

## Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

## 1A. Continuum of Care (CoC) Identification

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1A-1 CoC Name and Number:** ME-500 - Maine Balance of State CoC

**1A-2 Collaborative Applicant Name:** Maine State Housing Authority

**1A-3 CoC Designation:** CA

## 1B. Continuum of Care (CoC) Operations

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1B-1 How often does the CoC conduct meetings of the full CoC membership?** Monthly

**1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation?** Monthly

**1B-3 Does the CoC include membership of a homeless or formerly homeless person?** Yes

**1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership?** Organizational employee, Community Advocate  
Select all that apply.

### 1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	No
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	No
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

## 1C. Continuum of Care (CoC) Committees

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.**

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Steering Committee	The MCOC Steering Committee is made up of the 3 Chairs of MCOC, at least 1 chair from each standing committee, Chair of the Statewide Homeless Council, & at least 1 representative each from DHHS & MaineHousing. Steering keeps track of policy issues & conducts an annual review of Governance to ensure consistency with the State Plan to End & Prevent Homelessness & full compliance with HUD. Steering facilitates collection & integration of information & materials provided by other committees for inclusion in the CoC Application. Whenever possible, these are presented to the full group at regular meetings for discussion & approval. If time does not permit, the larger group may authorize Steering to complete the Application on behalf of MCOC.	Bi-Monthly	Maine DHHS, MaineHousing, City of Bangor, York County Shelter, Shaw House, PCHC Hope House, Kennebec Behavioral Health, Shalom House, Frannie Peabody Center, New Beginnings, Bread of Life, Opportunity Housing Inc., Community Housing of Maine

1C-1.2	Project Committee	The Project Committee oversees the process & methodology used to monitor Renewal Projects that receive funding through MCOC. It evaluates their program performance & offers appropriate referrals to training or technical assistance. The Project Committee also establishes the criteria used to score & rank New Projects seeking funding through MCOC. This Committee works closely with other committees to determine appropriate criteria for the Scoring Templates for New Projects based on priorities established by MCOC & HUD, and establishes a list of protocols & a set of instructions to be provided to the Selection Committee – a group with no financial stake in any of the applications, recruited specifically to review, Score & Rank Applications.	Monthly	Maine DHHS, MaineHousing, City of Bangor, York County Shelter, Shaw House, PCHC Hope House, Kennebec Behavioral Health, Shalom House, Frannie Peabody Center, New Beginnings, Bread of Life, Opportunity Housing Inc., Community Housing of Maine
1C-1.3	Data Committee	The Data Committee works with the MaineHousing HMIS Team to improve data collection & analysis techniques; to improve reporting on this data to better inform members & the general public regarding homelessness in Maine; works with other MCOC Committees to ensure they have the information they require to make informed decisions; organizes the annual Point-in-Time count & Housing Inventory Chart survey, coordinating these efforts with the Portland CoC to ensure statewide coverage & consistency. The information collected is used to help determine Unmet Need & identify Gaps in Housing & Services that must be addressed. This Committee has developed an ongoing Data Quality Monitoring process to improve HMIS reporting & accountability.	Monthly	Stepping Stones, City of Bangor, Shalom House, MaineHousing, Penobscot Community Health Center, Sweetser, Bangor Area Homeless Shelter
1C-1.4	Resource Committee	The MCOC Resource Committee collects, organizes & shares information to educate MCOC members & the general public on issues of homelessness & availability & access to mainstream & other resources; Works to recruit & orient new members to MCOC & its Committees & involve the broader public including businesses, landlords, law enforcement, educators, citizens, faith based groups & persons who are or were homeless in MCOC planning activities; Plans & implements training opportunities for members agencies; Assists in resource development strategies to access new funding sources & improve connections with other agencies & organization; Engages with the community & supports local initiatives to reduce & end homelessness throughout the MCOC area.	Monthly	Maine DHHS, MaineHousing, New Beginnings, Bread of Life Ministries, Homeless Services of Aroostook County, Family Violence Project, Community Health and Counseling Services, Mid-Maine Homeless Shelter

1C-1.5	Statewide Homeless Council	The Statewide Homeless Council (SHC) provides leadership in the development & enactment of Maine's Plan to End & Prevent Homelessness & its members represent agencies, populations (DV, Youth, Veterans) & regions from across the state, including members of MCOC & Portland CoC & homeless and formerly homeless. The Council acts as an advisory committee to the Governor, the Legislature, MaineHousing, & other State Agencies. The SHC addresses discharge planning, disaster planning & other issues on a statewide level. Overlapping membership with MCOC ensures ongoing communication & coordination of our mutual efforts. The Governor appoints the Chair of the SHC & the current Chair is a long time member of MCOC & a member of our Steering Committee	Monthly	York County Shelter, Community Housing of Maine, Kennebec Behavioral Health, Maine Department of Health and Human Services, Penobscot County Health Care, Opportunity Alliance, Emmaus House, Preble Street, MaineHousing, Maine Department of Corrections
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**1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups. (limit 750 characters)**

All meetings of the MCOC are open to the public. MCOC has open membership for all individuals and organizations within the service area that have an interest in and subscribe to the mission and policies of MCOC and who will contribute to MCOC's ability to carry out its mission: to plan and coordinate an inclusive system that helps Maine people avoid or exit quickly from homelessness, and to address the underlying causes of homelessness we well as helping to implement Maine's Plan to Prevent and End Homelessness. MCOC participates in planning activities with Regional Homeless Councils, Portland CoC, and other local groups, alliances and coalitions.

## **1D. Continuum of Care (CoC) Project Review, Ranking, and Selection**

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.  
(limit 750 characters)**

For Renewal Applicants the Project committee reviews Monitoring Questionnaires, APRs, HMIS participation & data quality reports to determine if each project meets minimum thresholds to be recommended for inclusion in the CoC application. This information is then summarized & used for Renewal Project Scoring & Ranking based on templates & protocols developed by the Project Committee. The process & results are approved by the full membership. The Scoring & Ranking of New Project applications is conducted by an unbiased Selection Committee recruited specifically for this purpose who review all New Project Applications & Presentations using Scoring Templates & protocols developed by the Project Committee & approved by the full membership.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.  
(limit 1000 characters)**

?????

**1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.  
(limit 750 characters)**

Because the MCoC did not reallocate projects this year, there was no funding available for new projects so there was no solicitation. In past years, the MCOOC offers a "Bidder's Conference" to provide information regarding the application process and other HUD requirements for all interested parties to attend. Existing members are available to meet with potential new applicants and/or Continuum participants to provide technical assistance regarding funding, the development process, match requirements, Continuum of Care processes and participation. All new project applicants are provided with the results of their project scoring, compared to the average scores of all other applications, broken out by categories such as Capacity, Experience, Budget, and HMIS Data Quality (if applicable).

**1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.** 01/17/2014

**1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?**

**1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?** Yes

**1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)**

**1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months?** No



**1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.  
(limit 750 characters)**

## 1E. Continuum of Care (CoC) Housing Inventory

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes  
the HDX by April 30, 2013?**

## **2A. Homeless Management Information System (HMIS) Implementation**

### **Intructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

### **2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)**

The Maine HMIS Advisory Group comprised of members of both MCoC and the Portland CoC, has been working with the HMIS Lead Agency and has developed a final draft of the Joint Governance Charter of Maine CoC and Portland CoC. The final agreement includes all procedures and policies regarding HMIS requirements, privacy, security, and data quality plan; and a code of conduct and recusal process. Additionally, to ensure compliance with HMIS 2010 Data Standards while governance is being finalized, the MCoC's Data Committee actively monitors the data quality of all CHO's within the CoC, and provides technical assistance to providers who do not meet standards.

### **2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? No** If yes, a copy must be attached.

### **2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)**

The HMIS Lead Agency has developed comprehensive Privacy, Security, and Data Quality Plans that conform with the current HUD standards and has drafted revised plans in anticipation of the promulgation of the final HMIS rule. Drafts have been delivered to both CoCs, and will be implemented upon execution of the Joint Governance Charter.

### **2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? ServicePoint** Applicant will enter the HMIS software name (e.g., ABC Software).

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

**2A-6 Does the CoC plan to change the HMIS software within the next 18 months?** No

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

**2B-1 Select the HMIS implementation coverage area:**      Statewide

**2B-2 Select the CoC(s) covered by the HMIS: (select all that apply)**      ME-502 - Portland CoC, ME-500 - Maine Balance of State CoC

**2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

### 2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$322,326
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$322,326</b>

### 2B-3.2 Funding Type: Other Federal

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

### 2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$86,222
<b>State and Local - Total Amount</b>	<b>\$86,222</b>

**2B-3.4 Funding Type: Private**

Funding Source	Funding
Individual	\$0
Organization	\$0
<b>Private - Total Amount</b>	<b>\$0</b>

**2B-3.5 Funding Type: Other**

Funding Source	Funding
Participation Fees	\$7,500
<b>Other - Total Amount</b>	<b>\$7,500</b>

<b>2B-3.6 Total Budget for Operating Year</b>	<b>\$416,048</b>
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**2B-4 How was the HMIS Lead selected by the CoC?** Agency was Appointed

**2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead. (limit 750 characters)**

N/A

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

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:**

* Emergency shelter	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

**2C-2 How often does the CoC review or assess its HMIS bed coverage?** Annually

**2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)**

N/A

**2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)**

N/A

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

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".**

Type of Housing	Average Length of Time in Housing
Emergency Shelter	69
Transitional Housing	20
Safe Haven	0
Permanent Supportive Housing	46
Rapid Re-housing	0

**2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.**

Universal Data Element	Percentage
Name	0%
Social security number	3%
Date of birth	1%
Ethnicity	1%
Race	0%
Gender	0%
Veteran status	0%
Disabling condition	4%
Residence prior to program entry	6%
Zip Code of last permanent address	5%
Housing status	1%
Head of household	1%

**2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)**



All HUD required reports are generated from the HMIS data, including the APR, CAPER, AHAR, PATH, PIT, SSVF export, and the HIC.

**2D-4 How frequently does the CoC review the data quality in the HMIS of program level data?** Monthly

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.  
(Limit 1000 characters)**

The HMIS Lead has created a series of data completeness and quality "report cards" that grades each CHO within the CoC, including ESG funded programs. These reports are automatically delivered on a monthly basis to the chairs of the CoC data committee and reviewed by the committee as a whole. When data quality issues arise, members of the committee are charged with reaching out to the local agencies to provide technical assistance in conjunction with the HMIS lead to resolve the issues.

**2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data?** Monthly

## 2E. Homeless Management Information System (HMIS) Data Usage and Coordination

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

### 2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Annually
* Using data for program management	Annually
* Integration of HMIS data with data from mainstream resources	Annually
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Never

## **2F. Homeless Management Information System (HMIS) Policies and Procedures**

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached.** Yes

**2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)**

This information can be found on pages 15 and 16.

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

## 2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):** 01/30/2013

**2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD?** Not Applicable

**2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX:** 04/30/2013

**2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:**

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	5%	25%	70%
Transitional Housing	0%	3%	36%	61%
Safe Havens	0%	0%	0%	0%

**2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)**

While the number of people in Emergency Shelters did increase slightly in 2013 compared to 2012 (up by 32 people), the most significant reason for the increase in the overall Sheltered Count was the number of people in Transitional Housing, which was up by 375 people in 2013 compared to 2012. Two state supported voucher based Transitional Housing programs significantly increased their capacity between the 2012 and 2013 PIT counts. Maine State Housing Authority STEP (Stability Through Engagement Program) went from 55 beds in 2012 to 317 beds in 2013, an increase of 260 beds, and Maine DHHS BRAP (Bridging Rental Assistance Program) went from 485 beds in 2012 to 583 beds in 2013, an increase of 98 beds.

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

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**\* 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2H-2 If other, provide a detailed description.  
(limit 750 characters)**

**2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.  
(limit 750 characters)**

PIT homeless population data comes from one of two sources: 1) HMIS or 2) paper surveys for non-HMIS-participating agencies, including VAWA providers. The HMIS Lead Agency combines de-identified client data from both HMIS and non-HMIS sources in a data warehouse. The warehouse uses a unique identifier for each client, which is created using data elements common to both HMIS and the paper survey process, in order to calculate unduplicated counts across programs. The methods were selected through discussion and meetings between the HMIS Lead and the Data Committees of both CoCs in Maine.

## 2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**\* 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input type="checkbox"/>
Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2I-2 If other, provide a detailed description.  
(limit 750 characters)**

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.  
(limit 750 characters)**

Individual surveys collect detailed data on those clients willing to be interviewed. The surveys collect all of the HMIS UDEs as well as the HMIS Program-Specific disability questions that constitute the HUD specified subpopulations for the PIT. All programs with access to HMIS enter the Individual Survey data into HMIS. VAWA providers and other non-participating providers securely transmit their data to the HMIS Lead Agency and all of the data (both HMIS and non-HMIS) is de-identified and loaded into a PIT reporting warehouse, which calculates unduplicated subpopulation counts across programs based on a derived unique key. The warehouse then breaks down the counts by sheltered/unsheltered status for each population and sub-population count.

## 2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**\* 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2J-2 If other, provide a detailed description.  
(limit 750 characters)**

**2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.  
(limit 750 characters)**

Written instructions and training are made available in person and through online videos detailing how to fill out and submit forms for non- HMIS providers, as well as how to enter data collected via survey into HMIS for HMIS providers. Reminders prior to the PIT ensure all providers are aware of trainings and information needed to complete the survey. Reminders after the PIT ensure data is submitted in a timely manner, and for data validation. A certification form is required from each program submitting data, certifying the completeness and quality of the program's data. De-identified HMIS data is transferred to a PIT reporting warehouse, where it is deduplicated as previously described, which incorporates non-HMIS de-duplication techniques for VAWA providers.

## 2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2K-1 Indicate the date of the most recent unsheltered point-in-time count:** 01/30/2013

**2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD?** Not Applicable

**2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX:** 04/30/2013

**2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)**

MCOC has historically relied upon Emergency Shelters to organize local PIT Outreach efforts, but even these were primarily in 'Service Center' Communities. The York County chapter of the Maine Military and Community Network (MMCN) conducted PIT Outreach in rural parts of York Count and other MMCN chapters adopted the process for the 2013 PIT. As a result, PIT Outreach was conducted in rural areas of 4 additional counties. This resulted in an increased number of Unsheltered persons being reported, MCOC feels it is a far more accurate picture of homelessness in our rural state because these efforts are finding people who would not have been counted before.



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

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**\* 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2L-2 If other, provide a detailed description. (limit 750 characters)**

**2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)**

Paper survey forms were distributed to the local groups who wished to participate. On that form was the homeless status question, and trainings were provided prior to the night of the count in order to ensure that the data that was returned was an accurate reflection of who was literally homeless the night of the PIT. The forms were returned to the HMIS lead, a provider created to capture the data, and the forms were reviewed and input into HMIS, excluding respondents who identified as being unstably housed or at risk of losing their housing.

## **2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage**

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count:** A Combination of Locations

**2M-2 If other, provide a detailed description. (limit 750 characters)**

N/A

## 2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**\* 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2N-2 If other, provide a detailed description.  
(limit 750 characters)**

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.  
(limit 750 characters)**

Local groups concerned with the issues of homelessness mobilized in multiple communities to map out known locations where unsheltered homeless persons were known to stay. They were assigned specific quadrants of their community and teams of two "blitzed" the area. Survey forms that included identifying information sufficient to generate a unique ID were distributed to these groups and they were trained on how to deliver the survey by staff at the Collaborative Applicant. The forms were then input into the HMIS for de-duplication with the sheltered count.

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

### Objective 1: Increase Progress Towards Ending Chronic Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.**

#### 3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		646	646	646
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	93	49	56	56
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		161	161	161
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		75%	100%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	0	0

**3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.  
(limit 1000 characters)**

+7 BEDS FROM CITY OF BANGOR  
CHOM??? FROM HOMELESS RFP  
KBH- Awa checking w/Donna

**3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.  
(limit 1000 characters)**

In 2014 the City of Bangor HHS will DESIGNATE 7 CH beds under its S+C projects.

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

### Objective 2: Increase Housing Stability

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.**

**3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013?** Yes

#### 3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	1042		
3A-2.2b Enter the total number of participants that remain in CoC-funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	953		
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	92%	93%	93%

**3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)**

DHHS & CITY OF BANGOR WILL CHECK THEIR S+C NUMBERS AND PROPOSE NUMBERS FOR 2014 & 2015. GOAL IS TO STAY AT 92% IN 2014 & 2015. WILL WRAP SERVICES AROUND THEM. BANGOR S+c WILL FOCUS MORE ON LONG TERM STAYERS

**3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)**

CITY OF BANGOR

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

#### Objective 3: Increase project participants income

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

**3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:** 1379

#### 3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	4%	5%	5%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	18%	50%	60%

**3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.**

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	135	9.79 %
Unemployment Insurance	12	0.87 %
SSI	363	26.32 %



SSDI	252	18.27	%
Veteran's disability	9	0.65	%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	92	6.67	%
General Assistance	36	2.61	%
Retirement (Social Security)	5	0.36	%
Veteran's pension	9	0.65	%
Pension from former job	4	0.29	%
Child support	35	2.54	%
Alimony (Spousal support)	6	0.44	%
Other Source	17	1.23	%
No sources	789	57.22	%

**3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)**

DOING MORE INTERIM REVIEWS???? THE DATA COMMITTEE WILL PROVIDE TRAINING ON APRs, HMIS AND INTERIM REVIEWS. CURRENT #S REFLECT THE COLA BEING PART OF INCREASED INCOME. BOWMAN WILL BE COMING TO ME TO TRAIN MCOC & PCOC PARTICIPANTS  
 ADD'L ANALYSIS OF EXITER DATA- SEND TO AWA. MCOC NEEDS TO REQUIRE ATTENDANCE @ TRAINING FOR ALL PROJECTS. ADD Q TO MONITORING & RENEWAL APPS RE: ATTENDANCE AT ALL MCOC TRAININGS. NEED SYSTEMS CHANGE BASED ON DATA & SYSTEMS ANALYSIS. CLOUDBURST SYSTEMS MAPPING.

**3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)**

ANALYZE WHO'S WORKING, WHERE, WHAT SORT OF JOBS? LOOK AT PROGRAM EXITER DATA. IDENTIFY BUSINESSES THAT WOULD SUPPORT DISABLED WORKERS. USE INFO FROM CAREER CENTERS UNEMPLOYMENT INITIATIVES GRANT. CONNECTING TO CLUBHOUSES, GOODWILL INDUSTRIES. LOOK AT COC-FUNDED PROJECTS THAT ARE DOING THIS WELL- JOINT PROJECT OF RESOURCE & DATA COMMITTEE.

**3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)**

MCOE RESOURCES COMMITTEE & DATA COMMITTEE

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

**Objective 4: Increase the number of participants obtaining mainstream benefits**

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

**3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 1385**

**3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits**

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	95%	95%	95%

**3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.**

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	1075	77.62 %
MEDICAID health insurance	980	70.76 %
MEDICARE health insurance	237	17.11 %
State children's health insurance	0	%
WIC	33	2.38 %

VA medical services	17	1.23	%
TANF child care services	2	0.14	%
TANF transportation services	1	0.07	%
Other TANF-funded services	7	0.51	%
Temporary rental assistance	2	0.14	%
Section 8, public housing, rental assistance	32	2.31	%
Other Source	73	5.27	%
No sources	73	5.27	%

**3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)**

ADD HTS  
PATH  
SOAR PROJECT (TRAINING OF CASE MANAGERS)  
S+C ASSESSING MR @ ANNUAL PROGRAM REVIEW - CHECK-IN WITH CLIENTS.  
ENSURE CLIENTS KNOW TO CALL CASE MANAGERS WHEN THEY LOSE BENEFITS

**3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)**

MCOE Resource Committee  
All MCOE-funded projects  
Maine DHHS funds both SOAR and PATH  
MaineHousing funds Home-to-Stay

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

#### Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

#### 3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	0	0	0
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0		

**3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)**

PLANNING TO REALLOCATE IN 2014 ALL NON-DV, YOUTH, & VETERAN SPECIFIC TH. USING ESG FUNDING FOR NAVIGATOR. STEP IS FUNDED BY FEDHOME. PAULA WILL GET DATA FROM HCV ON BREAKDOWN BETWEEN FAMILIES AND SINGLES.

**3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)**

MAINEHOUSING  
HTS GRANTEES- JOE WILL GET ME THIS

**3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)**

MCOC currently has no written policies and procedures for RRH but will develop them for 2015. NO RRH FUNDED FROM ANY SOURCE? WHAT ABOUT HOME TO STAY? COULD YOU SAY THAT YOU RELY ON MAINEHOUSING'S POLICIES AND PROCEDURES? HTS PROGRAM GUIDE.

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)**

MCOC currently has no RRH- FUNDED FROM ANY SOURCE? WHAT ABOUT HOME TO STAY? USE HTS

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)**

MCOC has no policy- will develop for 2015- MCOC currently has no RRH- FUNDED FROM ANY SOURCE? USE HOME TO STAY? USE PCOC RESPONSE

## **3B. Continuum of Care (CoC) Discharge Planning: Foster Care**

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

### **3B-1.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?**

#### **3B-1.1a If other, please explain. (limit 750 characters)**

A working group of homeless youth providers has submitted a new draft Policy on Homeless Youth to Maine DHHS/OCFS that states, in part: "OCFS believes youth under the age of 18 years old should not live on their own, or be without responsible adults to care for them unless they have become legally emancipated (15 MRS 3506-A (2001)). When a youth in state's custody becomes homeless, OCFS has a responsibility to end the youth's homelessness and locate a place for the youth to live. Sometimes youth may choose not to reside in OCFS approved homes or locations. OCFS has a responsibility to continue to work with the youth and pursue placement options in a diligent and focused manner." OCS is expected to approve this policy in 2014.

#### **3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)**

Maine DHHS administers foster care in Maine. Maine DHHS contracts with nonprofit youth service providers statewide to help youth & families develop healthy transition plans that help youth obtain TH, PH, PSH, or remain in care until they finish their education. Providers actively monitor whether teens are discharged from foster care to the streets or shelters, & advocate with Maine DHHS for improved policies and resources. Placements include friends, family, relatives; state-funded residential treatment; market rate apartments; boarding homes; BRAP; Section 515 rental units, LIHTC-funded projects, HOPWA-funded housing, local- or state-funded residential recovery or transitional housing, group homes, halfway houses; Shalom House; TH funded by Maine DHHS or federal RRH; Sect. 8 HCV & other mainstream resources; those requiring ongoing support are transitioned to Adult Services (case management). Youth can remain with their foster parents past age 18 to complete their education.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)**

STATE/LOCAL GOVTS: Maine DHHS- OCFS; MaineHousing; Cities of Bangor, Lewiston, Auburn

NON-PROFIT AGENCIES: Kennebec Behavioral Health, New Beginnings, Shaw House, Rumford Group Homes, Opportunity Alliance, SMART, Kidspeace, Catholic Charities, Step-up, Community Health & Counseling, Community Care, Families & Children Together, Aroostook Mental Health Center, & Spurwink

PRIVATE ORGANIZATIONS: Maine Children's Alliance, Homeless Youth Provider Network, The Moving Forward Policy Advisory Group

COC COMMITTEE: MCOC Resource Committee



## 3B. Continuum of Care (CoC) Discharge Planning: Health Care

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

### 3B-2.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?

#### 3B-2.1a If other, please explain. (limit 750 characters)

Hospital Discharge Planning Guidelines have been developed by the Statewide Homeless Council (SHC) (whose membership includes Maine COC & Portland COC) & Maine hospitals re: discharge of homeless patients. In December 2013 the Maine Hospital Association's Mental Health Council recommended approval of the guidelines by the Maine Hospital Assn. Board (MHA). Full MHA endorsement is expected in 2014.

#### 3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

Maine DHHS funds case managers who assist with discharge planning & transition to the community. The Guidelines instruct hospitals to begin the discharge planning process on admission. Patients are to be discharged with appropriate clothing & with a plan for accessing required medications/supplies. Each Maine hospital or community discharge location must designate a management team member to oversee ongoing compliance with the Guidelines. MCOC members also monitor discharges to shelters from hospitals and follow up with hospitals if this should occur. Placement options include family, residential treatment facilities, market rate apartments, boarding homes, and other federal-, state- or locally-funded housing options (such as Section 515 rental units, LIHTC-funded projects, HOPWA-funded housing, local- or state-funded residential recovery or transitional housing, group homes, and/or halfway houses). Individuals needing higher levels of medical care may be placed in PNMI facilities.

#### 3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

STATE AND LOCAL GOVERNMENTS: Maine DHHS, City of Bangor Social Services

NON-PROFIT AGENCIES: York County Shelters, Community Health & Counseling Services, Bangor Area Homeless Shelter, Mid-Maine Homeless Shelter

PRIVATE ORGANIZATIONS: Maine Hospital Association, Eastern Maine Medical Center, PCHC, MaineHealth, Central Maine Medical Center, Saint Mary's, Southern Maine Medical Center, Northern Maine Medical Center, and Maine's 19 Federally Qualified Health Centers located all over the state. Families & friends.

COC COMMITTEE: Ad hoc Discharge Committee of the Statewide Homeless Council

## **3B. Continuum of Care (CoC) Discharge Planning: Mental Health**

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3B-3.1 Is the discharge policy in place** State Mandated Policy  
**mandated by the State, the CoC, or other?**

**3B-3.1a If other, please explain.**  
**(limit 750 characters)**

N/A

**3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.**  
**(limit 1000 characters)**

Maine DHHS funds ICMs who assist with discharge planning for patients with SPMI. The Guidelines instruct hospitals to begin the discharge planning process on admission, working with appropriate providers. MCOC members monitor discharges to shelters from hospitals and follow up with hospitals if this should occur. The Statewide Homeless Council is leading an effort to create a Medicaid Waiver for long term homeless individuals that will improve care options. Placement options include family, residential treatment facilities, market rate apartments, boarding homes, and other federal-, state- or locally-funded housing options (such as Section 515 rental units, LIHTC-funded projects, HOPWA-funded housing, local- or state-funded residential recovery or transitional housing, group homes, and/or halfway houses). Individuals needing higher levels of medical care may be placed in PNMI facilities.

**3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.**  
**(limit 1000 characters)**

STATE AND LOCAL GOVERNMENTS: Maine DHHS, MaineHousing, Riverview, Dorothea Dix  
NON-PROFIT AGENCIES: Kennebec Behavioral Health, Volunteers of America, York County Shelters, CHOM, CHCS, Shalom, Sweetser, Aroostook Mental Health Services, Common Ties; Spring Harbor Hospital; NAMI Maine; Maine Disability Rights Center; Maine Human Rights Commission. Members of the Maine DHHS Adult Mental Health PNMI Stakeholder Group include: MAMHS; Opportunity Housing, Inc.; Behavioral Health Collaborative; Shalom House Inc.; York County Shelters; Consumer Council of Maine; Daniel Wathen, Court Master; Disability Rights Center of Maine; and Maine Mental Health Partners.  
PRIVATE ORGANIZATIONS: Families, friends- ANY FOUNDATIONS- UNITED WAYS?  
COC COMMITTEE: MCOC Resources Committee, Statewide Homeless Council

## **3B. Continuum of Care (CoC) Discharge Planning: Corrections**

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3B-4.1 Is the discharge policy in place mandated by the State, the CoC, or other?** CoC Adopted Policy

**3B-4.1a If other, please explain. (limit 750 characters)**

The Statewide Homeless Council & MCOC do not support any policy that releases inmates to shelters. No specific DOC policy exists to prevent release of offenders to shelters. However, Maine DOC's goal is not to release to shelters. To achieve this, DOC's policy is to begin pre-release planning 45 days before release (County jails begin at 90 days). MCOC providers work collaboratively with prison staff on pre-release planning, including finding community housing & supportive services (when needed) for inmates following release.

**3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)**

Maine DHHS funds Intensive Case Managers (ICMs) at the county jails, who help with pre-release planning for inmates with mental health issues. Community-based nonprofit providers participate in pre-release planning & work with offenders following release to support housing retention & reintegration. Most offenders are released to families and friends. They may also be released to market rate apartments, boarding homes, and other federal-, state or locally-funded housing options (such as Section 515 rental units, LIHTC projects, HOPWA, or local- or state-funded residential recovery or transitional housing, group homes, and/or halfway houses). DOC operates 3 pre-release programs; 2 for men & 1 for women. A county-run program in the mid-coast accepts state inmates as well. These programs require that inmates who have jobs pay room & board, pay restitution, & save money to help pay rental security deposits when released.

**3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)**

STATE/LOCAL GOV'T: Maine DOC and Maine DHHS; Greater Portland Re-Entry Council; Maine Drug Court; Veterans' Affairs- Togus  
NONPROFITS: Volunteers of America NNE; NAMI; York County Shelters; Bangor Area Homeless Shelter; City of Portland Oxford Street Shelter; Homeless Services of Aroostook; Preble Street Resource Center; H.O.M.E. Inc - Hospitality House; Bread of Life Ministries; Kilun Kikin Emergency Shelter  
PRIVATE: Families and friends.  
MCOC COMMITTEES: Resources; Steering

## 3C. Continuum of Care (CoC) Coordination

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness?** No

### 3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

The State of Maine Consolidated Plan-Action Plan for 2010 to 2014 includes the entire 2011 MBOS CoC Exhibit 1 application as an appendix. SEND TO AWA In 2014 MCOC will work to ensure that the following MCOC strategic plan goals are included in the Con Plans of the 5 jurisdictions (many being updated in the coming year):

1. Increase permanent supportive housing beds dedicated or available to chronically homeless
2. Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80% or more.
3. Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20% or more.
4. Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.
5. Increase use of Rapid Re-Housing to reduce family homelessness

### 3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

MaineHousing is the ESG administrator for Maine outside Portland and is also the MCOC Collaborative Applicant, which facilitates coordination with MCOC. MCOC members participate in MaineHousing's ad hoc Committee on Shelter Funding to help develop shelter funding policies and priorities. This committee met 2 times in FY 12 and 3 times in FY 13 to review and discuss shelter funding policies. OTHER WAYS THAT THE COC CONSULTS WITH MH ON ESG? ESG FUNDING BROUGHT BEFORE MCOC PROJECT COMMITTEE- REVIEW -

MaineHousing and MCOC will utilize the planning grant awarded under the 2012 CoC to develop a monitoring, evaluation, & reporting policy and process for ESG subrecipients. This work will be coordinated with the Portland CoC.

**3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)**

MAINE DHHS HOMELESS YOUTH GRANT OUT OUT TO BID FOR SHELTER & OUTREACH. DHHS WRAPAROUND HELPS TO PREVENT HOMELESS- In 2012 & 2013 no MaineHousing (MH) ESG funds were used for homelessness prevention.

MH ESG funds used for RRH: 2012- 43% & 2013- 32%.

MH awarded ESG funds to nonprofit homeless services providers statewide to provide RRH activities under Home to Stay (HTS). HTS links ESG funds with STEP (HOME-funded short term TBRA) and Housing Choice Vouchers (HCV). HTS transforms the shelter system to a rapid response system that provides housing stability services to homeless individuals & families. The decision to allocate funds for RRH resulted from a high priority need to move people out of shelters quickly due to increasing shelter usage & homelessness. Funds were awarded through a competitive RFP process.

**3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)**

HOMELESS PLANNING WEBSITE. DHHS & MH HAVE LINKS TO OTHER HOUSING/ADVOCACY RESOURCES. ALSO BRAP. SHAW HOUSE HAD A TENANT ED PROGRAM- FOCUSED ON LEASE, HOUSING RETENTION. PTLA HELPS CLIENTS NEGOTIATE WITH LL- EVICTION COURT. COLLABORATING WITH 211 IN THE COORDINATED ASSESSMENT. In 2013 MCOC received TA from Cloudburst to map services statewide, preliminary work for creating a coordinated assessment. MCOC & the Portland CoC will continue working on this in 2014, funded by the 2012 CoC Planning Grant- ADD 211. ADVOCATING AGAINST STATE FUNDING CUTS PATH funding can serve at-risk individuals and families with unmet mental illness or co-occurring disorders to prevent homelessness. SSVF provides some outreach & case management to at-risk veterans' families statewide

MH funds Pine Tree Legal Assistance to help prevent evictions in larger cities  
Maine DHHS uses some BRAP (TBRA) for homelessness prevention

FH barriers from jurisdictions' Als include need for landlord/tenant education around FH laws, disability (rights to reasonable accommodation), & racial & cultural barriers.

MH is ESG grantee & MCOC Collab Applicant; ESG subrecipients are members of MCOC, facilitating coordination.

**3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)**



HOPWA: HOPWA grantee Housing Coordinator is co-chair of MCOC, works with PCOC, SHC, RHCs & works w/shelters to house eligible clients  
TANF: MAINE DHHS IS AN ACTIVE MCOC MEMBER- ADMINISTERS TANF  
RHYA: MCOC members receive grants under Basic Center, Maternity Group Home,  
Transitional Living & Street Outreach Programs  
HEAD START: HOMELESS PRIORITIZES HOMELESS, VLI  
PHILANTHROPIC: Aspen Institute supports planning for youth transitions. AmeriCorps funding for homeless vets (CITY OF Bangor).  
OTHER: PATH (federal/state)- outreach & engagement to homeless. BRAP (state)- TBRA. Maine DHHS - street outreach, shelter, & TH for youth. MH allocates \$1 million/year in HOME funds to the STEP program, a RRH-style program that provides short term TBRA & supports for up to 24 months. Strong working relationship with VA. Statewide Homeless Council holds meeting around the state to improve input. LAA SYSTEM- ALLL ARE COC MEMBERS

**3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)**

ANY OTHER PHA-SPECIFIC OUTREACH???

MaineHousing is the state PHA & the MCOC Collaborative Applicant. Its homeless preferences include DV, vets, & homeless. Provides HCV set-aside for Home to Stay, a RRH program, & administers VASH vouchers. Housing authorities in Bangor & South Portland have homeless preferences. Auburn HA has a preference for involuntarily displaced, including DV victims. The Brunswick, South Portland, & Westbrook PHAs have dedicated HCV to CH. Waterville HA allocated funds to be used with STEP vouchers in Home to Stay. ELLSWORTH HA PLANNING TO DO THIS IN 2014- DUE TO OUTREACH FROM MCOC MEMBERS

**3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)**

THIS SURVEY WAS COMPLETE OVER 18 MTHS AGO. WHAT IS THE PLAN FOR REVIEWING BARRIERS AND REMOVING THEM WHERE POSSIBLE OR FINDING ALTERNATIVES?

With TA from Cloudburst, Maine's 2 CoCs completed a statewide assessment of shelter barriers in Spring of 2012. Cloudburst is providing ongoing TA to help Portland and Maine COC members to complete system planning; mapping the shelter system and determining gaps and needs. Cloudburst is also assessing HMIS & ServicePoint to identify ways to improve the system. This information will support finalizing the Coordinated Assessment system. WILL BECOME PART OF MONITORING SYSTEM FOR SHELTERS 7 COC FUNDED PROJECTS- 2012 PLANNING GRANT WILL HELP THIS

**3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)**

IT LOOKS TO ME THAT THERE ARE 1,359 PSH BEDS IN THE MCOC THAT ARE MCKINNEY FUNDED- IS THAT THE RIGHT BASELINE? OF THESE, WHAT % USES HF?  
MCOC has embraced the Housing First (HF) approach. 100% of Maine DHHS S+C projects use HF, and Bangor S+C does also.

**3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)**

The 2012 COC planning grant (not yet executed) was intended to help develop the coordinated assessment (CA). MCOC has taken some initial steps, however. MCOC is working with Cloudburst on performance measurement, and on mapping the shelter system [WHY ARE THESE PRECONDITIONS FOR DEVELOPING THE COORD ASSESSMENT?]. We have begun coordinating with Portland COC which is further along in developing a CA. Have also begun piloting (in Portland and Bangor) data sharing across programs within HMIS. Completing and adopting the coordinated assessment is high priority work for 2014.

**3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)**

MCOC's Resource Committee held 2 Fair Housing trainings in 2012 to teach affirmative marketing, landlord/tenant laws. PATH providers outreach to hospitals, police depts. & other locations where homeless people may be found. MCOC providers post information in their offices in different languages, and use interpreters when needed. All providers offer TTY options for hearing impaired. MaineHousing has shelter information on its website that is translated into 12 languages. The statewide 2-1-1 number is promoted to faith-based entities, providers, area agencies on aging, & town offices in different languages. MaineCare reimburses medical services providers for interpreting services. Communication technology is provided for those with visual & hearing impairments. Local housing authorities are required to reach out to protected classes. Shelters are accessible to people with mobility impairments. PAULA WILL EMAIL AFFIRMATIVE MARKETING POLICY. MH SEARCH.ORG- 60+ LANGUAGES, SEARCHABLE FOR ACCESSIBILITY

**3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)**

ADD ESG TO THIS????TALK TO IAURIE- PRIOR TO MERGER, MBOS & GPCOC HAD THIS POLICY NEED TO VOTE ON FOR MCOC requires COC-funded programs to provide homeless unaccompanied youth, & homeless parents or guardians of school-age children, with the NCHE poster describing children's rights to attend school, & the help available to get them enrolled or transported. Parents must sign a form in which the names & ages of school-aged children are listed, & indicates they have received the poster & have either accepted or rejected help in contacting the school Homeless Liaison (HL). Homeless providers employ case managers who help families/youth connect with the HL & work out logistics of school enrollment/attendance/transportation. Performance on this is tracked during ESG monitoring. HMIS also has a required data element for families with children, and unaccompanied youth, if they have been connected to the HL. ADDING MORE

**3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)**

FROM 2012 RESPONSE: MCOC requires that CoC- and ESG-funded homeless service providers have on hand the forms & informational flyers needed to inform families with children, and unaccompanied youth, of their rights under the McKinney-Vento Educational Assurances Act. Case Managers facilitate contact with their local Homeless Liaison. Performance on this is tracked during ESG monitoring. "Keeping Maine Kids Connected" has organized quarterly meetings for school liaisons and homeless providers in order to improve communication and coordination. MCOC members attend these meetings. The statewide coordinator of the school HL attends MCOC meetings 1-2 times annually to talk about the process for enrolling homeless children in school. SEE NOTES

**3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)**

THE MCOC WILL REACH OUT TO ESG & COC-FUNDED PROJECTS RE: THIS POLICY CHANGE. COC WILL WORK WITH SHC TO DEVELOP A PLAN FOR HOW TO INFORM SHELTERS AND SUPPORT THEIR CHANGES IN POLICY, AND TO MONITOR THEM. NEEDS TO BE INCORPORATED INTO HOMELESS RULE AND THE WAY SHELTERS ARE FUNDED.

**3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)**

Home to Stay (HTS) requires 12 months of follow-up after program exit. HTS serves individuals & families. HMIS is used to monitor grantee performance on coordinating and collaborating with state/local agencies to ensure clients obtain housing, mainstream resources, employment & health services, and to track whether clients experience repeat homelessness. Navigators prevent repeat episodes by developing & monitoring a long-term housing plan with the client, meeting at least monthly- usually more often- with the client; providing renter education (i.e., rights, responsibilities, cleanliness); landlord mediation; credit & budget counseling. MCOC's work on data sharing through HMIS will facilitate this tracking.

Consumers exiting Frannie Peabody assistance (HOPWA) retain their case managers for follow-up as they move on to other housing.

**3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?** No

**3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 1000 characters)**

**3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition?** No

**3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)**

## **3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals**

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).**

**3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)**

Copies of the Opening Doors document were provided to the Statewide Homeless Council (SHC) committee members that worked to update Maine's Plan to End and Prevent Homelessness in 2011. The two plans are highly complementary in terms of goals and strategies. The SHC has produced a 1-page matrix that shows specifically how the Maine Plan aligns with the 4 strategic goals and themes of Opening Doors, including 1) Finish the job of ending CH in 5 years; 2) Prevent and end homelessness among Veterans in 5 years 3) Prevent and end homelessness for families, youth, and children in 10 years; & 4) Set a path to ending all types of homelessness. The Maine Plan explicitly addresses the needs of Single Adults and Families; DV Victims; and Unaccompanied Youth. Each of these categories has 4 goals that relate to the Opening Doors goals. MaineHousing, MCOC Collab Applicant and Maine's ESG Administrator, has worked with shelter operators and the SHC to align ESG funding with Maine's Plan.

**3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)**

REALLOCATING \$ TO RRH.  
PATH REACHES OUT TO HOMELESS FAMILIES. PATH GRANTEES USE THEIR OUTREACH STAFF TO FIND UNSHELTERED- ALSO 211, POLICE, STATE POLICE. GA OFFICES, TANF, HEAD START  
HTS- MARKETED THROUGH MH WEBSITE, RENTAL GUIDE, SHELTER PROVIDERS- THEY DO LOCAL OUTREACH. COORDINATED ASSESSMENT WILL HELP STREAMLINE INTAKE & ACCESS TO RESOURCES

**3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.  
(limit 1000 characters)**

MCEDV WEBSITE- LISTS . STATE HAS STEPPED UP VIGILANCE AROUND DV. MELODY FITCH FROM FAMILY VIOLENCE IS A MEMBER

**3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.  
(limit 1000 characters)**

RESPONSE SHOULD INCLUDE A DESCRIPTION OF SERVICES AND HOUSING FROM ALL FUNDING SOURCES THAT ARE AVAILABLE WITHIN THE COC TO ADDRESS HOMELESSNESS FOR THIS SUBPOPULATION. INDICATE WHETHER OR NOT THE RESOURCES ARE AVAILABLE FOR ALL YOUTH OR ARE SPECIFIC TO YOUTH BETWEEN THE AGES OF 16-17 OR 18-24. ASK MIKE MOODY & PAULA. HAVE A MCOC FUNDED PROJECT - OUTREACH- SHAW HOUSE . HOMELESS YOUTH PROVIDERS

**3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.  
(limit 750 characters)**

LOOK AT PATH GUIDE- PEER NAVIGATORS, & OUTREACH cm.

**3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.  
(limit 1000 characters)**

FOCUS ON SERVING THE DISHONORABLY D/Cd. CHOM- GRANT PER DIEM IN YORK CTY. VOA IN SACO. VA TAUGUS IS VERY ACTIVE W/ BOL SHWELTER- 12 DESIGNATED BEDS. VA SUMMIT GROUP TO ADDRESS THESE ISSUES- QUARTERLY MEETINGS. CHOM HAS HOUSING FOR HOMELESS VETS.

VA Maine-HUD VASH staff participates in the MCOC meetings, local homeless coalitions, & Statewide Homeless Council. It also works closely with SSVF grantee Preble Street Resource Center. These programs build on strategies established

by HPRP. A VA Social Service Representative does outreach to the Oxford Street Shelter and the Preble Street Resource Center. While these are in Portland, homeless vets from other areas of the state sometimes do migrate to Portland & need help transitioning back to their home communities. The VA staffperson engages homeless Veterans, helps them establish eligibility for VA Health care & HUD VASH, and obtain referrals for other Mainstream Resources. VA Maine also has a contract with Bread of Life in Augusta for Emergency Housing Contract Beds that provides immediate TH for homeless Veterans and refers eligible Veterans to the HUD VASH program.

### 3E. Reallocation

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?** No

**3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?**

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.  
(limit 1000 characters)**

WILL HAPPEN NEXT YEAR FOR 2015.  
PRIORITIZING USE OF PSH BEDS FOR CH  
FAMILY NUMBERS ARE GOING UP. ON TRACK TO ENDING CH

**3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?** Yes



## 4A. Continuum of Care (CoC) Project Performance

### Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

#### **4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)**

The Maine CoC monitors the CoC funded projects APR's annually as part of the NOFA Application by project monitoring committee.

#### **4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)**

Currently the CoC does not monitor for performance measures. However, MaineHousing monitors ESG funded projects for Hearth Act performance measures including recidivism and length of stay.

#### **4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)**

The Maine CoC currently does not assist projects with capacity however, the CoC evaluates projects for threshold and provides training and assistance to help them meet threshold.

#### **4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless? (limit 1000 characters)**

The Stateside Homeless Council has an initiative to address the long term stayers in shelters of over 180 days and is working collaboratively with the Maine Department of Health and Human Services and MaineHousing. MaineHousing has implemented the Home To Stay Program, which is an ESG funded initiative to help provide rapid rehousing to individuals and families in shelters across the state.

Chet can you help with this?

#### **4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography? (limit 1000 characters)**

The CoC does not have an initiative on this, however, MaineHousing monitors ESG funded projects for performance measures including recidivism and length of stay and as the HMIS lead, MaineHousing is developing tools to monitor for these performance measures for the CoC.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?  
(limit 1000 characters)**

???

## **4B. Section 3 Employment Policy**

### **Instructions**

\*\*\* TBD \*\*\*\*

**4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No**

**4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons?  
(limit 1000 characters)**

**4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions?**

**4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:**

## 4C. Accessing Mainstream Resources

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff?**

**4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:**

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	
* Homeless assistance providers use a single application form for four or more mainstream programs.	0%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	95%

**4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually?** No

**4C-3.1 If yes, indicate the most recent training date:**

**4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)**

The State of Maine is not participating in the Medicaid expansion, but the Statewide Homeless Council has an initiative for a Medicaid waiver.

Cullen???

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?  
(limit 1000 characters)**

???

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes		
CoC Governance Agreement	No	--	01/22/2014
CoC-HMIS Governance Agreement	No		
CoC Rating and Review Document	No		
CoCs Process for Making Cuts	No	--	01/22/2014
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes	--	01/22/2014
FY2013 Rank (from Project Listing)	No	--	01/22/2014
Other	No	--	01/22/2014
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No		

## **Attachment Details**

**Document Description:**

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## Submission Summary

Page	Last Updated
<b>1A. Identification</b>	No Input Required
<b>1B. CoC Operations</b>	01/22/2014
<b>1C. Committees</b>	01/22/2014
<b>1D. Project Review</b>	01/22/2014
<b>1E. Housing Inventory</b>	01/22/2014
<b>2A. HMIS Implementation</b>	01/22/2014
<b>2B. HMIS Funding Sources</b>	01/22/2014
<b>2C. HMIS Beds</b>	01/22/2014
<b>2D. HMIS Data Quality</b>	01/22/2014
<b>2E. HMIS Data Usage</b>	01/22/2014
<b>2F. HMIS Policies and Procedures</b>	01/22/2014
<b>2G. Sheltered PIT</b>	01/22/2014
<b>2H. Sheltered Data - Methods</b>	01/22/2014
<b>2I. Sheltered Data - Collection</b>	01/22/2014
<b>2J. Sheltered Data - Quality</b>	01/22/2014
<b>2K. Unsheltered PIT</b>	01/22/2014
<b>2L. Unsheltered Data - Methods</b>	01/22/2014
<b>2M. Unsheltered Data - Coverage</b>	01/22/2014
<b>2N. Unsheltered Data - Quality</b>	01/22/2014
<b>Objective 1</b>	01/22/2014
<b>Objective 2</b>	Please Complete
<b>Objective 3</b>	01/22/2014
<b>Objective 4</b>	01/22/2014
<b>Objective 5</b>	Please Complete
<b>3B. CoC Discharge Planning: Foster Care</b>	01/22/2014
<b>3B. CoC Discharge Planning: Health Care</b>	01/22/2014

<b>3B. CoC Discharge Planning: Mental Health</b>	01/22/2014
<b>3B. CoC Discharge Planning: Corrections</b>	01/22/2014
<b>3C. CoC Coordination</b>	01/22/2014
<b>3D. Strategic Plan Goals</b>	01/22/2014
<b>3E. Reallocation</b>	Please Complete
<b>4A. Project Performance</b>	01/22/2014
<b>4B. Employment Policy</b>	Please Complete
<b>4C. Resources</b>	Please Complete
<b>Attachments</b>	Please Complete
<b>Submission Summary</b>	No Input Required