

Application Coversheet

Project Information	
Project Name <i>(please match project name in eSNAPS)</i>	LifeStyles' SSO
Applicant/Recipient Organization Name	LifeStyles of Maryland Foundation, Inc.
Subrecipient Names(s) <i>(if applicable)</i>	
Proposed # of people served annually	60
Proposed # of households served annually	40
Total Funds Requested*	\$220,550

*Renewal project requests MAY NOT exceed the amount approved in the [2022 Grant Inventory Worksheet](#).

Application Type					
RENEWAL Project	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Rapid Rehousing	<input type="checkbox"/> TH-RRH	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> SSO-CE
NEW Project	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Rapid Rehousing	<input type="checkbox"/> TH-RRH	<input type="checkbox"/> SSO-CE	<input checked="" type="checkbox"/> SSO
NEW DV Bonus Project	<input type="checkbox"/> Rapid Rehousing	<input type="checkbox"/> TH-RRH	<input type="checkbox"/> SSO-CE		
If NEW project, desired project start date (must be in calendar year 2023)	July 2023				

Contact Details	
Legal Name of Applicant	LifeStyles of Maryland Foundation, Inc.
Mailing Address <i>(Include City & Zip Code)</i>	P.O. Box 1794, La Plata, MD 20646
County of Headquarters' Office	Charles
Authorized Representative Information	
Chief Executive - First and Last name	Sandy Washington
Title	Chief Executive Officer
Email	swashington@lifestylesofmd.org
Phone number	301-609-9900
Information of person to contact with CoC Application questions	
First, Middle and Last names	Corae Young
Email	cyoung@lifestylesfmd.org
Cell Phone	202-316-4391
Agency eSNAPS Contact (Authorized user submitting your CoC Project Application in eSNAPS)	
Name	Corae Young
Email	cyoung@lifestylesofmd.org
Cell Phone	301-609-9900

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:	<input type="checkbox"/>	✓
Non-Profit, Philanthropic:	<input type="checkbox"/>	✓
Other:	<input type="checkbox"/>	<input type="checkbox"/>
N/A		<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
Child Care and Development Fund	<input type="checkbox"/>	<input type="checkbox"/>
Early Childhood Providers	<input type="checkbox"/>	<input type="checkbox"/>
Early Head Start	<input type="checkbox"/>	<input type="checkbox"/>
Federal Home Visiting Program	<input type="checkbox"/>	<input type="checkbox"/>
Head Start	<input type="checkbox"/>	✓
Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>
Public Pre-K	<input type="checkbox"/>	✓
Tribal Home Visiting Program	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
N/A		<input type="checkbox"/>

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

Geographic Area	Area Served
Allegany County	<input type="checkbox"/>
Calvert County	✓
Cecil County	<input type="checkbox"/>
Charles County	✓
Garrett County	<input type="checkbox"/>
Harford County	<input type="checkbox"/>
St. Mary's 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.

In all of the services it offers, *LifeStyles'* has worked to provide equitable service delivery. Its staff reviews cases on a monthly basis as part of its case management meeting, and discusses the strengths and challenges of clients and provide supportive feedback and recommendations regarding how to assist participants in transitioning to permanent housing and other case management goals. *LifeStyles* works to ensure a diverse staff and in the past year, contracted with a Human Resources firm to assist with current employee needs and prospective candidates. This also includes the training and orientation of those staff, and reviewing candidates in a non-biased format. When disparities are identified in service delivery or service access clear plans of actions are put in place. Some may include increasing the knowledge of the client, providing more focused case management or unconventional means of reducing barriers.

Case management staff have participated in trainings such as: Mental Health First Aid, Adverse Childhood Events (ACES), Rapid Rehousing Strategies, Conflict Mediation, Civil Rights, Equal Access Rule, Building Equitable Programs, Trauma-Informed Care, and Low-Barrier Shelter. These trainings have provided staff with well-rounded opportunities and information that will support provide non-biased services.

Specifically with this SSO grant, *LifeStyles* will utilize the byname list to support intensive case management, street outreach services, and support a drop-in center, that are focused on the unsheltered homeless population in Southern Maryland. Services will be prioritized based upon the length a household has been unsheltered, whether it's a household comprised of children, and vulnerability score, therefore removing the biases that is sometimes considered when looking at other subjective components. Case management and street outreach staff will meet with persons at designated safe locations, and/or in office locations. Staff are always encouraged to meet with participants in the community where participants feel most comfortable. Staff will be culturally sensitive to the needs of the changing population demographics.

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	<input type="checkbox"/>
Individuals with Lived Experience Serve on Agency Board	<input type="checkbox"/>
Individuals with Lived Experience Employed by Agency	<input checked="" type="checkbox"/>
Individuals with Lived Experience Service in Peer Navigation / Volunteer Role	<input type="checkbox"/>
Individuals with Lived Experience Serve on Working Groups or Advisory Committees	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>
N/A	<input type="checkbox"/>

6. SUMMARY BUDGET (CORRESPONDS WITH eSNAPS APPLICATION)

Eligible Costs	Annual Assistance Requested
Leasing	\$0
Rental Assistance	\$0
Supportive Services	\$195,000
Operating Costs	0
HMIS	\$5,500
Admin	\$20,050
Total Request	\$220,550.00

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)	General Donations
Date of Written Commitment	Not applicable
Value of Written Commitment	\$45,000
Match Source 2	
Type of Commitment (Cash or In-Kind)	
Type of Source (Private, Government)	
Name the Source of the Commitment (Be specific , include the office or grant program as applicable)	
Date of Written Commitment	
Value of Written Commitment	\$
Match Source 3	

Type of Commitment (Cash or In-Kind)	
Type of Source (Private, Government)	
Name the Source of the Commitment (Be specific , include the office or grant program as applicable)	
Date of Written Commitment	
Value of Written Commitment	\$

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.

LifeStyles has been a victim service provider for more than seven years. This includes providing safe housing through its domestic violence safe house, case management and supportive services. The agency has followed the VAWA policies. The agency ensures that those participants who are assisted with rapid rehousing and homeless prevention funding have landlords who also agree with the VAWA policies and are provided a copy of the policy and must include these policies as part of the lease addendum. The agency also adheres to the emergency transfer plan by partnering with other victim service providers throughout the state. The agency has, on limited occasions, had to transfer persons to other locations due to safety concerns of the participants. Transportation is provided to assist persons in getting to other safe locations, whether in the state of Maryland or in other parts of the country.

The agency operates a low-barrier program where only self-certification is needed to document the domestic violence they have experienced. The program does not require having a protective or peace order in place. The agency works collaboratively with the Southern Maryland Center for Family Advocacy, Center for Abused Persons, and the Calvert Center for Change, who operates in the Southern Maryland region as the domestic violence crisis intervention hotline. *LifeStyles* operates 24/7, where on-call staff are available after hours to coordinate shelter services as needed for domestic violence survivors. The agency works with the local Departments of Social Services to support persons in creating and implementing safety plans for their households. The agency works with the local Departments of Social Services, law enforcement, and crisis intervention programs to have lethality assessments completed that assist with determining the risk factor that survivors may have for potential injury or death. These assessments are utilized to determine the safe housing that survivors may need immediate access to.

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.

LifeStyles has an existing anti-discrimination policy that is posted in each of our offices and shelter locations. The information is also provided to each participant served and the staff. The agency does not deny persons entry into program based upon any demographic criteria. Particularly with the LGBTQ population, case management staff attended the Equal Access Rule training provided by the MD Department of Housing and Community Development and the agency has looked at reviewing its policies to have persons who feel most comfortable in certain shelter programs than others receive reasonable accommodation. The agency also assist persons with disabilities and offers accommodations for eligible persons in the shelter.

For SSO services, persons are offered services in an equitable manner, based upon the documentation of literal homelessness, vulnerability score, and length of homelessness. Persons are offered services as they present during the coordinated entry process, and cases are prioritized solely based upon the vulnerability assessment tool that's utilized. *LifeStyles* will work to ensure that SSO services provided in each of the three counties will provide appropriate accommodations for those households that are served based upon their disability, ethnicity, gender, etc. *LifeStyles* has Spanish speaking staff on site that can assist with translation, as well as American Sign Language. For other languages, the Language Line would be utilized to support translation needs. Services will be equitably distributed across the region.

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.

LifeStyles operates a housing first principle throughout its Homeless and Housing Services department. The agency operates low-barrier programs where persons are initially considered for shelter or housing regardless of how they present. *LifeStyles* operates a street outreach team where outreach is done daily, and a formal schedule for mobile street outreach sites is done 2 – 3 times per week. Staff work to develop trust and rapport with clients and offer housing options as it is available to them. The agency focuses on client-centered services based upon the needs and desires of the person, and the agency providing supportive services that supports those goals. In many cases, the agency has assisted persons who were unsheltered, street homeless to receive rapid rehousing or subsidized housing access, without having persons go through a continuum of shelter resources. *LifeStyles* offers a "non-judgment" zone when working with clients, and believe that providing a safe space for them to share their vulnerabilities is key to helping them connect with housing resources, and eventually leads to meeting other needs.

A key component of *LifeStyles* is that the supportive services the agency offers is open to anyone based upon availability. The agency currently offers services such as: food, clothing, transportation, basic toiletries, prescription assistance, and a drop-in center located in Charles County, etc. With the housing services offered, the agency's goal is to continue to be a wrap-around service provider that has immediate access to certain resources regardless of someone's housing status. Persons receive individualized supports that allows case managers to tailor their approach to each household.

Persons are only terminated from programs if due to a significant safety concern that affects the health and safety of themselves or others. This could include having a weapon during a physical altercation, a participant physically threatening staff or other participants, or persons repeatedly trying to smoke in areas that are unauthorized inside the facility.

Housing first is also a key principle for *LifeStyles'* SSO services. This is a voluntary program that persons have a right to decline services at any time, and also have a right to request certain services the agency offers. This program is built upon the trust and rapport that can be developed amongst the agency and the participants it serves.

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

LifeStyles is requesting SSO funding to support a minimum of 40 unsheltered homeless households in Southern Maryland, comprised of 60 individuals. These funds will support two intensive support case managers, the expansion of the street outreach team to cover the entire region, and the operations of an existing day center drop-in program that is available in Charles County each weekday. With intensive case management services, staff can assist persons with securing permanent housing that meets their needs, connecting to available resources and mainstream benefits, completing SSI/SSDI applications through the SOAR process, assisting with applications, financial management resources, life skills building, connect persons to rep payee services as needed, managing and supporting access to appointments such as for medical or disability services, and other services as requested. Case managers would help to identify barriers that could potentially cause a loss of income or housing. Each case manager would have twenty "active" cases at one time. An individual development plan is created for each household that discusses their strengths, challenges and opportunities, and is a person-centered approach to providing intensive case management. These case managers will also be part of the street outreach services, building relationships with eligible clients and helping them to understand the services that may be available to them. Staff would meet with participants as needed, but no less than once per week and develop clear, measurable goals.

Based upon 2019 Point in Time data, there were 306 individuals in Southern Maryland that were literally homeless, of which 114 were unsheltered (11 children, 103 adults). Out of the total 306 individuals, the majority of homeless individuals were located in Charles County, where *LifeStyles* is headquartered (162

individuals, or 53 percent of the total homeless population). The agency attributes much of this due to our mobile street outreach component, which provides services on a weekly basis at local encampments, parking lots, libraries and other places where homeless frequent. The agency is one of the lead homeless providers in the region, especially for its street outreach services.

This is an expanded project that will not focus on persons in existing shelter or housing programs, but rather those who are living in uninhabitable areas. While case managers can assist persons with getting into those programs, in the meantime services will be offered that can assist persons with the goals the households have outlined. *LifeStyles* already provides street outreach services and has been operating a day program drop-in center since June 2022. This funding will allow the agency to continue supporting these initiatives, not supplanting any existing funding, but rather provides expansion of services.

The funds will offset the cost of hiring two full-time case management staff, and the expansion of *LifeStyles* street outreach efforts. Currently, the agency focuses its mobile outreach in Calvert and Charles Counties but will look to expand to St. Mary's due to the growing need of those who are homeless there.

The projected outcomes are to:

- Provide intensive and detailed support for households to access and apply for available services;
- Increase household income;
- Decrease the length of time homeless for unsheltered homeless households;
- Strengthen collaboration with partner agencies that will allow more services to be offered during street outreach.

LifeStyles has maintained relationships with more than fifty partner agencies throughout Southern Maryland and utilize their resources to connect persons to wrap-around services. The agency has offices in each of the counties where staff can meet with clients directly for services. This is also what makes our programs unique as it removes transportation access as a barrier to persons receiving services. Persons can access our services in-person, virtually, via email, and through street outreach mechanisms. Agency staff participate in trainings year-round that support their continued professional growth and help to ensure there's a level of standardization of services across each of the agency offices and case management services. *LifeStyles* participates in each of the counties' Homeless Boards, as well as the monthly Interdisciplinary Team meetings that are held in each county to discuss those homeless household cases who have the highest vulnerability.

This project meets community needs as the number of literally homeless households has significantly increased as a result of the pandemic. Due to lack of affordable housing and PSH programs, the number of chronically homeless individuals has also increased. The street outreach team sees approximately 35 individuals weekly during its scheduled outreach covering Calvert and Charles Counties, and connects them to immediate resources as well as to the coordinated entry process. Case management staff will work with these households to document any disability they may have, sources of income, as well as chronic homelessness. There is a need for this program as there is currently no homeless provider in Southern Maryland that has the capacity to provide intensive case management services. This funding will build capacity in the region and strengthen the existing relationships amongst partners to help transition persons more effectively into available services and housing programs.

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?

LifeStyles' Intake and Data Entry Coordinator will work with the case management and street outreach staff to ensure all persons served under this program will be properly documented in HMIS. Staff are already part of the HMIS sub-committee through the Balance of State, and have been involved in all training opportunities with Team HMIS and with our regional HMIS coordinator. The services offered will be entered into the system within one week of when persons receive the services to ensure timely data reporting. All information that is needed for the data quality will be received from both the client and landlord before any funding approval is provided to limit data errors.

As a victim service provider, we are working on a contract with Apricot to develop a comparable database for any survivors that are assisted through this or our other victim services. The same timeline of data entry and training is required for this software.

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?

LifeStyles plays a key role in both the Southern Maryland Balance of State CoC coordinated entry process. Staff have assisted with developing policies, as well as helping to implement the policies. It provides continuous feedback on the strengths and challenges of coordinated entry, to ensure we work collectively to make the process as seamless and transparent for the community it serves.

All clients served by the SSO project will be assessed for the coordinated entry system and specifically come from the byname list. *LifeStyles'* street outreach team help to verify homelessness and provide third-party documentation to assist in this process. The agency also works with the local Departments of Social Services to have referrals initially provided and updated as needed when housing status is changed or other information needs to be updated. *LifeStyles* staff serve and participate on the local and Bos coordinated entry sub-committees. Case management will help to provide updated information regarding a household's status while on the byname list and when they transition to permanent housing.

The agency partners with the Departments of Social Services, which currently serve as the single point of access in Southern Maryland. In Calvert and Charles Counties, those department staff have participated in street outreach events year-round with the agency to directly connect persons to the coordinated entry process. *LifeStyles* will build similar relationships in St. Mary's county to have these services expanded.

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

LifeStyles believes in utilizing data to better serve and become more efficient in service delivery. The agency will ensure program participants are successfully exiting to and maintaining permanent housing, even beyond when rental assistance is provided. The agency currently has a part-time Workforce Development Coordinator that works directly with participants to help them secure employment. The agency utilizes other grant funds to provide initial transportation for interviews and work schedules, and assists with uniforms and initial supplies depending upon the employment. The agency works with such partners as the Southern Maryland Association of Realtors that help with finding available rental units. When available, it also has a relationship with the Charles County Housing Authority to submit subsidized housing referrals for homeless households. This relationship requires the agency to provide 12 months of case management services, which allows the agency to strengthen the longevity of households who transition to permanent housing.

The agency will not place income restrictions on SSO participants. Persons must go through the coordinated entry process. Households with higher vulnerability scores and chronic homelessness will be prioritized for these services, and especially households with children. Once persons are connected with an available housing program or permanent housing, it is the responsibility of the case managers to properly connect households to other case management services offered in the community to help support the household's sustainability once housed or sheltered.

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.

LifeStyles has a housing first principle throughout its Housing & Homeless Services department. The SSO funding will again have its priority focused on transitioning persons to permanent housing. In the meantime, staff will also work with households currently in a non-funded PSH project that serves domestic violence survivors. The Haven of Hope project is a home purchased with Charles County's support with CDBG funding approximately four years ago. This project currently serves two households, comprised of 7 individuals. The agency has case management services to support these households, oversees the management of the home, and documents a household's progression, i.e., change in income, assistance with connecting to available resources, workforce development services, access to education and childcare resources, etc. The two households are documented as chronically homeless with a disability.

As a result of the training we have received over the years, *LifeStyles* has been able to operate low-barrier programs for almost ten years, from its street outreach services, to shelter components, to now rapid rehousing. Its focus on Housing First has allowed us to assist households regardless of any pre-conceived notions of their "readiness" for housing.

The agency also finds it important to seek advice from persons with lived experience as programs are being developed. They serve in an advisory capacity with the agency, and feedback is also welcomed as part of the process of fine-tuning the services that are offered. The agency also has hired staff that have previous homelessness experience in Southern Maryland that have been key to providing feedback on their experiences and helping us to shape the direction of homeless services.

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?

LifeStyles' Workforce Development Coordinator works with participants and employers and provides employment matching services. The agency has also submitted for funding through the MD Department of Labor, Licensing and Regulation (DLLR) to expand this program across all shelter locations in Southern Maryland due to the best practices that *LifeStyles* has internally seen with this program. The agency has more than twenty employers it has worked with, particularly in Calvert and Charles Counties, and have helped persons both interview and obtain employment that works for the participant and their skill level and availability. It is our desire with additional funding from DLLR to expand this service to help persons increase income through employment during a 90-day period. The focus is on households in shelters due to the priority of transitioning persons from shelters to permanent housing during this timeframe. The agency also refers persons to the Southern Maryland Job Source which provides maintain employment services, and also provide funding for job training through its WIOA funding.

LifeStyles is also a SNAP Outreach provider. All of its case management and street outreach staff are trained and able to assist persons in applying online for public assistance benefits through MD THINK. While the agency provides these services statewide, the case management staff focuses efforts on its client case load to assist persons with initial or recertification applications. Staff participate in monthly calls to get updated on any program changes and relay relevant information to the clients it serves.

The SSO funding will allow case management to work with staff throughout the agency to ensure persons gain access to all available resources.

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.

LifeStyles works directly with each of the McKinney-Vento liaisons throughout Southern Maryland to ensure households with school age children are aware of their rights and educational resources. In *LifeStyles'* shelters, the agency has received tutoring services through the schools for those students. The liaisons work with case management staff to have children enrolled in the McKinney-Vento services in a timely manner, and help to coordinate transportation. *LifeStyles* participates in their McKinney-Vento meetings to provide feedback on available programs and discuss overall challenges with servicing this population. Case managers will work directly with these liaisons to ensure children get immediate access to educational services.

18. NEW PERMANENT SUPPORTIVE HOUSING PROJECTS ONLY:

- a. How does/will your program assess clients for their ability to move-on and exit a permanent supportive housing project and live in community-based housing, with or without an ongoing subsidy?
- b. What partnerships has your agency developed with affordable housing and rental assistance programs to increase access to long term resources?
- c. Describe your strategy for serving those in permanent supportive housing who may need a higher level of care; including those with medically complex situation or those aging in place?

19. NEW RAPID REHOUSING PROJECTS ONLY:

Rapid Re-Housing takes a person-centered and progressive engagement approach to providing assistance, taking into account a households strengths and challenges, and targeting resources to each household's level of need (see [link to overview of progressive engagement](#)).

- a. Describe how the project will determine the amount and duration of the monthly rental subsidy that will be provided to participants.
- b. If a household still enrolled in the project loses income or becomes unable to pay their portion of rent, describe how the project will determine when the rental subsidy will be reinstated or increased to help the household stabilize and avoid eviction.

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:

- a. 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.
- b. 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.
- c. 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.

21. NEW COORDINATED ENTRY SERVICE PROJECTS ONLY: *Eligible activities in this category may include staff dedicated to conducting CES assessments, providing navigation services, securing critical documents, participation in case conference meetings or activities related to developing and implementing the coordinated entry process.*

- a. Describe how the proposed project will contribute towards the coordinated entry system being easily available/reachable for all persons, including those with a disability or limited English proficiency within the CoC's geographic area who are seeking homeless assistance.
- b. Describe how the proposed project will target outreach to homeless persons with the highest barriers within the CoC's geographic area.
- c. Describe how the project will ensure that program participants are directed to appropriate housing and services that fit their needs.

22. NEW SSO – STREET OUTREACH PROJECTS ONLY: *Eligible activities may include staff dedicated to providing street outreach services to unsheltered populations, providing basic case management services, connecting clients to health, benefit and employment related services, delivering basic necessities and food, and operating a drop-in center in conjunction with street outreach.*

- a. Describe the proposed project strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
- b. Describe how the project will ensure that program participants are assisted to obtain and maintain shelter and/or permanent housing in a manner that fits their needs.
- c. Describe the project plan to ensure that program participants will be individually assisted to obtain the benefits of mainstream health, social services, and employment programs for which they are eligible to apply and which meet the needs of the program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).

LifeStyles' SSO grant will provide intensive case management, street outreach, and a drop-in day program for unsheltered homeless household. The agency has been providing similar services for almost 20 years to this population and have expanded resources in the last three years to Calvert County. This

funding will allow further expansion into St. Mary's County and hire intensive case management services that will prioritize homeless households who have a high vulnerability, households with children, and those that have had challenges before in connecting to available housing and services. The agency will continue to use its street outreach model of providing mobile outreach services throughout the week and some weekends to offer immediate services, as well as connecting persons to the coordinated entry process and case management. The drop-in center that's currently operated in Charles County will continue to offer a daily lunch, showers, warming and cooling station, shelter resources, and access to case management services there. *LifeStyles* will utilize the byname to prioritize households that should be connected to the case management services.

Each household will work with the case manager to create an individual development plan that outlines the goals they want to achieve, which will focus on housing if that's what the participant desires. As part of the plan, there will be clear steps of what the case manager will complete and what areas the client will need to do, with support of staff. This includes obtaining mainstream benefits as eligible, increasing income through securing employment as part of working with *LifeStyles*' Workforce Development Coordinator, confirming space for available shelter if desired, or applying for rapid rehousing funds to assist with moving into permanent housing. The plan may also detail connecting with other partner agencies for such services as behavioral health needs, parole and probation connections, credit repair and financial management, educational services for themselves and their children, etc. These services would also be on-site on a scheduled basis at the drop-in center.

Once persons are housed, whether in a temporary shelter or permanent housing, it is the requirement of the SSO case managers to connect persons with additional resources to support their continued progress and self-sufficiency. This includes utilizing other community-based targeted case management providers to provide these services. There would be a case conferencing with involvement from the participant of what they have accomplished to date, and what continued tasks are needed.

Proposal Narratives: NEW DV BONUS PROJECT APPLICATIONS ONLY

New DV Bonus projects (RRH, Joint TH/PH-RRH, and SSO-CE) must serve survivors of domestic violence, 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.

DV.2 DESCRIBE EXAMPLES OF HOW THE APPLICANT 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 policies and practices; and
- e. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

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.

DV.4 DESCRIBE THE PROJECT APPLICANT EXPERIENCE USING TRAUMA-INFORMED, VICTIM-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.

DV.5 DESCRIBE THE PROJECT APPLICANT EXPERIENCE: providing supportive services to domestic violence 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 domestic violence survivors.

DV.6 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.

DV.7 DESCRIBE THE PLAN TO INVOLVE SURVIVORS WITH A RANGE OF LIVED EXPERTISE IN POLICY AND PROGRAM DEVELOPMENT THROUGHOUT THE OPERATION OF THE PROJECT.

Housing First Assessment: ALL PROJECTS

For a homelessness service system to work the most efficiently and effectively, individual programs must embrace a Housing First approach. In addition to the Housing First related questions in e-snaps, the Performance Review Committee may review the following Housing First Assessment in the process of reviewing and scoring applications.

Please check all boxes that apply.

OVERALL

- The term "Housing First" is used to describe the program.
- Policies clearly delineate that the program is operating under "Housing First" principles as defined by the [U.S. Interagency Council on Homelessness](#).

ADMISSION

- Applicants are accepted regardless of their use of substances or compliance with treatment.
- Participation in services is not a condition of program entry.
- Poor credit history, rental history, criminal background, or other "housing readiness" factors will not be barriers to housing assistance.
- Applicants are not required to have income or employment prior to admission.
- Fleeing domestic violence is not a barrier to program access.
- People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy and building and apartment units include special physical features that accommodate disabilities.
- Programs must exhaust all housing options for applicants, and every effort should be made to avoid continuing an applicant's homelessness.

SERVICE DELIVERY

- Engagement and problem-solving are emphasized over therapeutic goals.
- Service plans are tenant-driven without predetermined goals.
- Participation in services is not a condition of permanent supportive housing tenancy.
- Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.

DISCHARGE

- Use of alcohol and drugs in and of itself is not a reason to evict a tenant.
- Tenants' eviction cannot be for failure to follow through with supportive services, participation agreement or a treatment plan.
- Tenants may be evicted from the housing program only for serious program violations defined in written policies that are aligned with HUD prescribed Housing First guidance and/or rental property lease violations.
- Loss of income or failure to improve income is not a reason to terminate services.
- Fleeing domestic violence is not a reason to terminate services.
- Tenant must be informed of actions that could possibly cause termination from housing during intake, at recertification, and at any point of substantive change to the termination policy during

program participation as verified by tenant signing an acknowledgment document to verify receipt of the termination policy.

- Every effort is made to offer a transfer to a tenant from one housing situation to another, if tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.
- To the greatest extent practicable, upon the tenant's exit the service provider will develop and communicate a comprehensive discharge plan for securing or maintaining permanent housing.

Applicant Attestation: ALL PROJECTS

I understand and agree:


Initial

Time is of the essence in all aspects of the Continuum of Care Program, including the application, the RFP and ongoing reporting requirements: our organization will meet all deadlines and work quickly to correct deficiencies, provide requested information, and support the community-wide application process and implementation of the program.


Initial

Corrections, clarification, updates, and supplemental information will be posted to the DHCD website throughout the application process; therefore, our organization will regularly review the content on the webpage <https://www.mdboscoc.org/2022coccompetition>. If you experience technical difficulties, please contact DHCD at boscoc.dhcd@maryland.gov.


Initial

It is our responsibility to ensure that all relevant staff have subscribed to the Balance of State emails. To sign up, [click here](#).


Initial

It is our responsibility to contact DHCD if changes in the contact information for the point of contact for this application are needed.


Initial

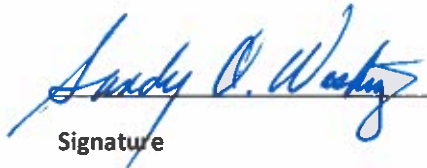
It is our responsibility to ensure that all proposed program participants will be eligible for the program component type selected; that all proposed activities are eligible under 24 CFR part 578; each project narrative is fully responsive to the question being asked and that it meets all of the criteria for that question as required by this NOFO and included in the detailed instructions provided in eSNAPS; the data provided in various parts of the project application are consistent; and, all required attachments correspond to the attachments list in eSNAPS and contain accurate and complete information and are dated between June 30, 2022 and September 30, 2022.


Initial

All applicants will be required to attest to additional federal regulations is eSNAPS as required for a federal grant. Responses will be considered part of the application process.



Authorized Representative Name



Signature



Date