Application Coversheet

Project Information	
Project Name *(please match project name in eSNAPS)*	Horizon Goodwill SSO-CE
Applicant/Recipient Organization Name	Horizon Goodwill Industries
Subrecipient Names(s) *(if applicable)*	
Proposed # of people served annually	550
Proposed # of households served annually	400
Total Funds Requested*	$136,500

**Renewal project requests MAY NOT exceed the amount approved in the 2022 Grant Inventory Worksheet.*

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 calendar year 2023)	January 1, 2023				

Contact Details	
Legal Name of Applicant	Adam Sewell
Mailing Address *(Include City & Zip Code)*	14515 Pennsylvania Ave. Hagerstown, MD 21742
County of Headquarters' Office	Washington
Authorized Representative Information	
Chief Executive - First and Last name	David Shuster
Title	Chief Executive Officer
Email	dshuster@goodwill-hgi.org
Phone number	301-733-7330 ext 1701
Information of person to contact with CoC Application questions	
First, Middle and Last names	Adam Sewell
Email	asewell@goodwill-hgi.org
Cell Phone	240-350-8327
Agency eSNAPS Contact (Authorized user submitting your CoC Project Application in eSNAPS)	
Name	Adam Sewell
Email	asewell@goodwill-hgi.org
Cell Phone	240-350-8327

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: Health Care Navigation, Access to Medical Office at 200 N Prospect St. Hagerstown, MD, Street Outreach with Nurse Practitioner	✓	✓
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:	☐	☐
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.

I. HGI has a strong commitment to wholistically serving those in the community. HGI has shown a history of meeting people where they are no matter their race, age, gender, or sexual orientation. The mission of HGI is to remove barriers and create opportunities for all those in the communities they serve.

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:	☐
N/A	☐

6. SUMMARY BUDGET (CORRESPONDS WITH eSNAPS APPLICATION)

Eligible Costs	Annual Assistance Requested
Leasing	$
Rental Assistance	$
Supportive Services	$ 136,500
Operating Costs	$
HMIS	$
Admin	$
Total Request	$

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

Match Source 1	
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)	Self-funded
Date of Written Commitment	8-31-22
Value of Written Commitment	$42,900
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.

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.

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.

    Housing Policies have been attached.

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
        i. The target populations in both Washington and Allegany Counties are those experiencing homelessness that are most vulnerable. We have a seen a gap in both counties of being able to engage people outside of traditional business hours and traditional locations. Many times, those that are in camps are intentionally out of sight and difficult to find. In Washington County HGI sees a need for staff to work outside of those traditional hours but also be able to coordinate with community partners to find where people are staying and engage them there. In both counties there is a continual need to help coordinate the placement of individuals on the CE which requires completing a vulnerability assessment. Through these projects we expect to engage 550 individuals and 400 families. We will accomplish this goal by being proactive in our street outreach, coordinating with community partners, hosting events targeted at serving those experiencing homelessness and providing resources to those in need.
    b. Indicate if this is an expansion of a current project
        i. In Washington County the addition of outreach staff that will be scheduled to work outside of the traditional Monday-Friday 8a-4p schedule will allow to persons in need of access to the CE to be captured on the streets in the evenings and one weekends. While our current CE system has four (4) walk in locations for CE access on weekdays they are all open traditional business hours Monday-Friday creating a gap in the Washington County CE system. We are seeing an increased need for street outreach to meet the needs of individuals in our community that are both homeless and experiencing substance use disorders.
        ii. In Allegany County there is not an established and agreed upon CE process being used in their local homeless coalition. This project will allow for HGI to serve as the lead in helping the LHC to establish their CE process including initiating shelter coordinators calls bi-monthly. In both counties HGI staff will be mobile with a willingness to travel to where individuals are to complete vulnerability assessment and subsequent appointments to ensure geographic location in not a barrier to accessing services. HGI employees bi-lingual staff that speak Spanish and ASL, we partner with an interpreter service for any language needs outside of these.
    c. Type and number of units (scatter-site or single site; single or multi-family homes, etc.)
    d. Specific services that will be provided

i. HGI will provide individuals supports including housing navigation, securing essential identification documents, connecting individuals to health care professionals as well as health insurance navigators. HGI Case Managers' extensive knowledge of available community resources has proven to be inviable to those we serve. HGI Case Managers will complete a vulnerability assessment with individuals then place those experiencing homelessness on the CE. This quick response will allow individuals accelerated access to supports as many programs require a CE placement.

e. Projected outcomes
   i. We expect to engage a total of 550 individuals and 400 family units.

f. Coordination with partners including but not limited to trainings, resources, and collaborations
   i. HGI has an extensive network of community partners in both Washington and Allegany Counties. HGI partners daily in both counties to provide individual with wrap around wholistic care. HGI participates in the Local Homeless Coalition and bi-weekly shelter coordinators calls in both counties to ensure that resources are being maximized for individuals in need. In Washington County HGI has worked hard to foster a close relationship with local officials and law enforcement to help meet needs as they arise in the community.

g. How the project meets community needs in its service area
   i. Local community leadership in both Washington and Allegany Counties has recently approached HGI about the increased needs they are observing daily. In speaking with local officials and law enforcement there appears to be a substantial gap in both counties in how the most vulnerable individuals experiencing homelessness can connect with resources. In response to those concerns HGI is committed to being a bridge to assist individuals rapidly navigate available resources.

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?
   i. New HGI employees are required to participate in HMIS training in the portal created by Team HMIS prior to accessing the system they are also provided 1:1 training from HGI's Coordinator of Housing Programs to ensure that they have a full understanding of how to navigate the system and capture data in an effective manner before they are able to use the HMIS system independently. HGI employs an Human Services Program administrate assistant who is also HMIS trained this individual monitors HGI data entry weekly to catch potential errors in a timely manner. If this individual identifies need for data entry changes the team is alerted right away to make corrections. The Director of Workforce and Human Services, Administrative Assistant, Coordinator of Housing Services, Housing Navigators, and Youth Outreach Case Mangers participate in a weekly HMIS review meeting. In this meeting participant

progress is discuss, if exits are appropriate, they identified in the meeting along with reason for discharge. We will incorporate the new outreach staff and housing navigation/CE staff proposed in this proposal into the same training and data quality process as the one outlined above.

b. For Non-HMIS participating agencies (Victim Service Providers), describe how you will ensure timely and accurate data quality using a comparable database?

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?
    1. Yes, HGI agrees to the Coordinated Entry goals established in section 13 A.i of this document.
    ii. All clients who enter the homeless services system will be assessed for the Coordinated Entry System
    iii. 100% of CoC funded housing providers will participate in the Coordinated Entry System
    iv. 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?
    i. In Washington County MD HGI currently participates in the coordinated entry process and serves as a coordinated entry location for homeless individuals in our community. We are participated in bi-monthly shelter coordinators meetings as well. HGI's Chief Mission Officer was part of the team to develop a Coordinated Entry process training that she facilitates regularly for community partners to ensure continuity in scoring of vulnerability assessment. In Washington County the addition of Street Outreach staff will allow for rapid access to the coordinate entry process and by name list, in the current model in Washington County we have four(4) coordinated entry locations, however, they are not mobile meaning that individuals will only be added to the list if they walk-in to one of the organizations and identify as homeless. With the lack of year round shelter and rise in substance use in our community we are seeing an increased need to meet individuals where they are to access services and coordinated entry.
    ii. In Allegany County there is not an established coordinated entry process or by name meeting cadence. HGI will use the expertise we have gained through development of the process in Washington County to build a system in Allegany County that mirrors the one in Washington County. HGI staff with support from Chief Mission Officer and Director of Workforce and Human Services programs will partner wit the Allegany County COC Lead to bring together community coordinated entry stakeholders to explain the expectation of use of this system as a Local Homeless Coalition, discuss best way to roll out the CE process in Allegany County, establish agreed upon by name list meeting cadence, and schedule coordinate entry training dates for all providers to ensure continuity in scoring of vulnerability assessments. HGI will serve as a coordinated entry location and provide street outreach for coordinated entry in Allegany County. HGI's Allegany County staff will run hold bi-monthly shelter coordinators meetings with coordinated entry stakeholders to ensure that the most

vulnerable individuals on the list are prioritized for placement. HGI staff will also manage notes from by name meetings for tracking of community organization action plans.

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
        i. HGI staff in Washington County are active participants in shelter coordinators meetings identifying most appropriate housing opportunities for individuals served by the organization. HGI's Chief Mission Officer and Director of Workforce and Human Services programs will support them implementation of strong coordinated entry process in Allegany County to path individuals to permanent housing. In both counties Housing navigation staff work 1:1 with individuals seeking permanent housing to complete applications for housing programs (including rapid rehousing) supporting participants with collecting all information needed to submit complete applications and serve as liaison with community partners to aid participants in the housing process. Housing navigators also serve as advocates with landlords for the individuals they serve.
    b. Ensure program participants do not return to homelessness
        i. Beyond supporting individuals with navigating the process to secure permanent housing, housing navigators provide in-home case management services to individuals that become housed. This includes budgeting to ensure monthly bill responsibilities are addressed, coaching on how to maintain a household, and activities of daily living. Housing Navigators provide referrals to community-based services for individuals who become housed to ensure they have access to mental health and somatic care.
    c. Ensure jobs and income growth for homeless persons in CoC-program funded projects
        i. In addition to the housing navigation, street outreach, and coordinated entry services provided by HGI to individuals experiencing homelessness HGI is a workforce development organization. We employ a full staff of workforce development case managers; these staff work 1:1 with individuals to identity their employment goals and current barriers to employment. Individuals create a individual development plan with each individual served identifying employment and education goals. HGI manages a paid work training program giving individuals served the opportunity to gain real life work experience in one of HGI's business units (logistics, warehousing, retail, or commercial custodial services) these positions are paid at a competitive wage and give participants opportunity to earn while they learn. HGI's paid work training program serves as a working interview for many program participants and at times as mechanism for individuals to learn what type of work is not appealing to them. HGI also partners with community education partners to path participants to technical training programs to upskill them not only to increase chance of securing

competitive employment, but also to path them toward positions that pay a living wage and present opportunity to access health care benefits.

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.
        i. HGI has successfully operated both a Young Adult and Adult shelter in Washington County. Both shelters were based on a Housing First modeling that prioritized low-barrier entry. Nearly half of the Young Adults and Adults that HGI has sheltered were able to secure permanent housing while working with HGI staff. HGI's low barrier shelter has helped to connect those experiencing homelessness to needs rapidly by placing them in available beds. There are no sobriety, treatment, or service participations requirements of participants upon entry as HGI is committed to providing care that meets people where they are. Participants will complete an individual housing barrier and goal plan with HGI staff. This plan serves as road map for HGI staff and participant to meet their housing goals. Participants that are captured on the CE list will go directly onto the county by name list, these lists will be reviewed at bi-monthly shelter coordinators meetings. At these meeting PSH Vacancies, COC Vacancies, RRH workflow, public housing options, and potential landlords for participants are discussed. Housing options identified for each participant are presented to them as options allowing for them to make decision of which option ay be a best fit. HGI housing navigators aid participants in pursue their desired housing options.

16. **INCOME AND MAINSTREAM BENEFITS:**
    a. How will your program work with mainstream employment organizations to help individuals and families increase their cash income?
        i. HGI has in house workforce development program individuals served though street outreach, housing navigation, and coordinated entry and referred to workforce development programs when they identify a readiness to pursue employment. Workforce Development staff provide participants a wide variety of supports to secure employment including; Get Onboard! a 50 job readiness training program, resume writing, interview practice, digital literacy, financial literacy, sector certification programs (forklift, heavy equipment operator, and OSHA certification), 90 days of paid work training with an HGI business unit, application assistance, placement in competitive employment, and retention service. HGI outreach, housing navigation, and workforce development staff

serve as an interdisciplinary team to provide comprehensive services to individuals experiencing homelessness and those that secure permanent housing.

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?
    i. HGI's interdisciplinary teams meet bi-monthly the purpose of these meetings is to team clients and to ensure regular communication with staff regarding benefits thresholds and procedures to access mainstream benefits. We invite community partners like The Social Security Administration and the Department of Socials Services to these to train our staff on eligibility to receive benefits form each entity. Each year when affordable housing guidelines are released these are reviewed with the team as well. HGI is currently participating in a pilot project with the Federal Reserve to develop a benefits cliff tool to inform eligibility thresholds for individuals receiving mainstream benefits who become employed. All too often we see individuals served facing the difficult decision of employment vs. mainstream benefits as a result of low-income thresholds for eligibility. HGI is also partnering with Maryland Physician's Care (the MCO for Medicaid in three (3) Western Counties of Maryland) to develop pilot the Pathways to Employment program recruiting unemployed Medicaid recipients into living wage positions at Meritus Medical Center. In this project HGI will provide education and wrap around services to identified employees for their first 6 months of employment, and they will be allowed to keep Medicaid benefit while revieing this training. At the completion of training and a successful 6 months of employment with the hospital, Meritus will pay employee tuition to the local community college to purse training in medical field. At the completion of the initial co-hort of 10 has started their potions, HGI and MPC will be proposing to replicate this program with UPMC in Allegany County. HGI is at the forefront of innovative workforce development initiatives meant to meet our participants where they are and create paths out of poverty.

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.
    i. Through the creation of individual development plans HGI staff identify educational goals with participants. Based on their desire to pursue education and/or technical training HGI staff work with them 1:1 to gain access to desired educational opportunity. HGI has strong relationships with local technical training programs, Allegany College of Maryland, Hagerstown, Community College, University System of Maryland Hagerstown, and the Western Maryland Consortium. HGI is a partner in the EARN grant with the local community colleges and works closely with the workforce divisions to path interested participants to sector training programs. HGI staff support participants in working with financial aid departments at the colleges to ensure that they are

able to access all resources available to them to offset cost of training/education.

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.

i. In Washington County the addition of outreach staff that will be scheduled to work outside of the traditional Monday-Friday 8a-4p schedule will allow to persons in need of access to the CE to be captured on the streets in the evenings and one weekends. While our current CE system has four (4) walk in locations for CE access on weekdays they are all open traditional business hours Monday-Friday creating a gap in the Washington County CE system. We are seeing an increased need for street outreach to meet the needs of individuals in our community that are both homeless and experiencing substance use disorders. In Allegany County there is not an established and agreed upon CE process being used in their local homeless coalition. This project will allow for HGI to serve as the lead in helping the LHC to establish their CE process including initiating shelter coordinators calls bi-monthly. In both counties HGI staff will be mobile with a willingness to travel to where individuals are to complete vulnerability assessment and subsequent appointments to ensure geographic location in not a barrier to accessing services. HGI employees bi-lingual staff that speak Spanish and ASL, we partner with an interpreter service for any language needs outside of these.

b. Describe how the proposed project will target outreach to homeless persons with the highest barriers within the CoC's geographic area.

i. In both Washington and Allegany Counties HGI staff trained in the stages of change and motivational interviewing this gives them the foundation to build relationships with individuals with high barriers in Washington and Allegany Counites. HGI staff work closely with our police departments to identify high need participants and respond to locations where there has been an identified need. HGI staff recognize the need to work with these participants to build trust which might include sitting under a bridge or in the woods with them complete vulnerability assessments and/or to have future appointments. HGI does expect participants to fit into a traditional service model and works with participants to craft housing plan that is reflective of their individual desires.

c. Describe how the project will ensure that program participants are directed to appropriate housing and services that fit their needs.

i. Participants will complete an individual housing barrier and goal plan with HGI staff. This plan serves as road map for HGI staff and participant to meet their housing goals. Participants that are captured on the CE list will go directly onto the county by name list, these lists will be reviewed at bi-monthly shelter coordinators meetings. At these meeting PSH Vacancies, COC Vacancies, RRH workflow, public housing options, and potential landlords for participants are

discussed. Housing options identified for each participant are presented to them as options allowing for them to make decision of which option ay be a best fit. HGI housing navigators aid participants in pursue their desired housing options.

22. NEW SSO – STREET OUTREACH PROJECTS ONLY: *Eligible actives 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.

i. In Washington County we see an increased need for routine outreach services to the homeless population that are experiencing mental health and/or substance use concerns. These individuals are not engaging in behavior that rises to the need to a crisis hospitalization or arrest, however, they are vulnerable on the streets. Due to their illness they struggle to follow through with services struggling to make progress toward meeting their basic needs. HGI has partnered with Meritus Medical Center to establish a walk in medical clinic at 200 N Prospect St, this clinic employees a nurse practitioner and licensed social worker. These clinical staff will be part of the street outreach team with the two (2) outreach staff proposed in this project. The Nurse Practitioner and HGI's Chief Mission Officer has begun engaging in street outreach 1x per week, engaging the homeless population in conversations about their somatic and mental health care. This work will continue with the new outreach team, while we will not be able to provide actual medical/mental health care on the street we believe that brining these clinicians out to where the participants are and building a relationship with them will path them into the clinic for primary care. Outreach staff will have the ability to be completely mobile allowing them to provide service where the participants are rather than expecting them to come to an office. Outreach staff will work Wednesday-Sunday 11a-7p to have availability into the evening and on the weekends.

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.

i. Participants served by the outreach team will entered onto the CE after initial meeting. Outreach staff develop relationships with community based shelters and advocate for emergency placements when appropriate. Outreach staff will pair participants with and HGI housing navigator who also will be mobile to aid them in securing shelter and pathing toward permanent housing. Outreach staff will be part of the interdisciplinary team at HGI serving multiple needs of participants across programs at the organization. They will also participate in the bi-monthly shelter coordinators meetings. In addition to supporting participants to secure emergency shelter and permanent housing , outreach staff will aid participants that are ready to enter substance abuse treatment in

secure a bed in a treatment facility. And provide follow along services while they receive treatment.

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).
    i. HGI's Outreach staff will be trained in the process of aiding participants in the application process for mainstream benefits and will serve as conduit to complete and follow up on these applications. HGI's homeless services programs are one facet of a multi-pronged approach to serving participants in our community. Our team provide, outreach, housing navigation, case management, health care, and workforce development services to all individuals that are interested. As participant in the outreach program beings to identify desire to engage in additional community-based services such as employment HGI staff will refer them to the provider of their choice, if they choose to work with HGI's workforce development program, they will be assigned a Workforce Case manager who joins their treatment team. HGI staff has strong relationships with Head Start and our school systems to aid participants that are parenting in enrolling children in the age-appropriate services. In HGI's medical office (the Health HUB) health care navigators are present to support patients that are not insured with gaining health insurance.

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 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.

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 THROUGOUT 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:

AS 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.

AS 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.

AS Initial — It is our responsibility to ensure that all relevant staff have subscribed to the Balance of State emails. To sign up, click here.

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

AS 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.

AS 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.

Adam Sewell		8/31/22
Authorized Representative Name	**Signature**	**Date**