Program	☐	☐
Head Start	☐	✓
Healthy Start	☐	☐
Public Pre-K	☐	✓
Tribal Home Visiting Program	☐	☐
Other: St. Mary's Homeless Board Charles County School Board	✓	☐
Other ongoing partnerships for which we do not have executed MOUs include: Charles County DLLR	☐	✓

Greater Bay Medical Services Charles County Department of Motor Vehicles QCI Behavioral Health Charles County School Board		
N/A	☐	

3. **GEOGRAPHY: Please indicate the geographical area your project will serve. Check all that apply.**

Geographic Area	Area Served
Allegany County	☐
Calvert County	✓
Cecil County	☐
Charles County	✓
Garrett County	☐
Harford County	☐
St. Mary's County	✓
Washington County	☐

4. **DIVERSITY, EQUITY, AND INCLUSION**
If a renewal project, describe how your program has assessed its organizational structure and program practices for disparities in representation, service delivery, and program outcomes – and if so, what actions have been taken to reduce or eliminate those disparities. (Example: Black shelter clients are less likely to be offered permanent housing opportunities than their white peers; corrective action taken included evaluating case management services and doing staff anti-bias training). If a new project, describe the strategies you will implement to avoid a lack of diversity, ensure equity in services, and ensure the program is accessible to all.

Catholic Charities of the Archdiocese of Washington (Catholic Charities) recognizes the far-reaching impacts of systemic racism that specifically affect Black, Indigenous, and people of color's ability to access equitable healthcare, nutritious foods, equal wages, safe shelter, and fair treatment in the criminal justice system. With this knowledge, our organization seeks to bridge the gap by providing tangible resources like healthy meals, emergency and transitional shelter, career training, pro bono legal services, financial literacy mentorship, as well as other forms of sustainable support.

Catholic Charities values diversity in its workforce and promotes inclusion among our staff, volunteers, and clients. Last year, Catholic Charities launched our 2021-2024 strategic plan and one of the agency's strategic goals is to improve diversity, equity, and inclusion (DEI) within the agency. The employee-led committee is working to foster an inclusive workplace environment where racial equity is valued and operationalized, and leaders are vocal and intentional about empowering Black, Indigenous, and other staff of color through processes such as mentorship programs, recruitment, hiring, and retention. We have also hired an experienced DEI consultant to assist the Catholic Charities leadership team in institutionalizing innovative approaches to promote DEI in all aspects of the agency's operations.

The staff of Catholic Charities' Angel's Watch Shelter program (AWS) acknowledge and confront racial inequity experienced by our clients, whether as a result of injustice in society or even from

unconscious biases of our own staff as we strive to grow and improve in supporting a more just society. AWS' Transitional Housing to Rapid Re-Housing (TH-RRH) program promotes equity through access to comprehensive, high-quality services for all residents. The staff at AWS respect, value, and celebrate the unique attributes, characteristics, and perspectives that make each individual an equal and valued participant in our organization. We recognize that everyone associated with AWS plays a major role in upholding the agency's and program's core mission and values.

AWS' commitment to diversity, inclusion and equity apply to the full scope of our work and the principles, policies, and procedures that undergird these. Therefore, as a project, we embrace a culture of inclusion, trust, and respect that welcomes and celebrates differences, ensures that everyone's role and opinions are of equal value, and invests each individual with a shared sense of responsibility in carrying out our mission.

This commitment is also reflected in all aspects of our work with those who share our mission including our partners, funders, and others. In doing so we build relationships with our residents where all are valued, heard, supported, and empowered. The integration of this core commitment to diversity, inclusion and equity into all or our work will create powerful opportunities to continually strengthen and expand our ability to achieve our mission and advance the public good.

5. **LIVED EXPERIENCE ENGAGEMENT**

Does your agency involve or engage people with lived experience in a meaningful way? Check all that apply.	
Host focus groups to collect feedback on program services	✓
Individuals with Lived Experience Serve on Agency Board	☐
Individuals with Lived Experience Employed by Agency	✓
Individuals with Lived Experience Service in Peer Navigation / Volunteer Role	✓
Individuals with Lived Experience Serve on Working Groups or Advisory Committees	✓
Other: Distribute client feedback surveys	✓
N/A	☐

6. **SUMMARY BUDGET (CORRESPONDS WITH eSNAPS APPLICATION)**

Eligible Costs	Annual Assistance Requested
Leasing	$224,640.00
Rental Assistance	$0.00
Supportive Services	$185,301.50
Operating Costs	$250,820.89
HMIS	$0.00
Admin	$99,907.27
Total Request	$760,669.67

7.   **MATCH FUNDS (CORRESPONDS WITH eSNAPS APPLICATION QUESTION)**

MATCH SOURCE 1	
Type of Commitment (Cash or In-Kind)	Cash
Type of Source (Private, Government)	Private
Name the Source of the Commitment (Be specific , include the office or grant program as applicable)	Charles County Charitable Trust
Date of Written Commitment	June 29, 2022
Value of Written Commitment	$65,000
MATCH SOURCE 2	
Type of Commitment (Cash or In-Kind)	In-Kind
Type of Source (Private, Government)	Private
Name the Source of the Commitment (Be specific , include the office or grant program as applicable)	Catholic Charities of the Archdiocese of Washington
Date of Written Commitment	*will be provided when required for eSNAPS application submission
Value of Written Commitment	$69,007.42

8.   **VIOLENCE AGAINST WOMEN ACT (VAWA) POLICY: HUD requires that all CoC funded projects are in compliance with the VAWA rule and have an Emergency Transfer Plan in place. Projects must also ensure that all program participants are made aware of the plan. If your agency has an existing Emergency Transfer Plan, please attach it to your application submission. If you do not currently have an Emergency Transfer Plan, please see the APPENDIX A below for policy templates and describe your agency's strategy to develop and implement the policy.**

Please reference the attached Emergency Transfer Plan policy.

9.   **ANTI-DISCRIMINATION POLICY: HUD requires CoCs to develop and implement anti-discrimination policies to ensure that individuals and families receive supportive services, shelter and housing free from discrimination. CoCs must adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering shelter or housing. If your agency has an existing anti-discrimination policy, please attach it to your application submission. If you do not currently have an anti-discrimination policy, please see the APPENDIX B for policy templates and describe your agency's strategy to develop and implement the policy.**

Please reference the attached Service Recipient Nondiscrimination policy.

10. **HOUSING FIRST POLICY: Attach your agency's policies and procedures, termination policy, and any other relevant documents demonstrating compliance with Housing First or low-barriers to entry.**

If you do not currently have these policies, please describe your agency's strategy to develop and implement such policies.

Please reference the attached Housing First Approach policy.

Proposal Narrative Questions: ALL NEW PROJECT APPLICATIONS

11. **GENERAL PROJECT DESCRIPTION (CORRESPONDS WITH eSNAPS APPLICATION): Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. The description must be consistent with other parts of this application and should identify the following:**
    a. **The target population including the number of single adults and the number of families with children to be served when the project is at full capacity**
    b. **Indicate if this is an expansion of a current project**
    c. **Type and number of units (scatter-site or single site; single or multi-family homes, etc.)**
    d. **Specific services that will be provided**
    e. **Projected outcomes**
    f. **Coordination with partners including but not limited to trainings, resources, and collaborations**
    g. **How the project meets community needs in its service area**

Since 1989, Angel's Watch has been a source of safety and new beginnings for single women and families experiencing homelessness. Despite the ongoing challenges created by the COVID-19 pandemic, we have continued to operate 24 hours/day, seven days/week. In addition to emergency shelter, we provide food, clothing, and other necessities. Following Housing First principles, we also offer comprehensive supportive services tailored to meet clients' unique needs. Our primary goal is to empower clients to secure permanent housing and regain self-sufficiency.

Angel's Watch serves households from Charles as well as Calvert and St. Mary's Counties. We serve highly vulnerable populations, including survivors of domestic violence, returning citizens, transgender individuals, people with disabilities, and people with mental illness, substance use disorders, or dual diagnoses. We also serve people experiencing homelessness for economic reasons, such as low wages and lack of affordable housing options. Following the federal Equal Access Rule for family shelters, we serve unaccompanied adult women; women with children, including male children of all ages; and men with children, including male children of all ages.

Angel's Watch operates at a secure, unpublicized location in Charles County. Our building has 30 separate residential units, each with a private full bathroom, two full-size beds, and two twin-size beds in bunk style. Some units can be conjoined, allowing up to nine family members to stay together. Our average daily census is 70 individuals, but we can accommodate up to 100 adults and children at a time, e.g., during hypothermia alerts.

Residents of Charles County encounter multiple challenges related to housing stability. Before the public health crisis, 6.4% of Charles County residents were living in poverty, and that number increased to 7.4% for 2020. Charles County residents also faced a chronic shortage of affordable housing, as between 2011

and 2017, Southern Maryland saw the highest increase in rent prices and second highest increase in home prices across the state. Charles County's unemployment rate reached a high of 9.6% in May 2020. Although the unemployment rate has since decreased, it remains higher than before the pandemic (4.2% in February 2022 compared to 5.9% in February 2021). Recognizing these interrelated barriers, Catholic Charities remains committed to providing shelter, food, and wraparound supportive services that empower Charles County residents to resolve their homelessness and regain self-sufficiency.

Angel's Watch plays a critical role in addressing homelessness and poverty in Charles County. The most recently available Point In Time Data from the Southern Maryland Local Homeless Coalition found 253 individuals experiencing homelessness in Charles County. Of these individuals, 65 were single women (39 unsheltered) and 100 individuals (21 unsheltered) were from 27 family households. Within those family households were 62 children, 8 young adults, and 30 adults. This total represents a 56% increase from the previous year, showing that there was a concerning increase in homelessness even prior to the COVID-19 public health crisis.

The majority of the clients we serve report coming from Charles County. For our new TH-RRH program operating at our current AWS location, we intend to use $760,669.67 per year in our facility in Charles County to serve a target population of unsheltered families coming from the tri-county region's Local Homeless Coalition (LHC) of Charles, Calvert and St. Mary's counties. We will work collaboratively and regularly with all of the Local Departments of Social Services (LDSS) and/or the LHC coordinated entry lead. We will seek and accept unsheltered family referrals directly from our coordinated entry lead, the LDSS, and our area's designated homeless outreach providers. Our TH-RRH program utilize a lead Case Manager to oversee two other Case Managers: one Case Manager for site-based case management and an additional Case Manager for community-based RRH case management. We will aim to serve up to 36 households during the contract cycle within AWS' new TH-RRH program.

This new TH-RRH service type will be an expansion to the site-based case management services our current program team already provides to a similar population on site in our emergency shelter. We are excited about the possibility offered through the U.S. Department of Housing and Urban Development's (HUD) FY22 Special NOFO to bring more RRH resources to our communities and rapidly end homelessness for the families we serve. Our unsheltered families served at AWS find it very difficult to accumulate the financial resources to exit emergency shelter without some measure of housing subsidy, especially given the high rental rates in our region. These challenges, in addition to mental health, medical, legal, and credit related issues often contribute to long shelters stays. The RRH funding will allow these families to end their homelessness more rapidly and achieve greater stability for their families.

Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to program entry. These services are informed by harm reduction and program Case Managers are trained in motivational interviewing and client centered counseling. Participation in services is highly encouraged, but not mandatory. AWS is mindful and respectful of individuals' right to self-determination.

References:
Maryland Department of Labor
Southern Maryland Local Homeless Coalition 2020 Point in Time Count Results
U.S. Census Bureau 2020 Small Area Income and Poverty Estimates

12. **HMIS:**
    a. **How will you ensure new and current employees attend HMIS user training on an annual basis? How will your project maintain timely data entry and excellent data quality?**
    b. **For Non-HMIS participating agencies (Victim Service Providers), describe how you will ensure timely and accurate data quality using a comparable database?** N/A

In accordance with the Maryland Balance of State CoC HMIS Policies and Procedures, the following measures will be taken to ensure timely and accurate data entry:
- All data entry workers (Case Managers) will attend an initial and annual trainings.
- Data will be collected and entered in a consistent manner.
- All data is to be entered within 1-3 working days.
- All data entered must be complete (for example, no partial Social Security number).
- Case Managers will aim to collect 100% of data elements on 100% of the clients served.

Additionally, the following measures will be taken to monitor data collection:
- Timeliness and accuracy will be measured by running custom reports and APRs in ServicePoint.
- The percentage of files with inaccurate data may not exceed 10%.
- The Program Manager will ensure data entry errors are identified and corrected monthly.
- Timeliness and accuracy of HMIS data will be included as Program Outcomes.

Catholic Charities' Homeless and Housing Services (HHS) Department employs a full-time HMIS Database Administrator and Director of Data and Business Systems to ensure accuracy of data to internal and external stakeholders. This data team regularly runs quality and billability reports for case management efforts across shelter and permanent housing facilities. They also provide technical assistance and training for use of internal technology platforms for data storage and organization like Microsoft One Drive and SharePoint for safe sharing and simultaneous digital work across staff and program teams. Our HHS department also uploads all Unusual Incident Reports (UIR) and critical incidents into Catholic Charities' internal UIR database to review critical incidents at a leadership level and learn from incidents and trends.

Catholic Charities' HHS Department has an established procedure for ensuring all employees maintain their credentials and trainings in compliance with contract funding, as well as internal staff training requirements. The HHS Administrative Manager maintains a Credentialing Tracker spreadsheet and sends the spreadsheet to each program's Site Coordinator weekly. The program Site Coordinator reviews the credentialing tracker to ensure all staff are listed and any staff who are no longer with the agency are removed from the list. Names of missing staff and/or staff who are no longer employed with Catholic Charities are emailed to the Administrative Manager and the HMIS Coordinator for HHS. Additionally, the program Site Coordinators review the credential expiration dates of all staff listed in their respective programs to ensure they are current. Program Site Coordinators then work with their Program Manager and our Human Resources Manager to coordinate credential renewal with the staff in question. Credentials/certifications that are past due must be renewed immediately. If testing needs to be scheduled, the Site Coordinator coordinates

with the employee and the HHS Department's dedicated Human Resources Manager in the agency's Human Resources (HR) Department. All test results are sent directly to the HR Department once completed. Once the employee has completed his/her required credential training, the Site Coordinator sends the date of completion, with the necessary supporting documentation, to the HHS Administrative Manager and the HMIS Coordinator. In addition to providing assistance with staff credentials, Catholic Charities' HR Department provides ongoing support with recruitment and hiring, employee background checks, maintenance of employee files, and other personnel actions.

Regarding timely data entry and excellent data quality, Case Managers establish and maintain an electronic case file in HMIS for every shelter guest on their caseload. Case Managers routinely document the content and outcome of case management meetings with participants, including their progress in achieving desired outcomes. Case Managers shall document all meetings, collateral contacts, referrals, missed meetings, and any other relevant information pertaining to the participants' progress towards permanent supportive housing attainment and supporting goals in HMIS.

Understanding that Catholic Charities' primary stakeholders are the people we serve, all programs conduct anonymous client satisfaction surveys, at least annually, and share results with the PPI Department. These client satisfaction surveys allow us to monitor and assess the success and value of our services from our primary stakeholders and use this feedback to improve our services and programs.

13. **COORDINATED ENTRY PARTICIPATION:**
    a. **Participation in Coordinated Entry is a requirement for all CoC funded projects, if selected for funding, do you agree to adhere to the following goals?**
        i. **All clients who enter the homeless services system will be assessed for the Coordinated Entry System**
        ii. **100% of CoC funded housing providers will participate in the Coordinated Entry System**
        iii. **100% of new client enrollments into housing projects will come from the Coordinated Entry System By Name List**
    b. **Does your agency currently participate in the local Coordinated Entry Process?**

Yes, Catholic Charities' Angel's Watch Shelter agrees to adhere to the following goals:
- All clients who enter the homeless services system will be assessed for the Coordinated Entry System
- 100% of CoC funded housing providers will participate in the Coordinated Entry System
- 100% of new client enrollments into housing projects will come from the Coordinated Entry System By Name List

Angel's Watch TH-RRH Program is part of the Southern Maryland Balance of State (BoS) Continuum of Care (CoC) and follows the Coordinated Entry policy. As stated above, we partner with the LDSS in Calvert, Charles, and St. Mary's counties for homeless crisis response and shelter referrals. The local LDSS serves as the point of access for homeless prevention, diversion, and housing services in each jurisdiction. The LDSS also ensures that any person who is experiencing a housing crisis has access to the Coordinated Entry System (CES) and is screened for eligibility for all mainstream services.

People experiencing a housing crisis or homelessness contact the LDSS in their community for a single, streamlined assessment and referral process to meet their housing and service needs. Access to all government-funded housing programs requires every household seeking assistance to have gone through intake and assessment at their LDSS. If an individual or family is not physically able to access the LDSS site, staff will either go to the household in need or provide transportation for them to get to an LDSS location.

AWS provides emergency shelter to single woman and families in our tri-county region as members of the Charles County Homeless and Emergency Shelter Committee. This committee is a collaborative of agencies and individuals who provide and/or support programs that assist those who are homeless or at imminent risk of homelessness in Charles County.

As committee members, we are also part of the Southern Maryland Local Homelessness Coalition (LHC). The BoS CoC, which includes Calvert, Charles and St. Mary's Counties in Southern Maryland as well as Allegany, Cecil, Garrett, and Washington Counties, manages regional and statewide planning and funding for homeless services. Their goal is to quickly rehouse individuals and families experiencing homelessness while minimizing the trauma caused by homelessness; promote access to and effective utilization of mainstream programs by individuals and families experiencing homelessness; and optimize self-sufficiency among individuals and families experiencing homelessness. The CoC works closely with government agencies, funders, advocates, providers, and consumers to coordinate the implementation of a housing and service system within geographic areas.

Charles County Homeless and Emergency Shelter Committee Plan to Prevent and End Homelessness

In January of 2020, the Charles County Homeless and Emergency Shelter Committee developed a plan to prevent and end homelessness in Charles County which was based on relevant data regarding homelessness in the community and best practice solutions. This plan was developed because of the growing concern over the number of Charles County households (36%) that were living below the federal poverty threshold, as well as the number of families experiencing homelessness. It was noted in this document that while overall, Charles County (a diverse sub-rural community with a population of 161,896 and a median yearly income of $97,979) provided economic growth for its residents, there was a growing gap for the households who could not afford the cost of living in the county.

The Committee's goals within the plan align with the Calvert-Charles-St. Mary's Continuum of Care's plan and the federal plan developed by the U.S. Department of Housing and Urban Development (HUD). Goals include ensuring that:

- Homelessness is a rare experience
- Homelessness is a brief experience
- Homelessness is a one-time experience
- An end to homelessness is sustainable

14. **SYSTEM PERFORMANCE MEASURES: HUD is increasingly relying on data-driven performance to evaluate community success. CoC's are required to submit system performance measures each year to demonstrate community-wide performance. Describe your project's strategies to contribute to the CoC's overall success for each of the following:**

a. **Ensure program participants are successfully exiting to and maintaining permanent housing .**
b. **Ensure program participants do not return to homelessness.**
c. **Ensure jobs and income growth for homeless persons in CoC-program funded projects**

Successful exit to and maintenance of permanent housing
AWS' case management staff will utilize current landlord relationships and add to our connections with housing providers and landlords, quickly connecting participants to housing units for which they can apply. Program funds will be used to reduce barriers to housing by paying for application fees, unit hold fees, first month's rent, applicable deposits, and time limited rental assistance. Case management and on-site resources will be provided to assist clients with landlord mediation skill building, understanding tenant and landlord area laws, and expectations to improve success and stability while housed.

Ensuring program participants do not return to homelessness
Case Managers will create and periodically review with participants a crisis management plan to assist participants in navigating housing crises, financial crises, family crises, food or utility assistance resources, medical crises, environmental crises, etc. The participant and Case Manager will review goals and exit planning on a reoccurring basis throughout their program participation. This review will include always include providing other community resources for each family to utilize after program exit as needed.

Ensuring jobs and income growth
Both our TH case management and our RRH case management services will focus on economic stability and employment. Program funds will be utilized to assist clients in participating in certification or employment programs to gain or increase job skills. Case management goals will include financial literacy and budgeting skill building. As such, each client will receive a referral to Catholic Charities' Financial Stability Network program.

15. **HOUSING FIRST: Question 10 pertains to Housing First related policies; this question is intended to understand a new project's experience and implementation plan of a Housing First approach. Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as sobriety or minimum income threshold). It is an approach to: 1) quickly and successfully connect individuals and families experiencing homelessness to permanent housing; 2) without barriers to entry, such as sobriety, treatment or service participation requirements; or 3) related preconditions that might lead to the participant's termination from the project.**
   a. **Describe your agency's experience in operating a successful housing first program, and clearly describe a program design that meets the definition of Housing First, including low-barriers to entry, as described above.**

The AWS TH-RRH program's policies are consistent with a Housing First approach. This approach connects individuals and families experiencing homelessness quickly and successfully to permanent housing without preconditions or barriers to entry, such as sobriety, treatment, or service participation requirements.

The program focuses on reducing barriers to entry and does not consider alcohol or drug use in and of itself to be a barrier to entering or participating in the program, unless such use results in

disturbances to neighbors or is associated with illegal activity (e.g., selling illegal substances.). Clients are not rejected based on credit history, rental history, minor criminal convictions, or other so-called indicators of "housing readiness."

Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to program entry. These services are informed by harm reduction and program Case Managers are trained in motivational interviewing and client centered counseling. Participation in services is highly encouraged, but not mandatory. As stated previously, AWS' TH-RRH Program is respectful of individuals' right to self-determination.

In addition to accepting referrals from the tri-county LDSS according to the Southern Maryland CoC CES, AWS accepts referrals directly from the sheriff's office or crisis response system, especially in the case of individuals who are victims of domestic violence. Referrals are prioritized based on duration and chronicity of homelessness and vulnerability.

The goal of AWS' TH component is to offer a safe space in which people can process their trauma, work on the issues that led to their homelessness, and build a supportive network that will help them in the future. We offer a secure facility that is staffed 24 hours a day by Program Assistants. This provides the opportunity for immediate crisis intervention and assistance if a resident is in need. The transitional housing building also includes physical features that can accommodate individuals with disabilities. Harm reduction-informed services engage tenants in nonjudgmental communication regarding drug/alcohol use and offers education on avoidance of risky behaviors and provide treatment referrals for those interested in such services.

RRH is a Housing First intervention which rapidly connects families and individuals experiencing homelessness to permanent housing and provides a tailored package of assistance. Thus, AWS' TH-RRH Program resolves immediate challenges and barriers to housing and is an important component of Southern Maryland's response to homelessness. The program offers its clients a tailored package of assistance which includes housing identification, rent and move-in assistance, and case management and services which will connect households to community resources that help them improve their health, safety, and well-being, and achieve their long-term goals.
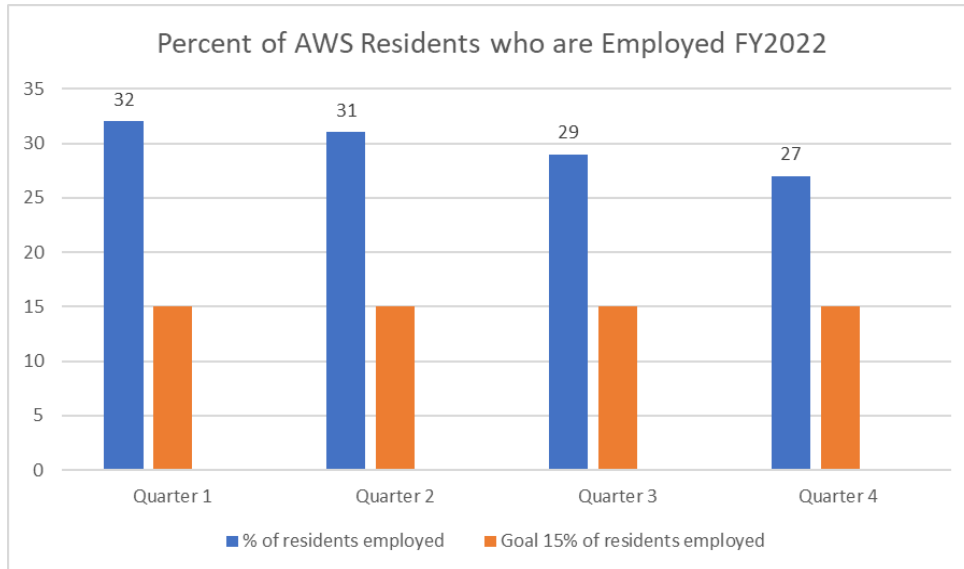
16. **INCOME AND MAINSTREAM BENEFITS:**
    a. **How will your program work with mainstream employment organizations to help individuals and families increase their cash income?**
    b. **How does your agency provide information to staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect clients?**

Support for obtaining employment and increasing income

The Case Managers and other staff at AWS utilize multiple strategies and assistance activities to increase residents' stability in employment and income resources. For example, Case Managers assist residents with writing resumes and provide information on jobs and employment training opportunities. Furthermore, the Maryland Department of Labor (DOL)'s Mobile Employment Unit visits AWS once a month to assist residents who are unemployed or underemployed. DOL representatives assist residents with their job search and teach them computer skills so they can search and apply for jobs online.

Due to our staff's commitment to their clients' success and our residents' diligent efforts, the number of residents who secured employment in Fiscal Year (FY) 2022 increased significantly above our goal of 15% of residents finding employment. The average percentage of residents at the shelter who were employed in FY22 was 30% (compared to an average of 16.25% in FY21).

Percent of AWS Residents who are Employed FY2022

Quarter	% of residents employed	Goal 15% of residents employed
Quarter 1	32	15
Quarter 2	31	15
Quarter 3	29	15
Quarter 4	27	15

Support accessing mainstream benefits

To maximize participants' access to mainstream resources, we will leverage the wide array of services available through Catholic Charities' 52 unique programs. In addition to homeless and housing services, Catholic Charities provides medical, dental, and behavioral health care; civil and immigration legal services; food, clothing, and basic needs assistance; financial literacy training; support for individuals with disabilities; and more. In line with HUD's priority of increasing training and employment opportunities for people experiencing homelessness, the HHS Department will collaborate with Catholic Charities Education, Employment, and Enterprises (EEE) Department to identify opportunities for AWS participants to gain skills and pursue vocational pathways. For example, EEE offers the Adkins Life Skills online career development program in both English and Spanish. Developed at Columbia University, the Adkins program is an evidence-based model that helps individuals explore their vocational strengths and interests, find employment, and develop the skills needed to retain a job. We will also strengthen existing partnerships and develop new ones. Our Trafficking Victims Assistance Program currently has formal agreements in place with numerous community partners. When combined with the housing and comprehensive supportive services provided by our Joint TH-RRH project, these internal and external mainstream resources will help participants gain access to tools that empower them to maintain housing stability and maximize their self-sufficiency.

Assisting residents in applying for eligible benefits helps them save money and gain the resources needed for long-term housing and financial stability. During FY22, AWS assisted 62 heads of household (73% of adult residents) with enrolling in public assistance programs such as unemployment benefits, Supplemental Security Income (SSI), Social Security Disability Insurance

(SSDI), and Temporary Assistance for Needy Families (TANF). Additionally, 53 heads of household (62% of adult residents) received non-cash benefits such as the Supplemental Nutrition Assistance Program (SNAP) and the Women, Infants, and Children (WIC) nutrition program.

17. **EDUCATIONAL ACCESS/SERVICES:**
    a. **Indicate the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services.**

We remain in close contact with Charles County Public Schools (including throughout the COVID-19 public health crisis) to ensure children experiencing homelessness receive the additional support they need to be successful in school. For example, the schools send tutors to work with the children in the computer room at our shelter. This helps the children overcome the challenges of learning and gives their parents additional time to concentrate on their job and housing searches. Additionally, the schools send representatives to the shelter to register children and they provide children with computers and with backpacks filled with school supplies.

As exemplified by the success of the Mobile Employment Unit, clients greatly benefit from Angel's Watch Shelter's close collaborations with government agencies and local organizations. Our Case Managers engage in a broad network of partnerships to support residents in finding affordable housing options as well as increasing their financial stability and ensuring coordination of health care and other supportive services. Case Managers at Angel's Watch Shelter work with dozens of area agencies and make referrals for:

- Educational services
- Mental health treatment
- Substance abuse counseling and aftercare
- Medical and dental treatment
- Public benefits/entitlements (including SNAP, Section 8 housing, and Social Security Income)
- Legal services
- Transportation assistance
- Prenatal care and parenting skills

18. **NEW PERMANENT SUPPORTIVE HOUSING PROJECTS ONLY:**
    N/A

19. **NEW RAPID REHOUSING PROJECTS ONLY:**
    N/A

20. **NEW JOINT TH/PH-RRH PROJECTS ONLY: HUD is encouraging CoCs and project applicants to carefully consider and assess whether a joint component project is the best use of resources and will best meet the needs of people experiencing homelessness in the community.**

Please review the HUD factors below, then define the specific subpopulation this project is proposing to serve and provide justification that this type of resource is necessary for the Continuum.

Factors to consider:

___ Communities with high rates of unsheltered homelessness and where stays in shelter and other forms of crisis housing are usually brief would likely benefit from adding a joint component project to their system. In communities where shelter, crisis housing, and transitional housing stays are long, increasing rapid re-housing and permanent supportive housing resources may be more effective ways to increase capacity.
_X_ Communities with no emergency shelter or crisis housing options available for people fleeing domestic violence should consider a joint component project. However, where there are already shelters or crisis housing projects serving survivors, communities should assess whether lowering the barriers in those existing projects and adding rapid re-housing would better meet survivors' needs and be a better use of resources.
___Communities with transitional housing projects, particularly those that are not able to provide their participants with financial resources to obtain permanent housing, should consider whether reallocating funds from those projects to a joint component project would better meet the needs of the people the project is intended to serve.

In this new program, Catholic Charities will continue to serve families experiencing homelessness in our tri-county region, including some with current or historic experiences with domestic violence. AWS staff have found that families with this level of need require more assistance on site and within the community as well as more time to gain stability. We have served this population for more than 35 years providing emergency shelter and TH. We believe adding the tremendous resource of RRH to our onsite TH case management services will lead to great outcomes for the families in our region who experience a higher degree of need. These families will benefit greatly from the financial resources that come with a RRH program. The funds and case management will allow them to locate housing and cover a deposit while providing rental assistance for a period of time while they continue to increase their income and stability in their new unit. Rental prices in our region continue to increase, and low-income housing facilities have very long waitlists. Similarly, housing vouchers are very scarce. Without this RRH assistance, it is incredibly difficult for families to obtain housing which leads to longer shelter stays in our region. We believe increasing the RRH resources in our community will create to better outcomes for our entire region.

Catholic Charities owns and operates AWS at a state of the art, 30-unit family style shelter in Charles County for families and single women experiencing homelessness or fleeing domestic violence. Our site was a new construction project for Catholic Charities and opened in 2019 to serve families with dignity while they navigate out of homelessness. Our location's address is not disclosed to protect the participants we serve. We will utilize 12 units for this TH-RRH program. Our shelter provides at least one meal per day for all participants, bedding, emergency clothing, toiletries, and access to baby supplies as needed. Each unit has a locking door, four beds, and an ensuite full bathroom with a tub, toilet, and sink.

21. **NEW COORDINATED ENTRY SERVICE PROJECTS ONLY:**
   N/A

22. **NEW SSO – STREET OUTREACH PROJECTS ONLY:**
   N/A

DV BONUS PROJECT APPLICATIONS ONLY

New Domestic Violence (DV) Bonus projects (RRH, Joint TH/PH-RRH, and SSO-CE) must serve survivors of DV, dating violence, sexual assault, or stalking who qualify as homeless under paragraph (4) of 24 CFR 578.3. All RRH and Joint TH/PH-RRH component projects must follow a housing-first approach. New DV Bonus RRH Joint TH/RRH projects must request a minimum of $50,000 per project.

DV.1   DESCRIBE THE APPLICANT EXPERIENCE WITH THE FOLLOWING:
   a. ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
   b. prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
   c. determined which supportive services survivors needed;
   d. connected survivors to supportive services; and
   e. moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

Catholic Charities has provided high-quality, person-focused, and culturally-competent wraparound services to low-income and marginalized individuals and families in the Washington, DC metropolitan area for over 90 years. Our nearly 30 homeless and housing services programs across the region follow Housing First principles and offer individualized case management and supportive services. Leveraging these strengths, we have a proven capacity to address the needs of diverse populations experiencing homelessness, including individuals and households fleeing domestic violence (DV) situations and experiencing homelessness in Southern Maryland.

Individuals fleeing from DV may be brought directly to Angel's Watch facility by the County Sheriff's Office at any time and are given priority within the Coordinated Entry Policy. In addition, a Violence Against Women Act (VAWA) Emergency Transfer Plan has been developed for AWS' TH-RRH Program. By addressing the holistic needs of this highly vulnerable population, Catholic Charities will continue to increase the CoC's capacity to serve survivors of DV while supporting the goals and strategies laid out by Maryland Interagency Council on Homelessness and in the US Interagency Council on Homelessness' Home, Together plan.

AWS' TH-RRH Program is concerned about the safety of its tenants, and such concern extends to tenants who are survivors of DV, dating violence, sexual assault, or stalking. In accordance with the VAWA, AWS' TH-RRH Program allows tenants who are survivors of DV, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The ability of AWS' TH-RRH Program to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a survivor of DV, dating

violence, sexual assault, or stalking, and on whether AWS' TH-RRH Program has another unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

To request an emergency transfer, the tenant shall notify AWS' management office and submit a written request for a transfer to P.O. Box 1470, Waldorf, MD 20602. AWS will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under AWS' TH-RRH Program; OR

2. A statement that the tenant was a sexual assault survivor and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

AWS' TH-RRH Program cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. AWS' TH-RRH Program will, however, act as quickly as possible to move a tenant who is a survivor of DV, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. AWS' TH-RRH Program may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If AWS' TH-RRH Program has no safe and available units for which a tenant who needs an emergency is eligible, AWS' TH-RRH Program will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, AWS' TH-RRH Program will also assist tenants in contacting the local organizations offering assistance to survivors of DV, dating violence, sexual assault, or stalking that are attached to this plan.

AWS' TH-RRH Program focuses on meeting clients "where they are" and walking with them as they navigate resources for transitioning from crisis to stability. The frequency and intensity of case management and other supportive services are determined with the participant and services are provided at mutually convenient times and locations. These practices complement a trauma-informed approach, as they ensure participants are the primary voice in their experience. Furthermore, we incorporate evidence-based practices such as motivational interviewing and the progressive engagement model. Following the principles of harm reduction, we provide services in a dignified and non-judgmental, non-coercive manner that draws on participants' existing strengths. Catholic Charities is committed to working closely with each individual and family we serve to identify their personal goals and the resources needed to achieve them, so they are empowered to build upon their existing strengths, regain housing stability, and increase their self-sufficiency.

For the RRH component, we will assist participants in moving into permanent housing quickly and efficiently by providing rental assistance subsidies and covering the costs of application fees, security deposits, and first and second month rent payments. The duration of case management and RRH rental subsidies will be flexible to meet the evolving needs of each household and remain available throughout the household's participation in the program. We anticipate that most participants will utilize the TH beds for three to six months and the RRH subsidies for 12 to 18 months.

DV.2   DESCRIBE EXAMPLES OF HOW THE APPLIANCT ENSURED THE SAFETY AND CONFIDENTIALITY OF DV SURVIVORS EXPERIENCING HOMELESSNESS BY:

   a.   taking steps to ensure privacy/confidentiality during the intake and interview process;
   b.   making determinations and placements into safe housing;
   c.   keeping information and locations confidential;
   d.   training staff on safety and confidentiality polices and practices; and
   e.   taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

AWS' TH-RRH Program will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives AWS' TH-RRH Program written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of DV, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under VAWA for all tenants for more information about AWS' TH-RRH Program's responsibility to maintain the confidentiality of information related to incidents of DV, dating violence, sexual assault, or stalking.

While tenants are staying at our TH-RRH program on site at AWS they will agree to a non-disclosure of the building address in order to keep all residents safe. Tenants will be provided a car cover for their vehicle as needed. Our facility has a locked entry and alarmed exit doors as well as 24/7 front desk or staff coverage. Case managers will create and periodically review safety plans with tenants to help them navigate this temporary placement and community safely and connect with additional DV service providers in the area for specialized legal or other assistance. Tenants are provided with supportive case management services and life skill building groups onsite during their stay. All tenants are provided with housing location services and opportunities to participate in the RRH portion of our TH-RRH program and ongoing community-based case management services for the duration of their program participation. Referrals to nearby child care services are provided.

DV.3 DESCRIBE HOW THE PROJECT APPLICANT EVALUATED ITS ABILITY TO ENSURE THE SAFETY OF DV SURVIVORS SERVED BY THE PROJECT, INCLUDING AREAS IDENTIFIED FOR IMPROVEMENT.

AWS evaluates client safety in several different ways. Catholic Charities' Facilities Department examines the physical safety of the entire premises on a monthly basis, and AWS staff check the facility and grounds on a weekly basis. AWS staff check the facility's cameras daily to ensure they are functioning.

In addition to hourly security inspections, AWS Program Assistants conduct nightly safety rounds that consist of:

   •   Checking all doors and windows leading to the outside of the facility to ensure they are closed and locked;
   •   Monitoring hallways and common spaces to ensure that there are no noise disturbances (e.g. loud music or loud talking that could be disruptive to other residents);
   •   Ensuring there are no spills in the facility so as to avoid potentially hazardous wet spots;
   •   Checking the door from the dining area to the kitchen is closed and locked; and
   •   Confirming the kitchen stove is off and appliances are unplugged.

Across all programs, Catholic Charities is committed to evaluating its organizational systems and program performance and using its findings to improve agency operations, service delivery, and the achievement of personal outcomes for the people we serve. The agency's Continuous Quality Improvement (CQI) plan assures organizational systems support open communication, continuous learning and improvement throughout our service delivery and daily operations. CQI meetings provide quarterly evaluations of successful methods and opportunities for improvement, innovation, and alternative approaches. By continually monitoring and improving organizational systems, we enhance our responsiveness to vulnerable populations. The CQI plan utilizes the following quality indicators:

1. Basic Assurance: Individual service reviews; evaluations and monitoring compliance; personnel utilization; and risk prevention and management.
2. Performance and Outcomes: Organizational communication and learning; outcomes measurement; social progress (community impact); stakeholder satisfaction/customer service; and strategic plan/short-term plans.

DV.3   DESCRIBE THE PROJECT APPLICANT EXPERIENCE USING TRAUMA-INFORMED, SURVIVOR-CENTERED APPROACH TO MEET THE NEEDS OF DV SURVIVORS IN THE FOLLOWING AREAS:
   a. **prioritizing placement and stabilization in permanent housing consistent with participants' wished and stated needs;**
   b. **establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
   c. **providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
   d. **emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor defined goals and aspirations;**
   e. **centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible and trauma-informed;**
   f. **providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
   g. **offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.**

Recognizing the impact of past and present trauma on an individual's ability to maintain stable housing, Catholic Charities will integrate a trauma-informed approach to all services, especially case management. We will work collaboratively with participants to create Individual Service Plans (ISP) according to their personal input, priorities, and safety needs, and if needed, we will make the appropriate referrals for intensive mental health services and/or treatment facilities to assist participants with healing and recovery. To respect the need for predictability and reliability, case management meetings will be scheduled at regular times that are mutually convenient for the participant and staff. We will also post program activity schedules in advance; maintain consistency in our policies and procedures; and provide no less than 24 hours' notice prior to a home visit or facilities service appointment (except in emergency situations). We will ensure that all services take place in a trauma-informed setting, i.e., a space in which the survivor feels safe physically and emotionally.

Furthermore, all AWS staff members will complete trainings in identifying trauma and implementing trauma-informed care practices. Our AWS staff participate in internal and external trainings on trauma-informed care

as well as behavioral health needs, progressive engagement, motivational interviewing, and the harm reduction model, among others. Our AWS staff complete internal trainings such as Preventing Sexual Abuse in the Immigrant Community and participate in quarterly one-hour sessions on topics such as DV, vicarious- and secondary-trauma, trauma-informed care, nonviolent intervention, CPR, preventing and responding to abuse experienced by people with mental illness, and motivational interviewing. Catholic Charities will leverage our existing training resources, and seek further opportunities, to ensure staff have the appropriate tools to provide promote safety and stability for our participants. We often prioritize staff training in our program's annual budget for staff to attend external specialized training annually as well. Catholic Charities' HHS Department staff regularly attend external partner agencies' evidence based trainings.

DV.4   DESCRIBE THE PROJECT APPLICANT EXPERIENCE: providing supportive services to DV survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs and provide examples of how the applicant provided the supportive services to DV survivors.

Experience Serving DV Survivors
Catholic Charities launched a Trafficking Victims Assistance Program (TVAP) in 2016 under an initiative of the US Conference of Catholic Bishops' (USCCB) Anti-Trafficking Program. In October 2018, the US Department of Justice's Office for Victims of Crime (OVC) awarded our TVAP program a capacity building grant to increase its array of wraparound services and expand our target population to survivors of both domestic and international trafficking. With these resources and effective service models in place, Catholic Charities is well-positioned to meet the comprehensive needs of trafficking and DV survivors, a traditionally underserved population.

Catholic Charities' decade of experience operating its Family Rehousing Stabilization Program in DC has also fostered a strong understanding of the program's target population, 35% of whom report a history of experiencing DV, and 23% of whom are currently fleeing a DV situation.

Organizational Experience Related to Homeless Services
Catholic Charities' HHS Department programs provide more than 1,700 beds each night, including over 600 emergency beds during extreme cold and heat. Catholic Charities operates along the entire CoC for housing assistance, including low-barrier and emergency shelter, transitional shelter RRH, and PSH. We have a long history of active CoC involvement; for example, we were a founding member of the Southern Maryland Tri-County CoC. Our staff regularly participate in CoC events, including monthly meetings, and maintain strong partnerships with staff from our fellow CoC members. We leverage these collaborative partnerships to connect our clients to a diverse array of community resources.

Kathleen Ruben, MS, PhD, joined Catholic Charities' Homeless and Housing Services (HHS) Department in October 2020 as the Senior Program Manager for Southern Maryland housing programs. She leads a team of 13 full-time staff at Angel's Watch. Dr. Ruben has worked in the field of public health for over 21 years, including roles at the Montgomery County Department of Health, the St. Mary's County Department of Health, and the Maryland Health Care Commission's Division of Acute Care Policy and Planning. Dr. Ruben has also served as a lecturer at the University of Maryland School of Public Health.

AWS receives support and oversight from Catholic Charities' Director of Quality Assurance & Compliance for HHS**,** Veronica Fabani. Ms. Fabani has more than 20 years of experience serving individuals and communities disproportionately affected by substance abuse, mental health issues, homelessness, incarceration, and challenges such as abuse and trauma. She graduated as a Psychologist from the University of Buenos Aires in 2003. After moving to the United States, she continued her professional training in certification programs such as Co-Occurring

Disorders, Professional Counseling, and Mental Health First Aid. She obtained her license as a Professional Counselor and is certified as an Addiction Counselor in the District of Columbia. After starting as a case worker at Catholic Charities' Anchor Mental Health Association in 2001, she became part of the Mobile Crisis Services Team in 2007 at the DC Department of Behavioral Health. The Director of Quality Assurance & Compliance will guide and direct the Director of Shelter Case Management and collaborate with Catholic Charities' Executive Director of HHS to prioritize, formulate, and maintain case management approaches and functions and will provide clinical leadership and consultation around case management standards and practices. This team will develop and update case management standards and assist the program with systematic implementation of practice or protocol changes required by contract and best practice standards. The Director of Quality Assurance & Compliance will facilitate the process for quarterly review of participants' Individualized Service Plans and will work with Catholic Charities' HHS Database Administrator and program representatives to meet clinical expectations regarding maintenance of client information database requirements. Furthermore, the Director of Quality Assurance & Compliance will actively participate in and represent Catholic Charities at CoC meetings and attend all contract and agency required trainings and meetings.

Catholic Charities' HHS leadership team provides additional guidance and oversight for Angel's Watch.
- Blair Copeland serves as Director of Women's Shelter Operations, holds a master's degree in Criminology, and has over 10 years of experience in the homeless services field including rapid re-housing, shelter, permanent supportive housing, and hypothermia and day programs. Blair is also a Crisis Prevention Institute certified instructor.
- Amanda Chesney, LICSW, LCSW-C, joined Catholic Charities as the Executive Director of the HHS Department in 2016. Her prior leadership experience includes directing Housing First family homelessness programs in the District and her clinical career spanned a variety of social service disciplines and settings, including crisis intervention in Chicago's South Side, coordination of care for inpatient treatment facilities across the Midwest, and school-based mental health programming in DC public and charter schools. Ms. Chesney holds a Master of Social Work degree from Loyola University Chicago and Independent Clinical Social Work licenses in DC and Maryland.
- Mary Bridget Klinkenbergh, Deputy Director of HHS, joined Catholic Charities in 2005 and has held current role for several years after serving as Director of Permanent Supportive Housing Programs for six years. During her tenure at Catholic Charities, Ms. Klinkenbergh has successfully led multiple expansion efforts for the department, including converting our Mt. Carmel House program from a transitional shelter to a PSH model and developing our Family Rehousing Stabilization rapid re-housing program. Ms. Klinkenbergh holds a Master of Business Administration degree from the American Graduate School of International Management.

DV.5   DESCRIBE HOW THE PROJECT APPLICANT WILL:
   a. **prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' wishes and stated needs;**
   b. **establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
   c. **provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
   d. **place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;**
   e. **center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible and trauma-informed;**

f.   provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and

g.   offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

AWS' TH-RRH Program will use a variety of techniques to help DV survivors quickly re-establish housing in the community and address the survivor's wishes and needs. Case Managers currently do and will continue to provide the following supports to DV survivors transitioning to permanent housing:

- Help survivors find housing and advocate for survivor's rights;
- Help survivors (along with community partners) address legal issues and protections under VAWA and the Fair Housing Act;
- Provide rapid re-housing assistance;
- Help survivors establish financial stability (employment assistance, career development…); and
- Link survivors to local and community support services.

With funding from HUD, Case Managers will also intervene with landlords to address any barriers or concerns and educate landlords regarding safety and security best practices.

Catholic Charities promotes a collaborative work culture that demonstrates mutual respect among staff and clients as evidenced by their mission, vision, core values, and policies and procedures. Learning, growth, and open communication are encouraged.   AWS' policies are consistent with a Housing First approach, which connects individuals and families experiencing homelessness quickly and successfully to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements.   The program focuses on reducing barriers to entry and does not consider alcohol or drug use in and of itself to be a barrier to entering or participating in the program. Clients are not rejected based on credit history, rental history, or minor criminal convictions. Clients are not subject to punitive interventions such as mandatory drug rehabilitation.

AWS has a long history with agencies and organizations—such as the Center for Abused Persons, the DV Intake Center, Women Empowered Against Violence, and the Maryland Network Against DV—that provide our program participants with information on trauma including dealing with the stress associated with trauma, developing coping mechanisms, communicating about experiences, and seeking professional help to address reactions to trauma.

Case Managers are required to participate in trainings related to Trauma-Informed Care, Cultural Competency, Non-Violent Crisis Intervention, and Mental Health First Aid.

Staff members use a strength-based, client-centered approach when working with clients and developing activities; examining both the individual and their environment. Open-ended questions are asked during case management sessions. Clients will be encouraged to examine their inner strengths and attributes (such as resourcefulness, resilience, patience, and optimism) when coping with external challenges. Measures and goals will be client-set as will be the resources that are needed to accomplish the client's goals.

Our staff and case management team represent multiple cultures and backgrounds as per Catholic Charities' commitment to diversity and inclusion. This gives them an awareness and sensitivity to the

diversity of others. We value the attributes and cultural beliefs of all individuals. We also understand the complexity of language interpretation and will provide translation services as needed. One required course in Catholic Charities' Learning Management System focuses on Cultural Competency and Communication. Our trauma-informed approach to working with clients is also used by our collaborative agencies and organizations.

We work with a wide array of community partners that allow clients to participate in various support groups, mentorships, peer-to-peer groups and networking. Many of these community partners are faith-based, allowing for clients to meet their spiritual needs. Other partners assist clients with job searches and training, health care needs, mental health services, childcare, or free legal advice.

We understand that children are also survivors of DV and trauma. Therefore we offer support (along with our community partners) for survivor parenting that will give clients the understanding and tools to work with their children to make them feel safe. Clients are taught skills such as active listening and how to interpret behaviors and recognize triggers for the behaviors.

DV.6   DESCRIBE THE PLAN TO INVOLVE SURVIVORS WITH A RANGE OF LIVED EXPERTISE IN POLICY AND PROGRAM DEVELOPMENT THROUGOUT THE OPERATION OF THE PROJECT.

Involving survivors of DV in policy and program development is critical to the success of the program and should be built on a conceptual framework for understanding how DV programs promote the safety and wellbeing of survivors and their children. The framework for this program is survivor-centered with a trauma-informed approach designed to build self-confidence and capacities that may have been eroded due to the abuse. Empowering survivors in this program includes:

1. Having case managers who are trained in DV who listen to survivors' needs when providing resources and services (such as childcare, employment, mental health care, legal resources, etc.) that will help survivors regain safety and stability. (Case managers should be attuned to non-verbal cues especially when discussing sensitive topics.)
2. Engaging survivors in discussions about the training or tools necessary to rebuild their lives. (In some cases, case managers will use a family-centered approach for certain discussions.)
3. Offering a variety of strength-oriented and issue-specific workshops, support groups, and empowerment programs offered by local DV programs such as the Center for Abused Persons (CAP), and the Maryland Network Against Domestic Violence.
4. Collaborating with survivors (including client surveys) when discussing what is working well or exploring what improvements and resources are needed in the program
5. Creating opportunities (agency wide or with local groups) for those with lived experience to be involved in policy development