

Project Title: Maine Youth Homelessness Demonstration Program

Applicant Name: Preble Street, 38 Preble Street, Portland, ME 04101

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Participation: Maine YHDP is requesting consideration for a rural YHDP community

Geographic Area: Maine Balance of State Continuum of Care, entire area

Total Community Population: 245,739 (ages 10-24, based on 2015 US Census data)

Leadership Capacity

The Maine Balance of State Continuum of Care (MCoC) has worked on several initiatives that required systemic planning and implementation, including the development of a statewide comprehensive coordinated intake process, a statewide data driven focus on individuals with long shelter stays, and a count of unstably housed and homeless youth. Coordinated entry was developed by the two Maine CoCs (Portland and Balance of State) sharing a common Board of Directors, who led the effort to ensure that the proposed model provided a solid base for screening and referral with various populations, in both urban and rural areas. This effort is currently being piloted in Penobscot County and is on target to be reviewed, refined, and implemented statewide in the next year.

The CoC has developed a Veteran’s Committee making progress toward reaching “functional zero” in the State. This committee, chaired by a member of the CoC Board of Directors, includes all the key partners, e.g. the VA, SSVF providers, shelters, VASH staff, and housing developers. A smaller team of leading veteran-focused organizations has formed to address key strategies, such as the “By Name List” and specific systems challenges. This team holds frequent meetings, reports progress toward goals, and raises issues to the full Veteran Committee and CoC as appropriate.

The Long Term Stayer Project is a coordinated effort between shelters, homeless outreach providers, and Rental Assistance programs (i.e. subsidies, like BRAP and Shelter Plus Care) to prioritize housing and services for individuals who have had more than 180 days in a homeless shelter over a one year span. This project brought together the State Department of Health and Human Services, HMIS participants, homeless shelters, housing developers, mental health and substance use disorder providers, landlords, and local government, and has reduced the number of chronically homeless individuals in shelters and on the streets or other places not meant for habitation. Interagency teams meet regularly and the CoCs review progress monthly.

Finally, a Homeless Youth Provider sub-committee has been the vehicle for recent efforts to count and assess the needs of runaway and homeless youth in Maine. With external funding, this committee coordinated a Youth Count in 7 rural counties, with county specific efforts coordinated by participating organizations.

YHDP Lead Agency

The Lead Agency for the Maine Youth Homelessness Demonstration Program (YHDP) will be Preble Street, the state's largest nonprofit provider of homeless services to youth and adults, and a leader in statewide planning for both populations. Driven by its mission, for over 40 years Preble Street has continuously responded to urgent and emergent social problems by meeting basic needs, developing and implementing solutions to problems, and advocating for policies and programs that eliminate the root causes of homelessness and hunger. In recent years Preble Street has developed a capacity for research, evaluation, and a statewide commitment to improve services for homeless youth. As a leader in the CoC and Statewide Homeless Council, Preble Street has worked closely with key partners, and will be coordinating closely with Maine State Housing Authority, the Collaborative Applicant and HMIS Lead Agency, as well as statewide homeless youth providers to ensure the YHDP is successful.

Jon Bradley, DSW, LCSW, Preble Street Associate Director, will lead the YHDP. Dr. Bradley has worked in the field of homelessness for more than four decades and is a leader in systems planning and program development for homeless youth. Dr. Bradley has led innovation and program planning at Preble Street for over 17 years, including statewide efforts. As a longtime co-chair of the Portland CoC and member of the Joint CoC Board of the combined Maine CoCs, he has the experience and authority to lead the YHDP.

Preble Street will hire a full time YHDP Program Director to coordinate statewide planning and activities for the YHDP. This management position will be supervised by Dr. Bradley and maintain responsibility to the CoC, its sub-committees, and partners for meeting key goals.

Preble Street has consistently provided leadership in efforts to end youth homelessness, in Maine and nationally. Its low-barrier drop-in center and shelter programs for homeless and runaway youth have served as models for both harm reduction and trauma informed care, and Preble Street Teen Services staff and leadership have presented on US Interagency Council on Homelessness (USICH) webinars, provided consultation to other youth providers, and presented workshops on program strategies and clinical skills at national symposiums and conferences. In 2008, Preble Street led the drafting and informed efforts to pass the Maine Runaway and Homeless Youth Act; and in 2015, Preble Street led the Maine Youth Count, which became a national model as the first count focused on a rural state. The results and recommendations of this count have been included in testimony to the USICH, and workshops in national meetings including National Alliance to End Homelessness (NAEH) Conference; National Housing First conference, Federal RHYA Grantee Conference; and the True Colors 40 to None Summit.

These results reflect Preble Street's commitment to evaluation and assessment and its longtime partnership with the University of New England, located in Portland, Maine.

Preble Street First Place transition-in-place program provides permanent housing to

chronically homeless youth, and the model was presented in USICH sponsored webinars as an example of Housing Without Limits, the NAEH Conference, the national Housing First Partners Conference, and the RHYA Grantee Conference. Recently, Preble Street, in partnership with other youth organizations, was awarded federal funds to create of the Maine Transitional Living Collaborative, a youth-centered housing continuum to meet the complex needs of homeless LGBTQ youth that expands and refines the First Place program throughout Southern Maine.

CoC Structure

The Maine CoC has successfully used a committee structure, with no full-time staffing, to tackle homelessness in this geographically large and mostly rural state. The committee structure has utilized everyone's expertise and distributed work to the 32 individuals and organizations that are CoC members. Current committees include: Steering, Data, Scoring Template, Selection, Resource, Project, Youth, and Veterans. The Veteran's Committee exemplifies a successful structure for meeting the needs of a specific population, and the CoC has been able to decrease veteran homelessness dramatically by coordinating SSVF, Long Term Stayers, VASH, and other resources to approach the target of functional zero. The Homeless Youth Committee, with 20 members, has been key to improving counts and assessing the needs of youth, especially in rural areas with no RHYA funded programs.

With HUD YHDP resources we will advance our planning and implement strategies to create a continuum of care for youth in Maine and provide national leadership in addressing youth homelessness. Building on the existing CoC structure, we will form a planning team to lead the effort (see attachment - Org Chart). This team will have 8-10 regular members, including youth programs (both RHYA and non-RHYA funded), representatives from the Maine Department of Health and Human Services (DHHS) Office for Child and Family Services (OCFS), Maine Department of Corrections, Maine Department of Education, University of New England (research

and evaluation), and members of the Youth Advisory Group. The planning team will be chaired by Chris Bicknell the executive director of New Beginnings, a RYHA homeless youth provider with programs in both urban and rural Maine. He will also lead the CoC Youth Committee and serve on the CoC Board of Directors.

The CoC Youth Committee will provide monthly input and guidance to the Planning Team and review recommendations. This committee consists of youth provider staff at varying levels, state agencies, and members of the Youth Advisory Board, who together will review specific progress and recommendations to be referred to full CoC for input and final approval.

The to-be-hired YHDP Program Director will be responsible for organizing and supporting the planning team, and ensuring that work is documented and shared with the CoC and partners. Job responsibilities will also include coordinating and planning for technical assistance provided by HUD, exploring evidence based and informed practices, and monitoring data collection. Evaluation and data analysis will be vital, as will consistent communication across regions and agencies for local and area community organizing efforts. The Program Director, working with the evaluation consultant, will also be responsible for collecting HMIS data and data from other sources to develop strategies and to track outcomes.

Youth Participation

In developing this application, the CoC will combine and integrate existing youth empowerment and leadership efforts across Maine. RHYA providers have long championed positive youth development by including youth in programming and decision making and have developed leaders who testify before the legislature and lead workshops. Efforts to understand and assess youth's needs have included statewide surveys of rural youth, focus groups on the issues and causes of rural homelessness, feedback from piloted surveys and material, as well as discussions on issues specific to LGBTQ youth populations. Youth have played an important role in the

development of survey instruments, focus group questions and recruiting youth to participate in studies. A recent Kennebec County Count included youth at every stage of planning and in conducting outreach, the count, and surveys of youth.

In recent years, the nationally recognized Youth Leadership Program at the Muskie School of Public Policy at the University of Southern Maine has partnered with Preble Street and New Beginnings to recruit homeless and formerly homeless youth to become part of a statewide leadership model. With the support of the Muskie School and CoC, a Youth Advisory Board (YAB) will participate in the CoC Youth Committee and on the Planning Team, and a youth member will serve as co-chair of the Planning Team. Youth will also participate in the full CoC meetings whenever youth planning is on the agenda.

Engaging Participants

The CoC and its committees consistently invite new members to join, and meetings are open to all. When issues arise, organizations or individuals with related knowledge or experience are invited to offer expertise and perspective on issues related to homelessness or the populations they serve. For example, the CoC reached out to landlords, health providers, crisis programs, mental health and substance use providers, local governments, law enforcement, and schools to help pilot coordinated entry in Penobscot County.

The Youth Committee has always included many youth providers who do not actively participate in the CoC but have concerns about youth, from large nonprofit behavioral health providers, such as Spurwink and Sweetser, to adult shelters in communities without youth services. In recent years, concern about homeless youth in specific communities has resulted in work groups with providers to explore local options; and agencies serving rural communities such as Brunswick, Waterville, and Knox County recently joined the Youth Committee.

Engaging the Community

With 86.6% of its population living in rural areas, Maine is the most rural state in the nation according to U.S. Census. In Maine, relationships develop across state systems and within communities and these relationships ensure participation occurs in local and regional planning efforts and through targeted focus groups or interviews. This statewide approach to developing resources and a continuum of care for youth will rely on local relationships and planning, and local CoC members will seek feedback from their community members and leaders, a process that has effectively identified local and regional challenges for homeless populations. Communication across communities and regions will be supported by email, webinars, teleconferencing and social media. Recent efforts in Rumford and Rockland have demonstrated interest and capacity of local providers to join a planning process in areas that provided insight into the issues and causes of homelessness among rural youth through focus groups and surveys.

Statewide many professional groups have been accessible and willing to join the planning process, especially when there are clear expectations of their participation. Maine Association of Substance Abuse Providers and NAMI Maine are two organizations whose goals often overlap with those of the CoC and who will be enlisted as partners in planning strategies; and previous coordinated efforts with the Maine Principal's Association and Maine Sheriff's Association exemplify the capacity to pull in key statewide stakeholders who can bring resources and expertise to the planning process.

As the CoC coordinated entry is piloted and refined to meet the needs of each population, additional partners will be recruited and trained to ensure that homeless and unstably housed youth are identified at the earliest points. Local schools, faith communities, law enforcement, and recreation programs will all be essential partners. Our understanding of the characteristics of New England's rural communities, as well as our experience with youth counts and community

assessments in Maine demonstrate our capacity to engage entities not currently working on youth homeless issues. Our community connections and previous work identifying homeless youth in rural areas provides a strong foundation from which to expand membership and a robust lead committee and planning team to investigate and recommend viable solutions.

Current Resource Capacity

Please see attachment Current Resource Capacity Chart.

Community Need

Kennebec Behavioral Health, Preble Street, the Muskie School, and New Beginnings have led recent efforts to better understand the number and assess the needs of runaway and homeless youth in Maine, with each agency focusing on specific aspects of the youth population and using distinct methods. In 2012, New Beginnings conducted a survey of homeless youth in street outreach, shelter, and transitional living programs across Maine with all RHYA providers distributing anonymous questionnaires to youth. The results, which were shared throughout the CoC, supported concerns about exploitation and high numbers of LGBTQ youth served by homeless youth providers. And in 2012, an evaluation funded by the Casey Foundation and administered by the Muskie School explored the relationship between youth in foster care and youth residing in shelters across Maine.

In 2015, Preble Street conducted a count of unstably housed youth in seven of Maine's 16 counties, including areas in which there were no youth service providers. Locating youth through community partnerships and outreach with schools, social service organizations, and law enforcement, this count included a survey aimed at better understanding the pathways and resources of unstably housed youth, especially in rural communities.

In 2016, Preble Street, with the University of New England, and supported by the Butler Family Fund and Maine OCFS, followed the 2015 count with a series of focus groups and interviews with rural homeless youth, community leaders, and service providers in two small, but contrasting communities,

Rumford and Rockland. This qualitative approach provided a more complete assessment of youth concerns and experience and of the understanding and recommendations of those hoping to develop a local continuum of care.

In April-May 2016, Kennebec Behavioral Health conducted four focus groups with youth and two with providers to better understand the needs of the population and prepare for the youth count. And in summer 2016, Kennebec County, led by Kennebec Behavioral Health, became one of 22 partner communities nationwide participating in the Voices of Youth Count (VoYC) funded by RHYA and led by Chapin Hall at the University of Chicago. The goal of this project was to create a youth-driven count that could provide critical information about the numbers and characteristics of youth with housing instability and to identify areas for further analysis. Teams and guides led a unique community effort in a county that is largely rural with small cities and no youth shelter. Initial data shows the count identified 43 youth who were homeless or unstably housed during a 24-hour period, most of whom were ages 18-25. Forthcoming information on where youth have stayed, their education and employment level, gender and gender identity, juvenile justice involvement, and other survey data collected will be extremely helpful in continuing to assess the needs of youth in rural Maine.

Youth Homelessness Needs Assessment

The Preble Street 2015 study aimed to gather an accurate count of youth who were unstably housed and to explore daily living and social interactions, utilizing a 45-item survey instrument created for homeless youth count studies in Los Angeles and New York. Two focus groups with homeless youth sought input about the content of the survey and recommendations for best ways to find youth who are unstably housed outside of shelters, and a team of direct service staff, including outreach and shelter workers, from across the state joined a group of sheltered youth to review the survey, which was piloted with youth on two occasions.

For the purpose of the surveys a broad definition of the target population was created, as

many youth do not see themselves as homeless and there is no shelter access in most of Maine, and the primary interest was locating youth who were not with parents or guardians on a specific night in May 2015. The study targeted youth under 21 who qualified for RYHA programs, a limitation dictated by the resources available and the number of adult shelters and providers that serve ages 21-24. Based on specific questions, youth who met the HUD homeless definition were differentiated from others during the analysis, and surveys that did not include lack of stable housing on the specific date were excluded.

The Maine Homeless Youth Provider Group (a Maine CoC committee), representing programs from across the state, reviewed the plans and acted as an advisory group for the process. In the month prior to the count, local schools, law enforcement, and service organizations were contacted to reach homeless liaisons, social workers, and principals.

Seven counties were selected for three primary reasons: 1) they represented a mixture of rural and urban communities; 2) they were highly populated - 58% of the State's population residing within six of the counties; 3) researchers had developed relationships with service providers and shelters, one of whom committed to facilitate the data collection. May 18, 2015 was selected as "the date you were homeless" with data collected May 18-31.

Researchers convened groups of data collectors in each county and conducted training on survey implementation, how to approach youth who may be unstably housed, and strategies for approaching and coordinating with key informants, e.g. school homeless liaisons, local law enforcement, and local branches of OCFS, Maine's child welfare agency. Combinations of social service professionals, students, and other volunteers in each county were selected to collect the data. Several organizations chose to use existing outreach staff to conduct the survey while others elected to hire new temporary staff to focus on the count. Interviews included youth in Transitional Programs and in correctional facilities, as well as youth who were hospitalized but had been

homeless on the night of the count.

To access youth who were unstably housed, a snowball sampling technique utilized media, including newspaper and radio interviews, local posters, contacts developed by a research assistant, and connections made through volunteers and data collectors in each county. School districts served as the focus for initial data collection and were contacted through email and flyers in advance. Data collectors were able to expand their reach from schools and youth referred in schools to other areas as the process unfolded. As the data collection progressed, collectors also met with youth in other areas of the local community, e.g. public places, parks, and stores.

Data was further segmented in the analysis by urban and rural communities. For the purpose of this study, “urban” was identified as Portland and Lewiston and “rural” was considered all other communities. Urban areas, Portland and Lewiston, are the cities where youth shelters and drop-in centers exist. Of 264 youth counted, 105 met HUD criteria, 127 were couch surfing or staying in a temporary setting, and 33 were in transitional living programs. This count found the number of homeless youth in the seven selected counties to be double that of the 2015 PIT count, which identified only 51 youth under 24 statewide.

Key findings focused on the differences between youth found in rural communities and those surveyed in Lewiston and Portland. Youth in rural areas had shorter homeless episodes; were less likely to have been in foster care, juvenile justice or mental health systems; were more likely to be in school, in contact with family, and most important, wanted to stay where they were. Youth counted in urban areas, one third of who came from rural communities, had longer histories of homelessness; were more likely to have been involved in child welfare and juvenile justice systems; and were likely to be estranged from parents or guardians, seeking help with independent living. These results reinforced concerns about the importance of permanent connections and the lack of supports and resources that exist in rural communities contributing to the migration of youth from

these areas to the few shelters and services that exist. The need for youth and family services including early identification, safe emergency shelter options, and family reunification support were clear.

Focus groups in two rural communities that act as their area service centers, both with populations under 7,000, confirmed that most youth want to stay close to family and friends, and that the biggest barriers identified were employment, income, and lack of housing options.

Additional interviews with LGBTQ youth were conducted in partnership with Outright, an LGBTQ support organization in Southern Maine, aimed at confirming the initial count findings that this population has to face unique problems. The interviews confirmed that most of LGBTQ youth migrated to Portland because they thought they would find acceptance in a larger, more liberal area. Most of the LGBTQ youth interviewed experienced conflict and rejection with parents or guardians and were more likely to quickly migrate from smaller communities.

2016 PIT Count

The Maine 2016 PIT count changed methodology from a "night-of" count to a service-based count that supplemented shelter numbers, improved the ability to count unsheltered populations, and reached homeless populations in communities without shelters or with limited resources for outreach. This change reflected learning from the Maine Youth Count about how long it takes to find unaccompanied youth. The relatively short time for outreach (3 days) and limited communication with school districts and coordination with the State Department of Education impacted the count's accuracy. Early planning for the 2017 PIT Count with youth providers and the CoC should result in a substantially better count, especially in rural areas.

On the night of January 27, 2016 the PIT Count resulted in the following:

- 133 unaccompanied youth were counted
- 120 youth were identified in the sheltered count

- 24 parenting youth were identified in the sheltered count
- 13 unaccompanied youth were identified in the unsheltered count
- 2 parenting youth were identified in the unsheltered count

The 2016 PIT Count included limited participation of youth providers in planning and did not include a specific count strategy for youth. However, youth programs participated in the count, which included additional outreach activities in communities where RHYA or other homeless youth programs exist. Nevertheless, the change in methodology, informed by previous work, significantly increased the number of youth found in 2016. Where possible, CoC member youth programs identified and implemented activities that specifically targeted youth.

The Maine Continuum of Care did not conduct a PIT Count separate from the regular 2016 CoC PIT Count Timeline. Planning for the 2017 PIT Count does include focusing on how to best create a strategy and timeline to accurately count youth across the state; and an outcome of the Voices of Youth Count is a Point-in-Time Tool Kit with recommendations for successfully conducting a count. It is currently being reviewed in hopes of implementing effective strategies for 2017, such as the use of social media and “come be counted sites.”

Factors contributing to youth homelessness

All unaccompanied youth struggle with the lack of affordable housing, a challenge that reflects having low or no income, as well as housing markets in which low wage earners cannot afford rent and other living expenses. At shelters and in urban centers, many youth are seeking independent living, have few available supports, and are more likely to struggle with social-emotional well being, experiencing trauma, mental health, and substance use disorders. Opiate addiction has also been a growing factor among homeless youth in Portland and Lewiston and is likely an issue in smaller communities.

In rural areas many youth who couch surf or occasionally sleep unsheltered maintain

relationships with family and friends and, when possible, try to continue in school. These youth want to stay where they have a sense of community, and there are positive, protective factors potentially available to them if provided support and early intervention. Rural homeless youth, however, lack employment options, as well as services for youth and families, and stable short-term living options from which to begin to work on next steps. Without interventions youth lose connections and will often migrate to shelters in cities that are hours from natural supports.

LGBTQ youth who have participated in focused interviews have shared a different path to homelessness with more alienation from family, school, and their community; and they have a desire for acceptance and understanding from peers. Migration, particularly to Portland, the largest urban center, occurs more quickly as LGBTQ youth seek acceptance and safety.

Most older transition age youth need assistance and independent living skills development in the areas of budgeting, meal planning, cooking, organizational skills to address medical or behavioral health needs, problem solving, and conflict resolution skills to support successful resolution of housing stability issues. However, traditional transitional housing models do not work for many older transition age youth who have been on their own without structure for long periods of time. New housing models integrating housing first strategies are appropriate for these youth, i.e. programs with a focus on motivational interviewing to enhance engagement, and with age-appropriate living environments and options (congregate housing with supports and supported housing options) have had success. Programs with supports for basic skills and a positive focus on educational, prevocational, and vocational skills are also important.

The 24-hour Voices of Youth Count (VoYC), conducted by Kennebec Behavioral Health June 16-17, 2016, utilized input from Youth Guides, ages 13-24, with lived experience, who provided key knowledge in identifying “hot spots” or places where homeless youth congregate or spend time, many previously unknown to some Homeless Youth Outreach teams who service the

areas. While the VoYC project was specific to Kennebec County, stakeholders and providers from a much larger service area, many statewide, involved in planning and focus groups, included behavioral health providers, crisis support services, faith based partners, Job Corps, the local library, KBH Vocational Clubhouse, Juvenile Community Corrections, KBH Homeless Youth Outreach, pregnant and parenting teen programs, local shelters, Kennebec Valley Community Action, South End Teen Center, Family Violence Project, Mid-Maine United Way, public health liaisons, Revitalizing the Energy in Maine, Buhker Community Center, Educare, McKinney-Vento liaisons, and alternative education representatives.

Preliminary analysis is largely consistent with previous count findings while adding additional depth of information. Particularly important was understanding how youth receive information and how they view themselves as part of a community. Access to supports and services are often hindered by transportation, child-care, and system constraints. Data indicates the need for education and vocational resources, as only 50% of youth had completed high school or an equivalency diploma, and many have difficulty finding employment, with only 29% working. The fact that 51% of youth have experienced incarceration or detention confirms a high level of justice system involvement and speaks to the need for diversion. Additional findings from VoYC report should emerge in spring 2017.

Capacity for Innovation

While several system-wide efforts have been important, including ongoing development of coordinated entry and development of a plan to end homelessness, the Long Term Stayers Initiative exemplifies the ability of all stakeholders, including shelters, housing providers, social service organizations, and state officials to adopt new methodologies, change systems, and meet the needs of homeless individuals.

In 2013, the Maine CoC (MCoC), working with the Statewide Homeless Council, adopted

the Long Term Stayers Initiative to target housing and provide resources to individuals who have stayed more than 180 nights in shelters during a one-year period. Guided by data and the experience of shelters around the state, the MCoC reached beyond the HUD definition of chronic homelessness and prioritized serving the Long Term Stayers (LTS) by designating housing resources—e.g. Shelter Plus Care, Bridging Rental Assistance, VASH, and Housing Choice vouchers—to this population. Using lists created from HMIS data, individuals were given priority based on length of time homeless, and outreach providers partnered with shelter staff to create housing and service plans for those identified. PATH and other outreach efforts prioritized engaging and referring this population, and shelters that had previously focused on rapidly re-housing individuals who were higher functioning, began to prioritize housing assistance to LTSs. HMIS data tracks the number of LTSs housed and the number remaining in state shelters, and the MCoC is monitoring progress as part of monthly meetings. Most who were identified also met the HUD definition of chronic homelessness.

This initiative has made great progress in decreasing the number of LTSs in Maine. A number of challenges appear to continue to contribute to chronic homelessness, including the lack of affordable housing, limited behavioral health services, and a growing addiction epidemic. Seeking to address a growing concern about those who do not regularly use shelters, recently the LTS initiative has more fully integrated unsheltered individuals. Despite new challenges reflected in dramatic increases in cities across the U.S., the Maine CoC has seen the number of chronically homeless individuals in the PIT count drop by 31% since 2014.

Adopting a new innovation or system

Maine is unique in its ability to collaborate to address the needs of runaway and homeless youth in innovative ways. We created a Statewide Homeless Youth Provider Group (SHYPG) in 2007, which evaluated a \$400,000 funding cut and successfully advocated that the state child

welfare agency reallocate the funds to homeless youth providers. The SHYPG subsequently successfully created and passed the Maine Runaway and Homeless Youth Act. Since then it became a subcommittee of the statewide homeless council, put a youth specific section into the state plan to end and prevent homelessness, and recently became a subcommittee of the MCoC.

In 2014, Preble Street created First Place, a program targeting chronically homeless youth with a new model of supportive housing, providing skill building for youth housed by the program and for youth who benefit from a rapid re-housing approach. With private funding from the John T. Gorman Foundation, a Maine foundation, First Place offers youth an apartment with limited initial expectations—i.e. youth must be good tenants, develop the means to pay rent, and show willingness to learn independent living skills—and support youth as they work toward assuming independent control of the apartment. Using Preble Street’s experience with low-barrier housing first programs participants are encouraged (but not required) to explore opportunities to address health, mental health, social support, and education goals, and to recognize when specific issues may interfere with stability.

Youth who complete the program, who successfully built skills and maintained an income to pay rent, can take on the lease and receive a housing choice voucher from the Portland Housing Authority.

Funding also includes evaluation by Abt Associates to determine its success with homeless youth who are housed and the impact on youth who participate in workshops and trainings. Now in its third year, the results look extremely promising; and as a model of housing without limits, First Place receives national attention from USICH and NAEH, and program leaders have participated in webinars and workshops for youth providers in other states.

In September 2016, Preble Street was awarded one of eight demonstration grants creating transitional housing for LGBTQ youth to expand and adapt the First Place model. The Maine

Transitional Living Collaborative is a partnership with New Beginnings and LGBTQ youth programs to reach both urban and rural youth in southern Maine who can benefit from transition-in-place housing. Several local housing authorities have expressed an interest in setting aside vouchers for youth who complete this new project.

The Department of Corrections contracted with New Beginnings in 2011 to develop a network of 'host homes' as emergency placements for youth in Cumberland and York counties to provide supervised, short-term placements for youth referred by the Department and allow youth to remain in their home communities, utilizing natural supports as much as possible. New Beginnings' emergency shelter for youth offered 24-hour crisis support for the 'host homes,' alternative placement for youth when necessary, Family Mediation services to all clients to encourage rapid reunification, and a case manager to work intensively with each client.

While the pilot program ended after two years due to difficulties in recruiting 'host home' families who were willing to undergo the full licensing as foster parents, which was required, New Beginnings was licensed as a Child Placing Agency for this program and developed complete program operating procedures based on practices from agencies across the country.

RRH/PSH Models for Youth

As described above, Preble Street First Place has adapted Housing First models to the developmental and social realities of homeless youth. In this program, expectations relate to tenancy and to establishing skills and resources for ongoing occupancy. Staff support is initially intensive, at times daily, and can continue for up to a year after graduation as youth take over the lease.

Transition to needed adult supports and services are made in partnership with and at the request of each youth as part of completing First Place.

A rapid re-housing approach is available to shelters across Maine in partnership with Maine State Housing Authority. Medium-term (up to 12 months) and permanent housing subsidies are

available for homeless persons who develop a Housing Stability Plan that addresses independent living and income goals; and Preble Street and other programs serving youth and adults have used these vouchers for rapid re-housing with older youth and young adults. Preble Street First Place offers a monetary incentive for housing and furnishing costs to youth who complete a series of skills building activities and are housed using rapid re-housing models.

In addition, Maine State Housing Authority in partnership with Maine DHHS, and community providers has developed two rapid re-housing pilot programs. The Pathways to Opportunities pilot partners with Goodwill Hinckley, a large youth services organization, OCFS, and emergency shelters to provide site-based or community-based housing to young adults using career navigators, education and employment resources, and permanent rental assistance to change the path of homelessness and increase positive support for children.

The Family Reunification (FUP)/Family Self Sufficiency (FSS) program targets supports and FUP vouchers to youth coming from Shaw House, an RHYA program with shelter, outreach, and transitional living. Participants, young adults, 18-24, who lived in the foster care system after the age of 16, receive vouchers and services that combined can last up to 5 years and support independence through education, skills building, plus additional services and referrals. As part of a national demonstration, this project includes rigorous outside evaluation.

Gaps and Barriers

A comprehensive community response requires a range of interventions that are accessible and flexible. In Maine, especially in rural areas, it is challenging to develop such a system and requires creativity, the use of technology, and new resources. Prevention, identification, and early intervention rely on local resources and especially on schools and service organizations to recognize unstably housed youth and families that may be struggling. Resources in schools are often thin, and training is needed for liaisons, social workers, teachers, as well as other key community

organizations such as law enforcement and faith leaders.

A key intervention that does not exist in most of Maine is emergency shelter options that don't require leaving one's community. Host homes or a model that relies on families who may be already providing shelter to youth can be a solution. Barriers to this model are the requirement for host homes to meet foster care standards, and there are currently no options outside of the child welfare system. With recent legislation and recognition of the need for alternatives for families willing to participate, the possibility of host homes in Maine is improving.

Beyond emergency needs, housing and services have to be tailored to meet the ongoing needs of youth, and most of the options for housing as well as skilled support for youth and/or families, treatment options, and employment are extremely limited in rural parts of the state. Developing a system that includes new strategies for meeting these needs and adding expertise in creative ways is essential.

Finally issues related to transportation are always a challenge in a rural state, as opportunities for employment and services can be out of reach for youth.

Willingness to Use New Models and Methodologies

The Maine Continuum of Care and the organizations and state agencies partnering in the planning process have demonstrated willingness to innovate and to evaluate, and current pilots and new projects include funding for outside evaluation to explore the efficacy of existing practices and models and to look for new methodologies that work.

Maine has so many communities that lack systems for youth, and there can be vast differences in wealth and resources between coastal areas and towns with struggling mills and factories. The differences between rural and urban areas as well as the great need for youth services requires the Maine CoC and organizations involved in the YHDP to be critical and closely monitor new programs as they adapt to different environments and populations. Given the severity of the

problem and the growing national focus on finding solutions for youth homelessness, stakeholders from around the state are motivated to invest time and resources in new models of care and methodologies to end and prevent youth homelessness.

Collaboration

Maine’s Plan to End and Prevent Homelessness was written in 2008 by the State Homeless Council and three Regional Homeless Councils, and has since been adopted by both Continuums of Care. It was revised in 2011 and has been in the review and revision process again in 2016. The Plan contains sections on specific populations including one on unaccompanied youth (See Maine Plan to End Homelessness attachment).

The youth specific section of the original Plan was drafted by the Youth Provider Group, now the Youth Committee of the CoC, and then reviewed and approved by the Statewide Homeless Council and the CoCs. Members of these groups have consistently included RHYA and other youth providers, state officials from OCFS, youth treatment providers, victim services, local housing authorities, and housing developers. In the first revision, the primary goal of passing a State Runaway and Homeless Youth Act was removed as Maine had succeeded in that effort. The updated Visual Overview of the Plan is contained in the youth section of the Plan.

Stakeholders Chart

Type of Stakeholder	Name of Stakeholder	CoC Member	Describe the Collaboration	Formal Agreement	YHDP Participation
CoC/ESG	Maine State	Yes	CoC Collaborative	Yes	Yes
Homelessness Program	Housing Authority		Applicant and HMIS Lead Agency		
Child Welfare Agency	Office of Child and Family Services	Yes	Member of youth committee and	Yes	Yes

Maine Youth Homelessness Demonstration Program

			planning team		
Youth-Led Advisory Group	University of Southern Maine Muskie School	Yes	Member of youth committee and Planning Team	Yes	Yes
Local Government Agency	Statewide initiative	NA	Area government is involved	NA	NA
Local Education Agency or State Education Agency	Maine Department of Education	Yes	Member of planning Team	No – agreement pending	Yes
Maine Department of Corrections		Yes	Member of planning Team	Yes	Yes
Runaway and Homeless Youth Program	New Beginnings	Yes	Member of youth committee, Planning Team and CoC board	Yes	Yes
Youth outreach and mental health provider	Kennebec Behavioral Health	Yes	Member of youth committee, planning Team and CoC board	Yes	Yes
Shelter, housing and outreach	Tedford housing	Yes	CoC and youth committee	Yes	Yes
Community Action Program and maternity group home	Penquis Community Action Program	Yes	Member of youth committee and full CoC	Yes	Yes

Maternity Group Home and outreach	Rumford Group Home	Yes	Member of youth committee and full CoC	Yes	Yes
Housing Developer	Community Housing of Maine	Yes	CoC and youth committee	Yes	Yes
Outreach, case management	The Opportunity Alliance	Yes	CoC and youth committee	Yes	Yes
RHYA shelter, mental health, transitional, and outreach	Shaw House	Yes	CoC and youth committee	Yes	Yes
Shelter and outreach	Knox County Homeless Coalition	Yes	CoC and youth committee	Yes	Yes
Shelter, transitional	Mid Maine Shelter	Yes	CoC and youth committee	Yes	Yes
Mental Health	Sweetser	No	Youth committee	No	No

Coordinated Entry Process incorporating Youth

The Maine Coordinated Entry Plan will incorporate all populations including unaccompanied youth. It is currently in a pilot phase which will assist in revising specific parts to best reflect population and geographic issues. The YHDP planning grant will present youth providers and the CoC the ability to spend time fine-tuning Coordinated Entry to meet the needs of all unaccompanied youth across Maine. Given the challenges in a rural state, common access points will remain unless there is a clear need to change the approach to meet the needs of youth.

Currently Coordinated Entry focuses primarily on access and screening that begins with

making appropriate referrals for homeless individuals. There has been little work done on creating specific questions or identifying characteristics that would assist in prioritizing subpopulations of youth. These issues will be addressed through the pilot process and a commitment from the CoC and Youth Committee to review and build on the current plan.

System-Level Discharge Strategy

The CoC has worked to develop clear policies regarding discharge from institutions. The Maine Hospital Association and Maine DHHS accepted a discharge policy developed by an ad-hoc committee which included homeless providers, hospital staff, and state administrators. The policy prioritizes discharge to housing and emphasizes the need to assess housing stability at admission, beginning work on discharge at entry, training all social workers and other discharge planners in community resources, and coordinating closely with homeless providers. The discharge policy applies to both physical health and behavioral health institutions.

A system oriented plan for discharge from foster care was developed with participation of staff from the OCFS, homeless youth providers, and other social service organizations and emphasizes the commitment of OCFS to meet the needs of youth who are not living with parents or guardians, and to provide all needed services to youth who are in custody of the State. Since it was written, OCFS and youth providers have continued to struggle to meet the needs of older youth in Maine including youth discharged from foster care. However, partnerships, pilots, and coordination have contributed to better identifying the breadth of these issues and strategizing possible solutions. The YHDP planning grant will enable Maine to make additional strides in fulfilling the goals of the foster care discharge plan.

At this time there is no written policy about discharge from the juvenile justice system, although coordination with homeless providers has been extensive in many communities. The need to better plan and collaborate with community providers has been understood by DOC leaders who

are eager to be part of the planning team to develop a systemic plan for discharge.

Role of PCWAs

Like most child PCWAs, Maine OCFS has struggled to meet the needs of all youth, a huge challenge in a relatively poor, rural state. However, in the last few years, OCFS has consistently recognized these challenges and made efforts to better serve homeless youth. There are several clear examples of this commitment. First, Maine OCFS increased the age at which youth who have been in state custody can seek OCFS support for education to 27, and re-emphasized that youth can request this assistance after rejecting it at an earlier time. Second, OCFS has consistently participated in the Youth Committee of the CoC. In addition, OCFS has responded to concerns about the number of youth in their custody or needing their involvement at the largest drop-in center in Portland by placing workers on-site weekly to connect with outreach staff and meet with youth. Finally, to better understand the needs of rural homeless youth and recognizing the challenge of meeting their needs given limited resources, OCFS funded Preble Street and UNE to conduct focus groups with youth and report findings and recommendations.

Financial Resources

Preble Street, Maine State Housing Authority, University of Southern Maine Muskie School of Public Service, and University of New England are each contributing funds to support the total budget. Letters committing matching funds from each organization are attached. Matching funds from these four organizations have a total value of \$45,911 for the six month planning period of the grant. The matching funds for each organization will be used to support staff working within the program. Funds will be available upon selection as a YHDP Community and will be expended throughout the six month period.

6 Month Budget Narrative (proposed)

Preble Street proposes a six month budget of \$183,643, with \$137,732 from HUD funding

and \$45,911 in matching funds, to support planning, program development, communication across the state and within communities, staffing costs, travel, and evaluation design and implementation. Personnel expenses, totaling \$89,973, include salary and benefits for a full time YHDP Program Director and a portion of salaries and benefits for an Associate Director, Program Administrator, Program Assistant, and Grant Manager. \$33,848 of these salary and benefit costs will be provided as in-kind match from Preble Street.

Funds will also be used to support the work of three collaborative partners including Maine State Housing Authority, University of Southern Maine Muskie School of Public Service, and University of New England for a total of \$41,440. These organizations will also be contributing a match valued at \$13,813.

Program costs total \$29,840 and include travel, staff development and training, occupancy, program and office supplies, and technology expenses. Additionally, Preble Street has a federally approved indirect cost rate of 18.40% of direct salaries. We will be seeking \$10,327 to cover the costs of direct service salaries at the approved rate.

Data and Evaluation Capacity

- Percentage of all types of homeless beds, excluding beds provided by victim service providers, that currently participates in HMIS: 96%
- Percentage of all types of youth beds, excluding beds provided by victim service providers that are covered in HMIS, regardless of funding source: 100%

HMIS Utilization

The CoC is committed to utilizing HMIS as a key method of planning and improving resources and is clear with all programs targeting homeless youth that it is critical to participate in HMIS. Local and state funders, like MSHA and DHHS, require HMIS participation for new and existing projects.

The CoC offers support to new providers of services to ensure participation in HMIS. More importantly, MSHA, provides regular trainings in HMIS so new staff and organizations can become proficient, and also uses webinars and meetings to update all users in changes in the system. MSHA offers technical assistance to user and new staff on a regular basis.

HUD Data Reporting Requirements

- All PIT and housing Inventory data were submitted on time.
- AHAR table shells were submitted and accepted.

Other Data Sources

The CoC has not consistently gathered information from other sources, although DOE McKinney-Vento data was shared this year and used to justify the Goodwill-Hinkley/OCFS/MSHA/Mid Maine Shelter pilot as it showed high numbers of youth and young adults in schools and in shelters in Kennebec and Somerset Counties. The count of youth in shelters involved in foster care conducted by the Muskie School in 2012 was shared with the CoC and OCFS, along with the Butler Family Fund, which supported the Youth Count and qualitative follow up study.

CoC Performance Measures

Maine CoC Project Committees monitor projects annually through a review of their Annual Progress Reports submitted to HUD, HMIS data review, and a Project Monitoring Report. Projects are evaluated on timeliness and accuracy of data in the report submission to HUD and the Projects Monitoring Committee. Performance measures are reviewed and monitored against HUD and CoC established standards, which are reviewed and approved by the Maine COC annually and include program/bed utilization, HMIS participation and data quality, lengths of stay, and exits to permanent housing. The committee monitors projects regarding HUD findings, draw downs, Housing First model, and target population specific requirements (such as McKinney-Vento

requirements for youth and families) and MCOC and subcommittee participation. The MCOC prioritizes Permanent Supportive Housing projects prioritizing Chronic Homeless populations for turnover. Project effectiveness is measured by financial reporting, match documentation, project goals performance and program performance including MCOC standards for increase in employment, income, and mainstream resources, etc.

All monitoring information and results are summarized on a monitoring threshold tool, which is used to determine a Project Performance Score. Preliminary results are coordinated with the projects and they have a second opportunity to clarify and correct any error or problems with information. The Monitoring Threshold form is finalized and results in a threshold Performance Score for each project. This is forwarded on for Scoring and Selection to be used as part of the process for scoring and ranking of renewal project applications.

- The Projects and Monitoring Committee and Committee member provide TA to Projects throughout the year and through the monitoring process. Committee members have met separately with projects to review all aspects of the process including the application, how to do an APR, and how to make corrections to a submitted APR to assist with progress on program performance scores if needed. The Committee makes recommendations to the MCOC for the Resource Committee relative to larger topics to present to the larger group of COC members, which have included things like Maine COC 101, HMIS data entry, APR reporting, Leverage and Match, Access to Funding, and mainstream resources.
- The Projects and Monitoring Committee monitors all projects receiving funding including HMIS. In the past 18 months the Committee started reviewing ESG projects as well, and is in the process of reviewing the system performance relative to given standards and how each type of project may perform against these standards.

Data Utilization to Develop a Strategy

The Youth Committee of the CoC has reviewed the results of all counts including PIT, the 2015 Youth Count, and the 2016 VoYC in Kennebec County, and used this information as well as focus groups and interviews to prioritize a combination of permanent supportive housing and rapid re-housing, to seek means to meet the challenges of providing safe housing within rural communities, and to address the needs of youth for education and employment. Models and pilots addressing many of these issues have been described in the innovation and collaboration sections of this application, although the challenges to rural communities remain and are a priority for this proposed planning effort.

YHDP Community Proposed Outcome Measures

Phase One, Developing a Plan

1. The Planning Team, working with the Youth Committee of the CoC, will identify the issues and causes of homelessness in rural areas and develop an action plan for addressing those problems identified in the plan. Key outcomes will address stable housing, permanent connections, educational/employments and social well-being challenges that have been described throughout this proposal.
2. Using the USICH “Vision for a Coordinated Comprehensive Community Response” as a guide, the Planning Team will focus on prevention, identification, and early intervention; coordinated entry and assessment; emergency/crisis response; tailored services and housing solutions; and use these broad categories to develop a multi-year plan to address rural youth homelessness for each subpopulation across Maine.
3. The Planning Team will explore the possibilities of integrating data with HMIS and evaluation efforts on youth-based projects funded in phase two. For example, this will include additional data on indigenous social supports available to youth, former or current involvement in the foster care system, and several items on the self sufficiency matrix and

availability of key services. This will also map existing self sufficiency data which the OCFS is including in the child welfare assessment and diversion protocols.

Phase Two, the Project Phase

1. Of the key issues identified in the approved plan, 100% percent of projects will address a key category with specific plans, outcomes, and evaluation strategies.
2. 100% will collect and report data related to youth homelessness in rural areas.

The data matrix as they relate to enhanced youth data will be incorporated by both Maine CoCs as part of the reporting process, which will present a clearer picture of homeless youth and statewide tracking protocols of youth who are experiencing homelessness in Maine. Success will be defined by the development of key components of a comprehensive system throughout the state with specific features such as host homes, employment options, and housing models developed in local communities and rural regions of the Maine.

Evidence that a coordinated entry and assessment process works to quickly identify and refer youth to safe emergency options and appropriate supports for implementing plans for future stability and adulthood will be a key outcome measure to evaluate success in meeting youth needs and will be incorporated into the Coordinated Entry System and other tracking measures in both phase one and phase two.

Current Resource Capacity Chart

Organization	Org Type	Funding Sources	Type of Intervention	Type and Scale of Housing	Type of Service(s) Offered	Youth Focus	Sub-populations	Methodologies
Shaw House	NP	DHHS/ RHYA	Street Outreach Drop-In Emergency Shelter Transitional housing RRH	16 shelter beds 8 TLP site based Step temporary vouchers and housing navigator	Basic Needs Case Management Employment Counseling Independent Living Family Reunification Family Mediation	Yes	All (except families)	Trauma Informed Positive Youth Low Barrier Harm Reduction
New Beginnings (with Preble Street and Outright)	NP	DHHS/ RHYA	Street Outreach Drop-In Emergency Shelter Transitional housing PSH RRH	12 shelter beds 24 transitional beds of varying types (scattered and site)TLP 14 rapid re-housing and Supportive housing	Basic Needs Case Management Education Employment Independent Living Family Reunification Community Integration Parenting skills Family Mediation	Yes	All populations including 2 units for parenting teens 14 in demonstration grant targeting LGBTQ youth	Trauma Informed Positive Youth Low Barrier Harm Reduction
Preble Street (with new Beginnings and Outrights)	NP	RHYA	PSH RRH	14 rapid re-housing and supportive housing	Case Management Employment Education Independent Living Community Integration	Yes	Demonstration Grant targeting LGBTQ youth	Trauma Informed Positive Youth Low Barrier Harm Reduction
Rumford group homes	NP	DHHS/ MSHA RHYA	Outreach Emergency Shelter Maternity Group Home	 Dormitory Shared rooms/SRO 10 beds	Basic Needs Case Management Education Employment Independent Living Family Reunification	Yes Shelter-No MGH-	Family shelter MGH Parenting youth	Trauma informed Positive Youth Development Housing First

Current Resource Capacity Chart

			Apartments	Scattered and clustered apartments	Community Integration Parenting skills	Yes Housing -No	All	
Penquis	NP	DHHS/ Private RHYA	Outreach Maternity Group Home	SRO- site based 4 beds	Management Education Employment Independent Living Parenting skills		All Parenting youth	Trauma informed Positive Youth Development
Kennebec Behavioral Health	NP	DHHS/ Private	Outreach Transitional housing			No- but youth targeted	All	Trauma informed Positive Youth Development Housing First
The Opportunity Alliance	NP	DHHS	Outreach Transitional housing	12 bed shared Site based	Case management Education Family Reunification Family Mediation Substance use /mental health treatment Independent living	Yes Older young adults	All All, except families	Trauma informed Positive Youth Development
Goodwill Hinkley School	NP	DHHS/ MSHA	RRH Transitional housing	SRO site based and scattered site apartments 50 youth and family pilot	Education and Employment Independent living	Yes	All including parenting youth	Trauma informed Positive Youth Development
Mid Maine Shelter	NP	MSHA/ DHHS	Emergency Shelter Transitional housing	Dorms/site based Part of Goodwill Hinkley Project	Housing counseling and navigation Rapid Re-Housing and transitional	No Yes	All	Trauma informed Positive Youth Development

Current Resource Capacity Chart

					housing program			
DHHS Offices	State	US DHHS State TANF	Transitional housing PSH RRH Family Reunification	Partnering with MSHA and providers	Case Management Financial Support for goals Placement support	Yes	All	N/A
MSHA	Quasi State Free Standi ng	GSG Home State	RRH PSH Transitional housing	SROs Apartments (Shelters) Partnering with OCFS and providers	Housing Navigation Vouchers Short term and permanent	No	All	N/A
Adult Shelters	NP	HUD/ MSHA/ State	Emergency Shelter (18-24)	Dorms SRO (30+ shelters)	Housing Navigation Case Management Basic Needs	No	All includes Domestic violence shelters	N/A
Community Cares	NP	OCFS FUP/FSS	RRH	Apartments	Mental health Case management	No - coordina ted with shelter	All	Trauma informed Positive Youth Development Housing First



UNIVERSITY OF
SOUTHERN MAINE

Muskie School of Public Service

Institute for Public Center Innovation

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www.muskie.usm.maine.edu

November 28, 2016

Martin Zanghi,
Muskie School of Public Service
University of Southern Maine
Portland, Maine 04104

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

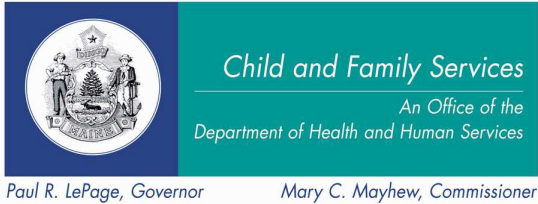
Muskie looks forward to participating in this important planning effort by providing staff to lead the development of the youth Advisory Board for the YHDP. Our team has a long record of youth engagement and leadership development. For over fifteen years we have directed the Youth Leadership Advisory Team (YLAT) a nationally recognized state wide youth leadership initiative for youth in foster care and more recently we have been providing youth engagement and leadership development for two national initiatives here in Maine, the Aspen Opportunity Youth Incentive Fund Site and the Jim Casey Youth Opportunities Initiative. We are very committed to the goals of this project and will build on our current youth leadership activities to ensure that youth are empowered partners in this work.

Muskie will subcontract with Preble Street for funds to support our youth engagement staff. Kera Pingree 20, is a Youth Engagement & Research Assistant at the Muskie School of Public Service. Kera serves on the National Council for Youth. Kera holds a multitude of life experiences, including young parenthood (at age 15), youth homelessness, and alternative education. Kera will provide the leadership to ensure that youth voice is incorporated in all aspects of this work. She will recruit and support homeless youth to serve as the Youth Advisory Board. Preble Street will sub-contract \$11,440 to Muskie School which will provide a match of \$3,813.33.

We strongly support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant in an effort to prevent and end youth homelessness in Maine. We are excited to participate in ensuring that youth will be a key player in the process.

Sincerely,


Martin Zanghi, Director
Youth & Community Engagement



Department of Health and Human Services
Child and Family Services
2 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Fax: (207) 287-5282
TTY Users: Dial 711 (Maine Relay)

November 16, 2016

Secretary Julian Castro
U.S. Department of Housing and Urban Development
451 7th Street S.W.,
Washington, DC 20410

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

The Office of Child and Family Services (OCFS) is responsible for the development and implementation of a system of care for all youth through age 21 and their families, focusing on safety, permanency, addressing behavioral health needs and overall wellbeing. It's our vision that all youth in Maine will have equal opportunity to become productive community members. In order to accomplish this responsibility and vision, the OCFS collaborates with many stakeholders across the state to create strategic initiatives and to make deliberate investments. It's our belief that the MCoC has the opportunity to decrease homelessness and increase self-sufficiency for some of the most vulnerable individuals in our state. The OCFS is committed to the goals of this project and to advancing the shared vision of helping youth become successful independent adults.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services in an effort to prevent and end youth homelessness in Maine.

Please contact me directly with questions.

Sincerely,

Jim Martin, LMSW
Director, Office of Child and Family Services
Maine Department of Health and Human Services

Maine Homeless Youth Systems Planning Team

The Maine Homeless Youth Systems Planning Team will consist of youth providers receiving RHYA funds, youth providers not receiving RHYA funds, representatives from three state agencies, a youth leader from the Youth Advisory Board, a consultant with expertise in evaluation and research, and a full time YHDP Program Director. The Team will invite input and seek expertise from Maine and beyond during the planning and project phases of the grant. Meetings will occur regularly with reports to the Youth Committee of the Maine CoC and the full CoC happening monthly. The Chair will take primary responsibility for reports. Team participants and members of the Youth Committee are welcome to join. All member organizations are represented at the CoC, with three organizations included on the Maine CoC Board of Directors.

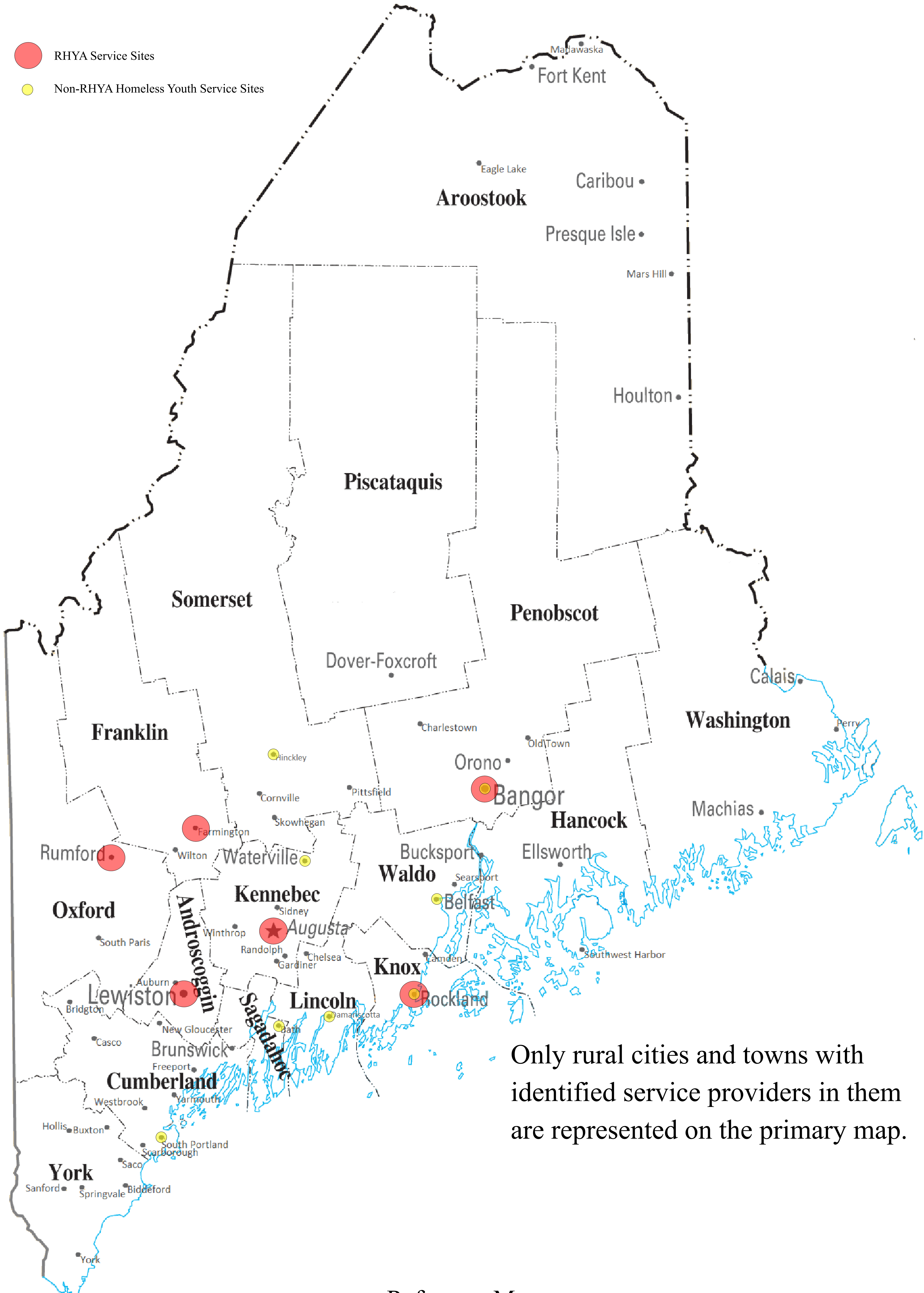
Name	Organization	Title	Role on team
Chris Bicknell	New Beginnings	Executive Director	Chair- Street outreach, shelter, TLP (RHYA)
Kera Pingree	Muskie School- youth leadership	Project Advisor/ Youth Advisory Board member	Co-Chair Homeless youth Advisory Board
Brandi Farrington	Kennebec Behavioral Health	Director of Community Housing Resources	Youth outreach and mental health provider; TLP (non RHYA)
Melissa McEntee	Rumford Group Homes	Executive Director	Outreach and Maternity Group Home (RHYA)
Wendi Dubois	The Opportunity Alliance	Vice President, Child and Family Resiliency and Success	Youth and family outreach, case management (non RHYA)
Teresa Barrows	Maine DHHS Office of Child and Family Services	OFCS Behavioral health Director	PCWA representative
Vacant	Maine Department of Education	Director of Homeless Services	State education representative
Collin O'Neal	Maine Department of Corrections	Deputy Director	Juvenile Justice and correction representative
Thomas Chalmers-McLaughlin	University of New England	Associate Professor School of Social Work	Evaluation and Research expertise
To Be Hired	Preble Street	YHDP Program Director	Full time staff to the Team and planning process

Maine Rural Homeless Youth Resource Map

- RHYA Service Sites
- Non-RHYA Homeless Youth Service Sites

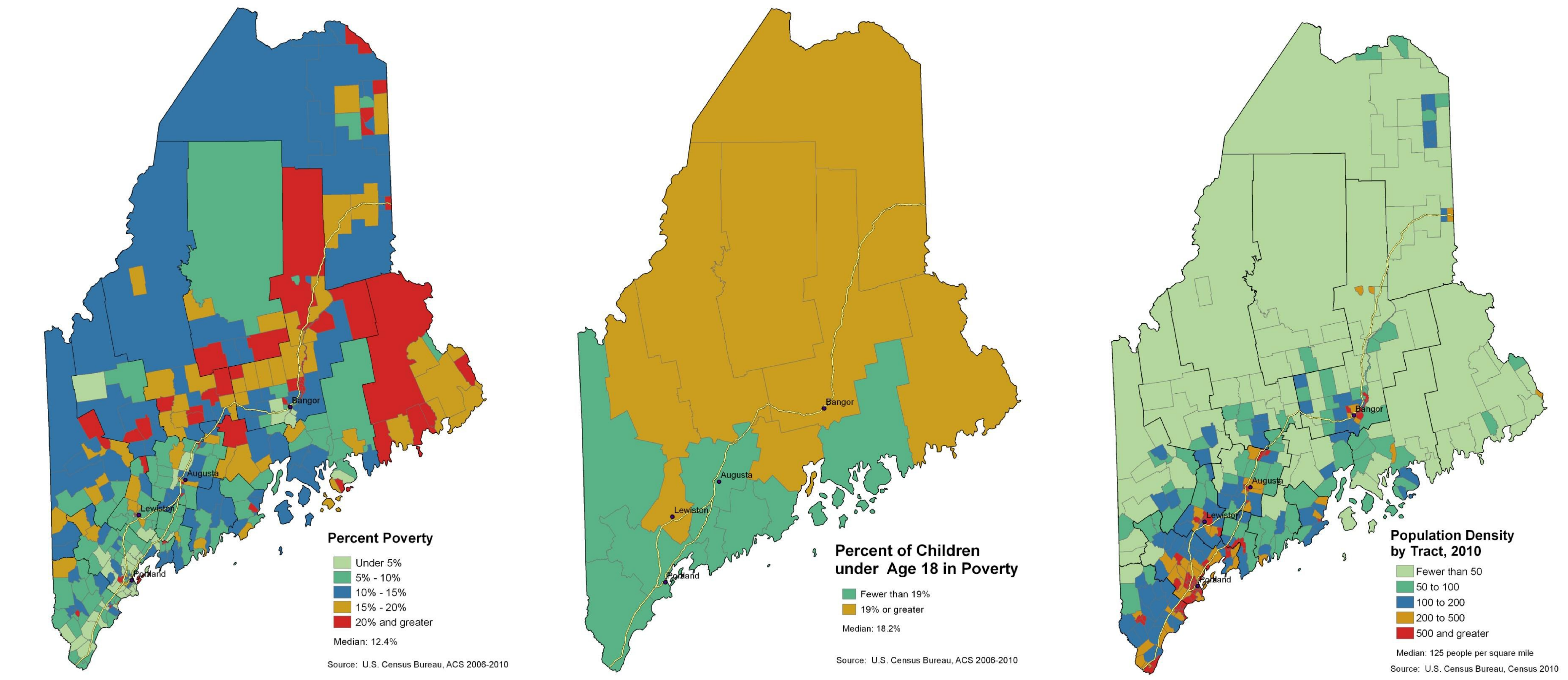
Key

Service Sector	Name	Location
RHYA Providers	1st Step (MSP, HCP, BCI)	Lebanon
	Program C&P (HCP)	Rockport
	Portland Center Home Health	Portland
	Shore House (HCP, BCI)	Bangor
	Home Connections	Belfast
	HomeConnections	Lebanon
	North Portland Family Program	North Portland
	The Opportunity Alliance	York County
	Kennebec Behavioral Health	Kennebec County
	Mid Maine Healthcare	Wiscasset
ECRHYA Support	Family Support (HCP)	Lebanon
	Home Connections	Lebanon
	Home Connections (HCP)	Lebanon
	Home Connections (HCP)	Lebanon
	Home Connections (HCP)	Lebanon
	Home Connections (HCP)	Lebanon
	Home Connections (HCP)	Lebanon
	Home Connections (HCP)	Lebanon
	Home Connections (HCP)	Lebanon
	Home Connections (HCP)	Lebanon
Non-RHYA Homeless Youth Service Sites	1st Step (MSP, HCP, BCI)	Lebanon
	Program C&P (HCP)	Rockport
	Portland Center Home Health	Portland
	Shore House (HCP, BCI)	Bangor
	Home Connections	Belfast
	HomeConnections	Lebanon
	North Portland Family Program	North Portland
	The Opportunity Alliance	York County
	Kennebec Behavioral Health	Kennebec County
	Mid Maine Healthcare	Wiscasset
Targeted Case Management	Northern Maine Council	Lebanon
	Home Connections (HCP)	Lebanon
	Home Connections (HCP)	Lebanon
	Home Connections (HCP)	Lebanon
	Home Connections (HCP)	Lebanon
	Home Connections (HCP)	Lebanon
	Home Connections (HCP)	Lebanon
	Home Connections (HCP)	Lebanon
	Home Connections (HCP)	Lebanon
	Home Connections (HCP)	Lebanon
Mental Health Counseling	1st Step (MSP, HCP, BCI)	Lebanon
	Program C&P (HCP)	Rockport
	Portland Center Home Health	Portland
	Shore House (HCP, BCI)	Bangor
	Home Connections	Belfast
	HomeConnections	Lebanon
	North Portland Family Program	North Portland
	The Opportunity Alliance	York County
	Kennebec Behavioral Health	Kennebec County
	Mid Maine Healthcare	Wiscasset
Family Mediation	1st Step (MSP, HCP, BCI)	Lebanon
	Program C&P (HCP)	Rockport
	Portland Center Home Health	Portland
	Shore House (HCP, BCI)	Bangor
	Home Connections	Belfast
	HomeConnections	Lebanon
	North Portland Family Program	North Portland
	The Opportunity Alliance	York County
	Kennebec Behavioral Health	Kennebec County
	Mid Maine Healthcare	Wiscasset
Early Childhood Development & Child Care Providers	1st Step (MSP, HCP, BCI)	Lebanon
	Program C&P (HCP)	Rockport
	Portland Center Home Health	Portland
	Shore House (HCP, BCI)	Bangor
	Home Connections	Belfast
	HomeConnections	Lebanon
	North Portland Family Program	North Portland
	The Opportunity Alliance	York County
	Kennebec Behavioral Health	Kennebec County
	Mid Maine Healthcare	Wiscasset
Food & Home Educational Services	1st Step (MSP, HCP, BCI)	Lebanon
	Program C&P (HCP)	Rockport
	Portland Center Home Health	Portland
	Shore House (HCP, BCI)	Bangor
	Home Connections	Belfast
	HomeConnections	Lebanon
	North Portland Family Program	North Portland
	The Opportunity Alliance	York County
	Kennebec Behavioral Health	Kennebec County
	Mid Maine Healthcare	Wiscasset
Youth Support	1st Step (MSP, HCP, BCI)	Lebanon
	Program C&P (HCP)	Rockport
	Portland Center Home Health	Portland
	Shore House (HCP, BCI)	Bangor
	Home Connections	Belfast
	HomeConnections	Lebanon
	North Portland Family Program	North Portland
	The Opportunity Alliance	York County
	Kennebec Behavioral Health	Kennebec County
	Mid Maine Healthcare	Wiscasset
Social Education	1st Step (MSP, HCP, BCI)	Lebanon
	Program C&P (HCP)	Rockport
	Portland Center Home Health	Portland
	Shore House (HCP, BCI)	Bangor
	Home Connections	Belfast
	HomeConnections	Lebanon
	North Portland Family Program	North Portland
	The Opportunity Alliance	York County
	Kennebec Behavioral Health	Kennebec County
	Mid Maine Healthcare	Wiscasset
Employment and Training Services	1st Step (MSP, HCP, BCI)	Lebanon
	Program C&P (HCP)	Rockport
	Portland Center Home Health	Portland
	Shore House (HCP, BCI)	Bangor
	Home Connections	Belfast
	HomeConnections	Lebanon
	North Portland Family Program	North Portland
	The Opportunity Alliance	York County
	Kennebec Behavioral Health	Kennebec County
	Mid Maine Healthcare	Wiscasset
Housing and Shelter Services	1st Step (MSP, HCP, BCI)	Lebanon
	Program C&P (HCP)	Rockport
	Portland Center Home Health	Portland
	Shore House (HCP, BCI)	Bangor
	Home Connections	Belfast
	HomeConnections	Lebanon
	North Portland Family Program	North Portland
	The Opportunity Alliance	York County
	Kennebec Behavioral Health	Kennebec County
	Mid Maine Healthcare	Wiscasset
Financial Support	1st Step (MSP, HCP, BCI)	Lebanon
	Program C&P (HCP)	Rockport
	Portland Center Home Health	Portland
	Shore House (HCP, BCI)	Bangor
	Home Connections	Belfast
	HomeConnections	Lebanon
	North Portland Family Program	North Portland
	The Opportunity Alliance	York County
	Kennebec Behavioral Health	Kennebec County
	Mid Maine Healthcare	Wiscasset
Public Housing Authority	1st Step (MSP, HCP, BCI)	Lebanon
	Program C&P (HCP)	Rockport
	Portland Center Home Health	Portland
	Shore House (HCP, BCI)	Bangor
	Home Connections	Belfast
	HomeConnections	Lebanon
	North Portland Family Program	North Portland
	The Opportunity Alliance	York County
	Kennebec Behavioral Health	Kennebec County
	Mid Maine Healthcare	Wiscasset
Transportation & Support Services	1st Step (MSP, HCP, BCI)	Lebanon
	Program C&P (HCP)	Rockport
	Portland Center Home Health	Portland
	Shore House (HCP, BCI)	Bangor
	Home Connections	Belfast
	HomeConnections	Lebanon
	North Portland Family Program	North Portland
	The Opportunity Alliance	York County
	Kennebec Behavioral Health	Kennebec County
	Mid Maine Healthcare	Wiscasset
Recreation Support	1st Step (MSP, HCP, BCI)	Lebanon
	Program C&P (HCP)	Rockport
	Portland Center Home Health	Portland
	Shore House (HCP, BCI)	Bangor
	Home Connections	Belfast
	HomeConnections	Lebanon
	North Portland Family Program	North Portland
	The Opportunity Alliance	York County
	Kennebec Behavioral Health	Kennebec County
	Mid Maine Healthcare	Wiscasset



Only rural cities and towns with identified service providers in them are represented on the primary map.

Reference Maps



Maine Continuum of Care

November 9, 2016

Mr. Julian Castro
US Department of Housing & Urban Development

Dear Mr. Castro,
Please accept this letter of endorsement for the grant application being submitted by the Maine Continuum of Care (MCOC) for the Youth Homeless Demonstration Project (YHDP) grant from the US Department of Housing and Urban Development (HUD). At its October 20, 2016 meeting the MCOC membership voted to support this grant application.

The MCOC continually strives to enhance collaborative efforts to end homelessness throughout the state. The YHDP Program addresses an identified problem in the State of Maine: Youth homelessness. Maine has an established, agreed upon Plan to Prevent and End Homelessness, which outlines ending youth homelessness as a priority. The MCOC membership believes that the YHDP grant will be an asset to achieving this goal and that the MCOC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

The YHDP partner agencies have been partners in providing a continuum of homeless services to youth in need in Maine. For this reason, the MCOC supports the application for the YHDP grant, and will continue to work cooperatively through our partnering agencies. This project is a natural step in addressing the needs of homeless youth in the State of Maine, and we will continue to collaborate with all partner agencies in order to prevent and end youth homelessness in Maine.

Sincerely,



Virginia Dill, MCOC Tri-chair



Vickey Rand, MCOC Tri-chair



Melody Fitch, MCOC Tri-chair



Preble Street

Turning Hunger and Homelessness into Opportunity and Hope

*Florence House
Logan Place
Veterans Housing Services
Maine Hunger Initiative
Advocacy
Food Programs
Clinical Intervention Program
Anti-Trafficking Coalition
First Place
Teen Center
Joe Kreisler Teen Shelter
Resource Center
MMC-Preble Street Learning
Collaborative*

Local Government Agency Support for Maine Youth Homelessness Demonstration Program

The Maine Youth Homelessness Demonstration Program application covers services and systems for the entire state of Maine, except the city of Portland, and includes support from relevant State Officials and State Departments, as well as legislatures and the Maine Judiciary. As the application does not cover one specific local entity (county, city, or town), it is not clear which local government should be sought for a formal agreement.

Local Government is represented in the MCoC: Bangor Department of Health and Human Services is a MCoC member, and the Joint Continuum of Care Board of Directors includes the Portland Director of Social Services. City officials in towns across Maine have been part of the effort to assess the needs of runaway and homeless youth and will be crucial to developing a plan that meets the needs of youth in rural areas. A letter of support could be attained from one of several local government officials, but at this time in the planning process it is not clear which local government agencies would most benefit plan.

If requested, letter(s) could be obtained from selected communities. The Planning Team chose to prioritize formal letters and support from organizations and government entities that will play a major role in a statewide planning process, which did not include a local agency.

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Mark R. Swann
Executive Director

38 Preble Street
Portland, ME 04101
207.775.0026
info@preblestreet.org
www.preblestreet.org





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38 Preble Street
Portland, ME 04101
207.775.0026
info@preblestreet.org
www.preblestreet.org



Support from the Maine Department of Education for

Maine Youth Homelessness Demonstration Program

The Maine Department of Education (DOE) has recently gone through staffing changes that have resulted in the Maine Youth Homelessness Demonstration Program application not receiving an expected written commitment. In mid-October, after committing to work with the Youth Committee and to obtaining a formal commitment, the Maine DOE State Coordinator of the McKinney-Vento, Truancy, Dropout, and Alternative Education abruptly left the Department. We were able to obtain data from a colleague at the Department and started the process of getting an agreement through the Deputy Commissioner (there is currently no Commissioner). As this was in process, a new Temporary Deputy Commissioner was appointed in mid November, and we were unable to finalize the agreement in time for submission.

We remain confident that we will receive support from the Maine Department of Education and are awaiting the new leadership to respond to our request that the McKinney-Vento State Coordinator be assigned to work on the YHDP Planning Team, as schools remain a key partner in the identification of unstably housed youth and families in need of support.



New Beginnings

134 College Street, Lewiston, ME 04240 • 207-795-1077 • www.newbeginmaine.org

11/09/16

Chris Bicknell
New Beginnings
134 College Street, Lewiston, Maine 04240

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As an agency that has served runaway and homeless youth in rural Maine for almost 40 years we are committed to the goals of this project. We are both a RHYA grantee and an ESG fund recipient; as such we are deeply committed to ending and preventing youth homelessness in Maine. Since Chris Bicknell is the Chair of the Statewide Homeless Youth Provider Group New Beginnings will be taking a leadership role in the planning coordination and implementation of the HYDP grant. New Beginnings will also play a key role in maintaining the relationship between youth service providers statewide and the Balance of State CoC as part of the HYDP.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

Chris Bicknell
Executive Director
New Beginnings Inc.

PENQUIS

Helping Today • Building Tomorrow

November 15, 2016

The Honorable Julián Castro
Secretary
U.S. Housing and Urban Development
451 7th Street, SW
Washington, DC 20410

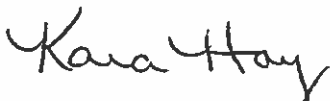
Dear Secretary Castro:

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As a community action agency that offers transitional housing for homeless pregnant and parenting adolescents, as well as a homeless youth outreach program, Penquis is committed to the goals of this project. Maine is the most rural state in the nation in terms of percentage of population living in rural areas, and would benefit significantly from this opportunity to strengthen the continuum of homeless youth services across its urban and rural communities.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,



Kara Hay
Chief Executive Officer

262 Harlow Street (207) 973-3500
PO Box 1162 Fax (207) 973-3699
Bangor, Maine 04402 TDD (207) 973-3520
www.penquis.org 1-800-215-4942



Rumford Group Homes, Inc.

201 Knox Street
Rumford, Maine 04276
(207) 364-3551 • (207) 364-2886
FAX: (207) 364-3544
E-mail: rghinc@rumfordgrouphomes.org
www.rumfordgrouphomes.org



November 9, 2016

Melissa A. McEntee
Rumford Group Homes, Inc.
201 Knox Street
Rumford, ME 04276

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As an agency that provides services to homeless youth, families and individuals in collaboration with the MCoC and other partner agencies throughout the State of Maine, we are committed to the goals of this project. On a regular basis, we are seeing homeless youth struggling to survive, without an adequate safety net and fully support this project.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

Melissa A. McEntee
Executive Director
Rumford Group Homes, Inc.

1974 ~ Celebrating 42 years of service to children, youth and families ~ 2016

Mental Health Programs of Rumford Group Homes, Inc.
Turner Family Support Center - Case Management Services

Other Programs: Franklin Street Permanent Housing, Pinewoods Supportive Housing, Washington Street Permanent Housing, Federal Maternity Group Home Program, Housing Navigator Services, Rumford Family Center, Norway Family Center, Rumford Family Center Annex



Shaw House theshawhouse.org

Reaching Maine's Homeless Youth

November 10, 2016

Sally Tardiff
Shaw House
136 Union Street
Bangor, Maine 04401

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As an agency serving homeless youth and their families for past 25-years, within the greater Bangor area and throughout the five northeastern counties of Aroostook, Piscataquis, Penobscot, Hancock and Washington, providing critical services, including shelter, street outreach, transitional living, day drop-in and a comprehensive array of support services through our strong collaborative efforts with MCoC and other partnerships, in order to address and support solutions to youth homelessness, we are fully committed to the goals of this project.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

Sally Tardiff
Executive Director
Shaw House

136 Union Street ■ Bangor, ME 04401

■ ADMINISTRATIVE OFFICER: 207.941.2874 ■ PROGRAMS: 207.941.2882 ■ FAX: 207.941.2875



Preble Street

Turning Hunger and Homelessness into Opportunity and Hope

Florence House
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 Veterans Housing Services
 Maine Hunger Initiative
 Advocacy
 Food Programs
 Clinical Intervention Program
 Anti-Trafficking Coalition
 First Place
 Teen Center
 Joe Kreisler Teen Shelter
 Resource Center
 MMC-Preble Street Learning
 Collaborative

November 21, 2016

Preble Street

Agrees to use the following services to support the
Maine Youth Homelessness Demonstration Program

As the Lead Agency in the **Maine Youth Homelessness Demonstration Program**, Preble Street commits to support the project funded the Department of Housing and Urban Development through the Planning Phase and into the Project Phase. Preble Street strongly believes that the MCoC has the capacity, leadership, history of statewide collaboration, and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

Preble Street commits the following service in match commitment: salary and benefit costs of staff participating in the program.

TOTAL VALUE OF SERVICES: \$33,848

Preble Street



 Signature

 Mark R. Swann, MSPA
 Name

 Executive Director
 Title

Mark R. Swann
 Executive Director

38 Preble Street
 Portland, ME 04101
 207.775.0026
 info@preblestreet.org
 www.preblestreet.org





UNIVERSITY OF
SOUTHERN MAINE

Muskie School of Public Service

Institute for Public Center Innovation
P.O. Box 9300, Portland, Maine 04104-9300
(207) 780-5176, FAX (207) 228-8406, TTY (207) 780-5648
www.muskie.usm.maine.edu

November 28, 2016

Martin Zanghi,
Muskie School of Public Service
University of Southern Maine
Portland, Maine 04104

Dear Mr. Castro,


I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

Muskie looks forward to participating in this important planning effort by providing staff to lead the development of the youth Advisory Board for the YHDP. Our team has a long record of youth engagement and leadership development. For over fifteen years we have directed the Youth Leadership Advisory Team (YLAT) a nationally recognized state wide youth leadership initiative for youth in foster care and more recently we have been providing youth engagement and leadership development for two national initiatives here in Maine, the Aspen Opportunity Youth Incentive Fund Site and the Jim Casey Youth Opportunities Initiative. We are very committed to the goals of this project and will build on our current youth leadership activities to ensure that youth are empowered partners in this work.

Muskie will subcontract with Preble Street for funds to support our youth engagement staff. Kera Pingree 20, is a Youth Engagement & Research Assistant at the Muskie School of Public Service. Kera serves on the National Council for Youth. Kera holds a multitude of life experiences, including young parenthood (at age 15), youth homelessness, and alternative education. Kera will provide the leadership to ensure that youth voice is incorporated in all aspects of this work. She will recruit and support homeless youth to serve as the Youth Advisory Board. Preble Street will sub-contract \$11,440 to Muskie School which will provide a match of \$3,813.33.

We strongly support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant in an effort to prevent and end youth homelessness in Maine. We are excited to participate in ensuring that youth will be a key player in the process.

Sincerely,


Martin Zanghi, Director
Youth & Community Engagement



MaineHousing
Maine State Housing Authority

November 23, 2016

Department of Housing and Urban Development
451 Seventh Street, SW
Washington, DC 20410
Attention: Continuum of Care Programs

RE: Youth Homeless Demonstration Project Grant – Availability of Matching Funds

Dear Sir/Madam;

Maine State Housing Authority will make a combination of funds and in-kind staffing available to comprise the statutorily required match for a portion of the budget for the grant application as follows:

Maine Continuum of Care

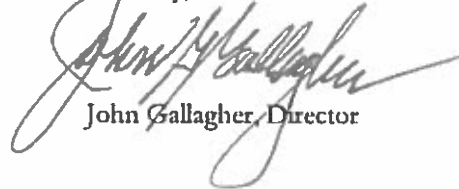
<u>Grant Name</u>	<u>Total Match</u>
Maine Youth Homeless Demonstration Project	\$6,250

All of the above matching funds are contingent upon a successful application in the HUD Youth Homeless Demonstration Project NOFA competition. Funds will be available at the time of final contract execution.

This letter evidences MaineHousing's commitment and support of this project in Maine's Continuum of Care applications. If the projects are successful under the Continuum of Care competitions, MaineHousing will issue formal commitments at that time.

We look forward to working with you.

Sincerely,



John Gallagher, Director



**UNIVERSITY OF
NEW ENGLAND**

Westbrook College
of Health Professions

**School of Social Work
Center for Research and
Evaluation**

**Portland Campus
716 Stevens Avenue
Portland, ME 04103
(207) 221-4511 T
(207) 221-4719 F**

November 23, 2016

Julian Castro
U.S. Department of Housing and Urban Development
451 7th Street S.W., Washington, DC 20410

RE: Letter of commitment for the Maine Balance of State Youth Demonstration Grant Project

Dear Secretary Castro,

The University of New England, School of Social Work, Center for Research and Evaluation will provide up to \$2,000 in match to support this project. This match will be in the form of Dr. Chalmers McLaughlin's salary and time to work on the project. It is anticipated that he will contribute an additional 26 hours of time during the six month planning process which are over and above the funding requested for the evaluation in the project.

We look forward to a favorable response to the Maine Balance of State's application. If you need any additional information regarding this commitment, please feel free to contact me.

Regards,

A handwritten signature in cursive script that reads "Thomas Chalmers McLaughlin".

Thomas Chalmers McLaughlin, PhD
Professor
Co-director of the Center for Research and Evaluation

United States Senate

WASHINGTON, DC 20510

November 29, 2016

The Honorable Julián Castro
Secretary
U.S. Department of Housing and Urban Development
451 7th Street, SW
Washington, DC 20410

Dear Secretary Castro:

We are writing in support of the Maine Balance of State Continuum of Care's (MCoC) application to the U.S. Department of Housing and Urban Development (HUD) Youth Homeless Demonstration Project (YHDP). Led by principal applicant Preble Street, the state's largest nonprofit provider of homeless services to youth and adults, the MCoC is seeking to plan and initiate system changes to meet the needs of youth who are homeless or at risk of homelessness throughout rural parts of the state.

The MCoC is comprised of a group of service providers that works together to develop programs addressing homelessness across Maine. The group leverages resources by developing and modifying new forms and processes together in a manner that ensures consistency across all programs and agencies. If funded, the MCoC plans to combine and integrate existing efforts throughout the state with a focus on prevention and early intervention, coordinated entry and assessment, emergency and crisis response, individualized services, and housing.

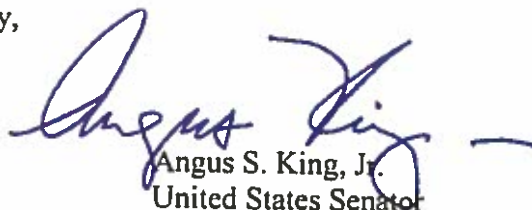
Through continued coordination of services with partner agencies including the Statewide Homeless Council and the Maine State Housing Authority, the MCoC is dedicated to preventing and ending youth homelessness in the state. We strongly believe that the MCoC has the capacity, leadership, and history of statewide collaboration necessary to find meaningful solutions to the challenges of youth homelessness and would develop a successful multiyear plan to address rural youth homelessness throughout Maine.

Thank you for your time and effort on behalf of the MCoC. We urge HUD's careful consideration of this application, subject to all applicable laws and regulations, and ask that you please notify Jay Lim (Collins) at (202) 224-2523 or jay_lim@collins.senate.gov and Lauren Pfingstag (King) at (202) 224-5344 or lauren_pfingstag@king.senate.gov when a final decision has been made.

Sincerely,



Susan M. Collins
United States Senator



Angus S. King, Jr.
United States Senator



HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0002

(207) 287-1400

TTY: (207) 287-4469

Thomas R. W. Longstaff

39 Pleasant Street

Waterville, ME 04901

Residence: (207) 872-6617

Thomas.Longstaff@legislature.maine.gov

November 10, 2016

Secretary Julian Castro
Department of Housing and Urban Development
451 Seventh Street, SW
Washington, DC 20410

Dear Mr. Castro:

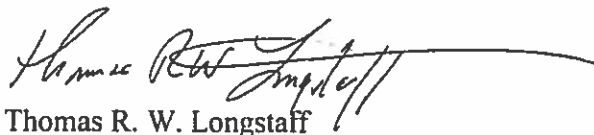
Please accept this letter as an enthusiastic expression of support for the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of this grant.

Through my work in the Legislature as well as my service on the Board of Directors of the United Way of Mid-Maine, its subcommittee on Meeting Immediate Human Needs and my participation in the Waterville Rotary Club I have become keenly aware of the problems of youth homelessness in Maine. Unfortunately, this is not a small problem but it is a critical one for the health and well-being of our next generation.

As a citizen and as a member of the Legislature I agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Thank you for your consideration of this application and for the work that you do as the Secretary of Housing and Urban Development.

Sincerely yours,



Thomas R. W. Longstaff

127th Legislature
Senate of
Maine
Senate District 27

Senator Justin L. Alford
Senate Democratic Leader
3 State House Station
Augusta, ME 04333-0003
(207) 287-1515

November 22, 2016

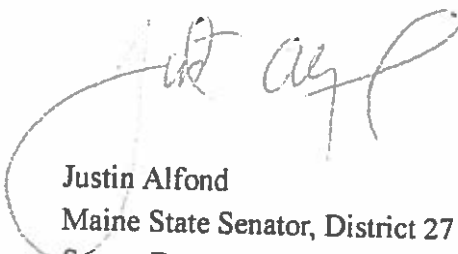
Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As a State Senator for Maine's largest city, I understand the importance of combating youth homelessness, and I am confident in MCoC's ability to be successful in this endeavor.

Through this letter I agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,



Justin Alford
Maine State Senator, District 27
Senate Democratic Leader



STATE OF MAINE
DEPARTMENT OF CORRECTIONS
111 STATE HOUSE STATION
AUGUSTA MAINE
04333-0111

DR. JOSEPH FITZPATRICK
COMMISSIONER

COLIN O'NEILL
ASSOCIATE COMMISSIONER

November 14, 2016

The Honorable Julian Castro
Department of Housing and Urban Development
451 7th Street SW
Washington, DC 20410

Dear Secretary Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

The Maine Department of Corrections Division of Juvenile Services promotes public safety by ensuring that juveniles under Department of Correction's jurisdiction are provided with risk-focused intervention, quality treatment, and other services that teach skills and competencies; strengthen prosocial behaviors to reduce the likelihood of re-offending and require accountability to victims and communities. We are committed to supporting positive youth development and believe the goals of this project can remediate one of the barriers justice-involved youth often face in reaching their most positive potential.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

Colin O'Neill, LCSW
Associate Commissioner

CO/hlsb

PHONE: (207) 287-2711

888-577-6690 (TTY)

FAX: (207) 287-4370



Administrative Office of the Courts

James T. Glessner
State Court Administrator
125 Presumpscot Street (zip 04103)
P.O. Box 4820
Portland, Maine 04112-4820

Telephone: (207) 822-0792
FAX: (207) 822-0781
TTY: (207) 822-0701

November 28th, 2016

Julián Castro, Secretary
U.S. Department of Housing and Urban Development
451 7th Street S.W.
Washington, D.C. 20410

Dear Mr. Castro,

The State of Maine Judicial Branch is pleased to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. The existence of a statewide collaboration and commitment to creating solutions to the challenges of youth homelessness has the potential to serve Maine's at-risk youth in greatly improved and innovative ways.

The Maine Judicial Branch is committed to working to improve the safety, permanency, and well being of youth and supports the goals of this project.

Through this letter we announce Judicial Branch support for the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

A handwritten signature in cursive script that reads "James T. Glessner".

James T. Glessner
State Court Administrator



The Alliance for Addiction and Mental Health Services, Maine

November 25, 2016

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As an organization that is dedicated to advancing mental health and addiction prevention, treatment and recovery we are committed to the goals of this project. Many of our members work extensively with the homeless population and in crisis response, and understand the extent of the need we are seeing in Maine today.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

A handwritten signature in black ink that reads "Malory Shaughnessy". The signature is written in a cursive, flowing style.

Malory Shaughnessy
Executive Director
Alliance for Addiction and Mental Health Services, Maine



November 22, 2016

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

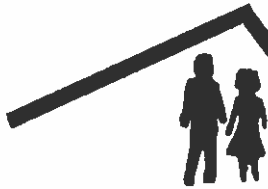
As an agency that improves lives and strengthens communities by affordable housing we are committed to the goals of this project.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

A handwritten signature in black ink that reads 'Dana Totman'.

Dana Totman
President, Avesta Housing



The Bangor Area Homeless Shelter

263 Main Street • Bangor, ME 04401-6403
Phone (207) 947-0092 • Fax (207) 945-9032

November 17, 2016

Boyd A Kronholm
Executive Director
Bangor Area Homeless Shelter
263 Main St
Bangor, ME 04401

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As an agency, whose mission it is to support and strengthen the community by providing emergency shelter and supportive services to people who are homeless, or at risk and to advocate for collaborative, locally driven solutions to end homelessness we are committed to the goals of this project.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

Boyd A Kronholm, LSW
Executive Director
Bangor Area Homeless Shelter
263 Main St
Bangor, ME 04401



November 14, 2016

The Honorable Julian Castro
U.S. Department of Housing and Urban Development
451 7th Street S.W.
Washington, DC 20410

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in its application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. The MCoC has demonstrated capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

Bath Housing Authority is a small housing authority serving a rural area in Midcoast Maine. Through our housing navigation program, we work with over 300 households each year to connect them to resources to address their housing issues. This year, a full 25% of those we have served are between 18 and 29 and 44% are homeless or sharing space. On a daily basis, we are reminded that the issues of youth homelessness in our area are acute. Fortunately, we have a network of service providers that are innovators in terms of program creation.

Please consider this letter a statement of our support of the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

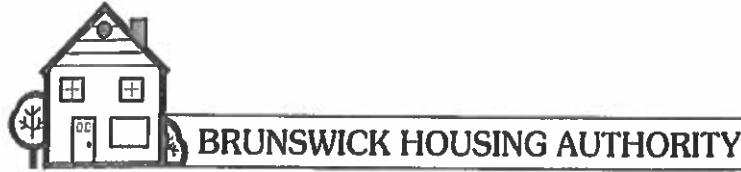
Debora Keller
Executive Director

Commissioners

*John L. Donovan, Chair
James MacLeod, Vice Chair
Anne George
Russell Pierce
Suan Morgan
Gail Michael
Howard Nannen*

Executive Director

John Hodge



November 16, 2016

John A. Hodge, Executive Director
Brunswick Housing Authority
PO Box A
Brunswick, ME 04011

Dear Honorable Secretary Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As an agency that owns, manages and develops affordable housing, we are committed to the goals of this project. We have committed staff time to assist with the troubling issue of homeless youth in our area for the last three years working with the Merrymeeting Homeless Youth Project. We will continue our efforts to work with our community to identify the issues and causes of youth homelessness and work towards developing resources to assist homeless youth and create lasting viable solutions to this problem.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,


John Hodge, Executive Director
Brunswick Housing Authority



Capital for Opportunity and Change

November 10, 2016

Keith R. Bisson, President
Coastal Enterprises, Inc. (CEI)
30 Federal Street
Brunswick, Maine 04011

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

CEI is a nonprofit, 501(c)(3) Community Development Corporation and Community Development Financial Institution (CDC/CDFI) based in Maine whose mission is to create economically and environmentally healthy communities, in which all people, especially those with low incomes, can reach their full potential. All of CEI's activities are aimed at creating assets for people with low incomes, while benefiting the wider economy and welfare of all Maine residents.

CEI has worked closely with Preble Street, the lead organization in the MCoC in the Portland Jobs Alliance. The primary goal of the PJA is to effectively meet expanding Portland companies' hiring needs by creating an integrated and coordinated training, referral and retention support system for low-moderate income job seekers. The Alliance utilized City of Portland Community Development Block Grant (CDBG) funds and additional resources from the John T. Gorman Foundation to bring workforce and education systems together with businesses to provide training and employment services that promote access and success for 100 New Mainers, homeless individuals, and single heads of households. Preble Street has been an important partner in the Alliance.

CEI supports the goals of the project and will seek to be a resource as appropriate to the MCoC. We agree to support the efforts of the MCoC and its partner agencies as we can to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

A handwritten signature in black ink that reads "Keith R. Bisson".

Keith R. Bisson
President





5 Mollison Way
Lewiston Maine 04240
Phone 207.753.9011
Fax 207.753.9031
www.cwmwdb.org

November 21, 2016

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As an agency that works with youth to gain employable skills and ultimately job placement leading to a career pathway, we recognize that one of the largest barriers to both education and employment is the increasing rise of youth homelessness. Without a stable home environment, learning and maintaining employment is extremely overwhelming and many times unbearable, leaving the youth in a more challenged environment. It is imperative that agencies such as MCoC continue to assist our youth to overcome homelessness so they are able to focus their attention on obtaining an education, thereby eliminating a huge barrier to employment. Eliminating homeless and supporting youth in their education will lead to employment and ultimately empower them to become independent and self-sufficient. We are very supportive and committed to the goals of this project.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

Jeffrey R. Sneddon
Executive Director
Central/Western Maine Workforce Development Board



November 16, 2016

South Paris
17 Market Sq.
S. Paris, ME 04281
(207) 743-7716
Fax: 743-6513

Lewiston
240 Bates Street
Lewiston, ME 04240
(207) 795-4065
Fax: 783-7489

Wilton
284 Main Street
Wilton, ME 04924
(207) 645-9512
Fax: 645-2609

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. Having been personally involved on the MCoC for a number of years in a previous role, I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

The mission of Community Concepts is to *"provide leadership, education and support to build thriving individuals, families and communities"*. We are dedicated to helping people achieve self-sufficiency by building knowledge, skills, and assets; reducing the burden of poverty; and improving the quality of life in the rural and urban communities we serve. The youth homelessness in our service areas of Androscoggin, Oxford and Franklin counties are of great concern to us, and as such we are committed to the goals of this project.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Shawn Yardley". The signature is fluid and cursive.

C. Shawn Yardley
Chief Executive Officer
Community Concepts, Inc.



Board Members

Aaron Shapiro
Community Development Director
Cumberland County
Board President

Chip Newell
Principal
The NewHeight Group
Board Treasurer

Gunnar Hubbard
Principal
Thornton Tomasetti
Board Secretary

David Birkhahn
Vice President
TD Bank

Christine Blyoga
Unit Helper, NICU
Maine Medical Center

Elizabeth Boepple
Partner
Lambert Coffin

dee Clarke
Advocate
Homeless Voices for Justice

Kendra Danse
Clinical Director
MaineStay

Jan McCormick
Vice President of Asset Mgmt.
Northern New England Housing
Investment Fund

Luc Nya
Mental Health Program
Coordinator
OCFS/Corrections Liaison
Maine DHHS

Thomas Ptacek
Veteran's Healthcare Outreach
Community Organizer
Prable Street

John Ryan
President
Wight-Ryan Construction

Brianna Twofoot
Vice President
Leadership for Educational Equity

Staff Contacts

Cullen Ryan
Executive Director

Erin Cooperrider
Development Director

Brenda Sylvester
Development Officer

Jim Gwilym
Chief Financial Officer

Kyra Walker
Chief Operating Officer

Elizabeth Baranick
Asset Manager

Sarah Gaba
Occupancy Manager

Samira Bouzrara
Operations Manager

Vickey Rand
Communications Manager

November 16, 2016

Mr. Julian Castro
US Department of Housing & Urban Development

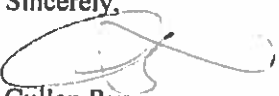
Dear Mr. Castro,
As the Executive Director of Community Housing of Maine (CHOM), I am writing to express my support for the Maine Continuum of Care (MCoC) and its partner agencies in their application for the Youth Homeless Demonstration Project (YHDP) grant from the US Department of Housing and Urban Development (HUD).

CHOM is a 501(c)(3) non-profit organization that provides advocacy, supportive housing, community inclusion, and stability for homeless and special needs populations across the state. CHOM develops, owns, and maintains high quality, affordable, service-enriched housing for people with low incomes and disabilities. Founded in 1993, CHOM has become the largest supportive housing developer in Maine with some 74 housing sites in 25 communities spanning 9 counties, creating over 715 units of low-income and special needs housing. CHOM is also the largest supportive housing provider for homeless populations in Maine. CHOM has provided stable homes to thousands of disadvantaged people.

This grant will provide opportunities for homeless youth in underserved rural communities throughout Maine to receive services that prevent homelessness or mitigate the effect of homelessness on their development. It will also allow Maine to respond to the needs of youth in their towns of origin, where they can maintain their natural supports, connections to family and community, and prevent the migration of homeless youth to the urban centers.

The YHDP partner agencies have been partners in providing a continuum of homeless services to youth in need in Maine. This project is a natural step in addressing the needs of youth experiencing homelessness in Maine, and we will continue to collaborate with all partner agencies in order to prevent and end youth homelessness.

CHOM has enjoyed a great relationship with the MCoC and its partner agencies, and I wish them the best of luck in their application.

Sincerely,

Cullen Ryan
Executive Director



Helping Maine Youth

November 29, 2016

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As an agency that has provided substance abuse and mental health services at Preble Street Teen Center for many years we are committed to the goals of this project.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

Caroline Raymond
Interim Executive Director





GOOD WILL-HINCKLEY
WE CHANGE LIVES.

November 28, 2016

Robert Moody
Good Will-Hinckley
16 Prescott Drive
P.O. Box 159
Hinckley, Maine 04944

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As an agency that provides a helping hand that equips youth at risk of falling as adults to succeed in education, work and life, our extensive experience in serving homeless youth such as operating independent & transitional living and demonstration apartment programs and statewide scattered site apartments to Maine's most vulnerable population goes back to 1986. Senior Level staff has been members of the Maine Runaway Homeless Youth Committee, Maine Regional Homeless Councils, Maine Continuum of Care and the Maine Statewide Homeless Council and we are committed to the goals of the YHDP project.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

Robert Moody, Executive Director

Good Will-Hinckley

Phone: 207.238.4000

Fax: 207.238.4007

Email: rmoody@gwh.org

JOHN T. GORMAN FOUNDATION

*Advancing Ideas. Promoting opportunities.
Improving lives in Maine.*

John T. Gorman, Jr., *Founder, 1930-2010*
Tony Cipollone, *President & CEO*

Directors

Shawn O. Gorman, *Chairman*
Weston Bonney
Tony Cipollone
Anne Dinsmore
Jeffrey J. Gorman
Martha E. Greene
Maggie Christie Keohan
Richard Petersen
Irving Isaacson, *Emeritus*

November 17, 2016

Dear Secretary Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As a private foundation, one of our core priorities is to support efforts that help vulnerable young people in Maine, including those experiencing homelessness, successfully transition to adulthood. Since 2013, we have invested \$813,000 specifically in the Transitional Living Program upon which the MCoC builds, and expect to continue our support pending continued positive outcomes from the program. We are therefore committed to the goals of this project.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,



Tony Cipollone
President and CEO
John T. Gorman Foundation



home help hope

November 28, 2016
Knox County Homeless Coalition/Hospitality House
P.O. Box 1696
Rockland, ME 04841

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As the homeless services agency supporting Knox, Waldo and part of Lincoln county, we are committed to support of and participation in MCoC, and to serving all homeless clients in need to the best of our ability and capacity. Our mission is to help our homeless families and children get back to sustainable, productive independence, strengthening individuals and our communities. We are also committed to the goals of this project. Helping homeless and at risk youth in rural Maine is of paramount importance, and currently this population is severely underserved and under-supported.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

Stephanie J. Primm
Executive Director
Knox County Homeless Coalition/Hospitality House

Our mission: To be the center of excellence for ending the cycle of homelessness in Mid Coast Maine.
Hospitality House is a program of Knox County Homeless Coalition.
Knox County Homeless Coalition is a 501(c)3 not for profit organization, EIN # 46-313-6785.

KNOX COUNTY
HOMELESS COALITION
& HOSPITALITY HOUSE

Mailing Address:

P.O. Box 1696
Rockland, ME 04841

Office Address:

169 Old County Road
Rockport, Maine 04856

[phone] 207.593.8151

[fax] 207.593.8170

info@homehelphope.org
homehelphope.org



Maine Behavioral Healthcare

MaineHealth

November 21, 2016

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, and history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As an organization with a proven track record of implementing diverse projects from multiple federal funding agencies in the field of childhood trauma, Maine Behavioral Healthcare is well versed in the needs and disparities facing homeless youth in Maine. Through our own work, we have focused on becoming a leader in the provision of evidence-based trauma interventions and trauma informed care for children in Maine. With a focus on preventing, intervening, and treating childhood trauma, we see significant opportunity in the proposed project to collaborate around homeless youth, most of whom we know to be trauma exposed. Many of our state's trauma exposed youth continue to struggle as we witness firsthand how a lack high quality mental health and integrated social services can negatively impact our most vulnerable children and communities. Research has repeatedly demonstrated that homelessness, substance use, and risky behavior are often the result of childhood exposure to trauma when no safety net exists to support these children and their families from falling through the cracks. One particular project, The Maine's Children's Trauma Response Initiative, a program of Maine Behavioral Healthcare has been very successful in increasing statewide access to evidence-based trauma interventions for traumatized children in hopes of building this safety net. Our work intersects with the proposed project because of our mutual dedication to providing care and supports for at risk children, such as those who are homeless. We are committed to partnering on the goals of this project.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

Stephen M. Merz, FACHE
President and Chief Executive Officer

Rev. Susan Reisert, Chair
Sandy Myers, Vice-Chair
Dr. John Margolis, Secretary
Dirk Kershner, Treasurer
Jonathan Rogers, Clerk
Jill Gilbert
Sister Mae Doucette, Commemorative
Danny Karter, Commemorative

19 Colby
Street



Waterville, ME
04901

Doug Cutchin
Judy Williams
Donna Sawyer
Brian Watson
Raymond Watson
Joshua Ward
Marc Sirois
Timothy Rehse

MID-MAINE HOMELESS SHELTER

BETTY PALMER, EXECUTIVE DIRECTOR
(207) 872-8082 ♦ (207) 872-6550 ♦ FAX: (207) 872-0834
shelter@ShelterMe.org ♦ www.shelterme.org

November 11, 2016

Betty Palmer
Mid Maine Homeless Shelter
19 Colby St
Waterville Maine 04901

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As an agency that has been working to end homelessness for over 25 years in the Mid Maine area we are very committed to the youth experiencing homelessness in Maine. MMHS has identified a lack of services and supports for youth in our state. The programs here at MMHS were designed for adults and are tweaked for youth however with a limited state wide coordinated effort we have not made the progress we had hoped in ending homelessness for our youth population. We are excited about the collaborations of youth programs and Maine Balance of State Continuum of Care and the possibilities this holds for the future. MMHS is active on the MCoC and sub committees along with Regional involvement and State Wide homeless Council representation. In the last few years we have participated in several community grassroots conversations and planning session to look to 2017/ 18 in our local service area and have made some changes and increased out reach to youth. MMHS is totally committed to the goals of this project as the State Youth providers seek to work more collaboratively together and to create brighter futures for youth experiencing episodes of homelessness in Maine. . .

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,


Betty Palmer
Executive Director

"Providing Emergency Food & Shelter to Homeless and Displaced Persons in central Maine"
"Founded by the Interfaith Council in 1990"



November 28, 2016

Michael Tarpinian
The Opportunity Alliance
50 Lydia Lane
South Portland, ME 04106

Dear Mr. Castro,

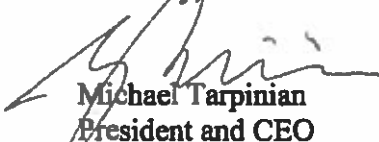
I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As an agency, The Opportunity Alliance has provided advocacy, leadership, and support to help individuals, families, and communities identify goals and address their needs for nearly 50 years. Within this collection of programs are three state and federally funded housing programs directed at youth: **Homeless Youth Services (HYS)** case management services have been serving southern Maine for over fourteen years. HYS provides intensive and individualized case management services for homeless youth and their families in York and Cumberland Counties. **Young Parent Program:** The 22 Park Avenue Rapid re-housing program strives to help individuals and/or families who are homeless move as quickly as possible into permanent housing and achieve stability in that housing through a combination of rental assistance and supportive services. **Rapid Re-Housing** for youth and families who homeless move as quickly as possible into permanent housing and achieve stability in that housing through a combination of rental assistance and supportive services via scattered sites.

In addition to the three programs that specifically address the Homeless Youth population described above, TOA offers a continuum of behavioral health, clinical and community based services. We have a long history of providing case management services for adults and youth, and we are committed to the goals of this project.

The Opportunity Alliance is a voting member of the Portland Continuum of Care and on the Statewide Leadership Team for the MCoC. In addition, staff sit on the Statewide Homeless Youth Council. Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,



Michael Tarpinian
President and CEO



www.opportunityalliance.org

50 Lydia Lane, South Portland, ME 04106

telephone 207.874.1175 toll free 1.877.429.6884 fax 207.874.1181 tty 207.874.1180



Penobscot Community
Health Care

Administrative Services Center

P.O. Box 2100, Bangor, Maine 04402

207.992.9200 • Fax 207.907.7077

November 11, 2016

Chris Bicknell, Executive Director
New Beginnings
134 College St, Lewiston, ME 04240

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As an agency that provides comprehensive, integrated primary health care services for all to improve the health and wellbeing of our patients and the Maine communities we serve, we are committed to the goals of this project.

Penobscot Community Health Care is a non-profit organization governed by a board of community volunteers, incorporated in 1997. We are passionate about our mission at PCHC – we provide comprehensive, integrated primary health care services for all to improve the health and wellbeing of our patients and the Maine communities we serve. Our vision for success is a community in which everyone has access to quality, cost effective health care, where people are empowered to advocate for their personal goals and needs and are supported by community based resources, and where health encompasses physical and emotional wellness, personal dignity and a sense of belonging.

Focusing on the health of every patient, Penobscot Community Health Care offers a medical home with access to many health services in addition to primary health care, such as dental, integrated mental health, pharmacy, physical therapy, case management, health and nutrition education, chronic disease management, speech and audiology services, and many medical specialists.

PCHC's Hope House Health & Living Center is a low-barrier, safety-net shelter for people experiencing homelessness and those suffering from psychotic illnesses, hunger, and substance use disorders. Hope House provides emergency beds and mats for up to 66 individuals each night. The Hope House offers housing stabilization services, connections to mainstream services, tenant education, and medical services including: integrated primary care, psychiatric medication management, and dental care; individual psychotherapy; care management; a group milieu; and a comprehensive day program that provides three meals a day. PCHC is



Penobscot Community
Health Care

active in the CoC and the Hope House Health & Living Center Director is actively engaged in MCoC committees. The Manager of Homeless Initiatives at the Hope House is Vice-President of the CoC Governing Board and an active member of the Maine CoC and MCoC Data Committees.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant through continued collaboration and coordination of services in an effort to prevent and end youth homelessness in Maine.

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Schmidt", is written over a white background. The signature is fluid and cursive, with a long, sweeping tail that curves upwards and to the right.

Kenneth Schmidt, MPA
President and Chief Executive Officer
Penobscot Community Health Care



SPURWINK

going the distance

Eric Meyer, President and CEO
Spurwink Services
901 Washington Ave
Portland ME 04103

November 11, 2016

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As an agency that provides behavioral health and educational services to youth and families in Maine, Spurwink is familiar with damaging impact of youth homelessness. Spurwink's outpatient clinicians and case managers work effectively with New Beginnings and other MCoC agencies to coordinate resources and care to improve safety, stability and overall outcomes for youth. The work of the MCoC is closely aligned with our agency mission and vision and we are committed to the goals of the project.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

Eric Meyer, LCSW, MBA
President and CEO
Spurwink Services



Officers

John Carson
President

Andree Appel
Vice President

Nonny Soifer
Secretary

Sarah Piper
Treasurer

Directors

Roger Brodeur

Sally Carignan

Sally Loving

Irene Martin

Joyce McPhetres

Craig McEwen

Marcy McGuire

Judy Montgomery

Doug Morrell

Dot Ollier

Chris Powell

Claudia Staberg

Julian Castro, Secretary
U.S. Department of Housing and Urban Development
Washington, D.C.

November 15, 2016

Dear Secretary Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

For 30 years, Tedford Housing has been working together with people in our communities to find lasting solutions to the challenges of homeless. The challenges faced by youth who are homeless in the southern mid-coast region of the state has been addressed by the Merrymeeting Homeless Youth program, working with the three area school districts to make sure youth are enrolled in school, are progressing through their academic programs along with their peers, have the supports and resources necessary for academic success and are on target to graduate. Recent community forums on the topic have elevated the focus on homeless youth in the region. Tedford Housing is a member of the Maine Balance of State Continuum of Care.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.



United Way of
Mid Coast Maine

United Way of
Androscoggin County

Auburn
Augusta
Bath
Brunswick
Lewiston



Sincerely,

Craig A. Phillips
Executive Director
Tedford Housing
P.O. Box 958
Brunswick, Maine 04011

Waterville Housing Authority

88 Silver Street, Waterville, Me., 04901
207-873-2155 fax 207-877-9429

Executive Director
Diane Townsend

November 10, 2016

Diane Townsend
Waterville Housing Authority
88 Silver Street
Waterville, ME 04901

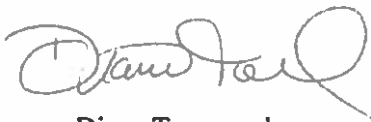
Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As the Public Housing Agency for Waterville, Winslow, Oakland and Sidney we are committed to providing decent and safe housing to citizens of all ages. We do not have our own monetary resources to commit to the YHDP, however, we are committed to the goals of this project and have staff who are available to assist.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,



Diane Townsend
Executive Director
Waterville Housing Authority

Commissioners

Paul F. Jacques, Chairman
David A. Cosgrove, Vice-Chairman
Cynthia C. Longstaff
Christina Lyn Cote

Daniel Bernier
David V. Smith
Nancy Finery

.....



11 November 2016

Secretary Julian Castro
Department of Housing and Urban Development
451 7th Street S.W.,
Washington, DC 20410

Dear Secretary Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

As a Public Housing Authority in the metro – Portland area we provide housing opportunities in both the urban and rural area. We have collaborated with the MCoC on initiatives to prioritize housing for the homeless and people with disabilities. We do so through a set aside of Housing Choice Vouchers, development of properties with a priority for people with disabilities, and we strive to address the issue of homeless youth. The concern for homeless youth is that the resources have been limited in areas of funding, vouchers, and apartments. The Housing Authority of the City of Westbrook has had long standing partnerships with to address case management support for vulnerable persons that we provide housing resources. This initiative will engage established proven entities to implement a needed program to stabilize and empower to homeless youth into society through and provide them the opportunity to advance in vocational training and education while being able to be fully engaged by the community. We are committed to the goals of this project.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely

Christopher J. LaRoche
Executive Director

.....





11-18-16

Julian Castro
 U.S. Department of Housing and Urban Development
 451 7th Street S.W., Washington, DC 20410

Dear Mr. Castro,

I am writing to support the Maine Balance of State Continuum of Care (MCoC) in their application for the Youth Homeless Demonstration Project (YHDP) grant from the Department of Housing and Urban Development. I strongly believe that the MCoC has the capacity, leadership, history of statewide collaboration and commitment to creating solutions to the challenges of youth homelessness necessary to be a successful recipient of the YHDP grant.

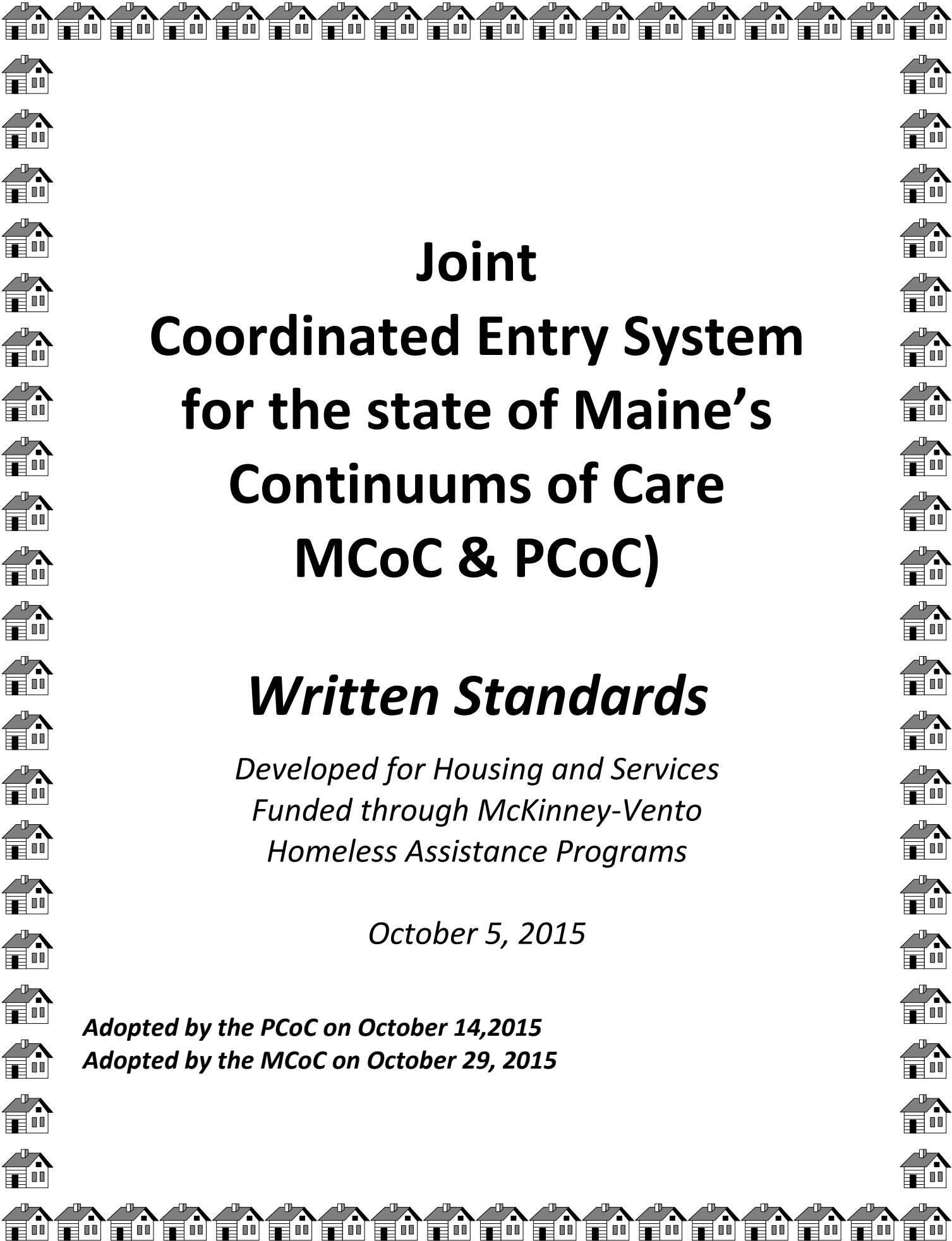
Wings provides quality wraparound case management to youth in Maine serving 750+ youth per month, some of whom are homeless or at risk of being homeless. We collaborate with all child/youth serving entities to provide the broadest array of supports and services. We are certainly committed to the goals of this project.

Through this letter we agree to support the efforts of the MCoC and its partner agencies to achieve the goals of the YHDP grant by continued collaboration and coordination of services with those partner agencies named in the grant in an effort to prevent and end youth homelessness in Maine.

Sincerely,

Trish Niedorowski
 Executive Director
 Wings for Children and Families

<i>Providing Quality Wraparound Case Management to Youth since 1995.</i>			<i>Serving families throughout Maine from</i>	
<i>the following offices.</i>				
900 Hammond St. Suite 925 Bangor, ME 04401	1928 Medway Rd Medway, ME 04460	P.O. Box 638 Machias, ME 04654	93 State Street, Suite A Presque Isle, ME 04769	110 Main St. Suite 1220 Saco, ME 04072
TOLL FREE 1-800-823-2988 or 207-941-2988			FAX for all Offices: 207-941-2989	
Send General Email Inquiries to wingsmaine@wingsinc.org Patricia Niedorowski, Executive Director			Check out our web site at www.wingsinc.org Find us on Facebook!	



**Joint
Coordinated Entry System
for the state of Maine's
Continuums of Care
(MCoC & PCoC)**

Written Standards

*Developed for Housing and Services
Funded through McKinney-Vento
Homeless Assistance Programs*

October 5, 2015

Adopted by the PCoC on October 14, 2015

Adopted by the MCoC on October 29, 2015

Contents

Introduction 4

 This Document 5

 Purpose: 5

Overview of Coordinated Entry/ Assessment..... 5

 Responsibilities of the Continuum of Care 6

 Geographic Area: 7

 Target Population 7

Goals of Coordinated Entry/Assessment 8

 Guiding Principles..... 8

Operating the Coordinated Entry System 10

Key Elements of Maine’s CES:..... 10

 Definitions:..... 10

 Requirements:..... 10

 Pre-Screening 11

 Screening, Assessment and Referral..... 11

 Prioritization standards 11

 No Wrong Door Approach 12

CES Components: 12

 Assessment Tool 12

 Assessment Process 12

 Data Sharing 13

 Emergency services..... 13

 Fair and Equal Access 13

 Full coverage 13

 Joining the Coordinated Assessment System 13

 Mainstream services 13

 Monitoring and Reporting of CES 13

 Privacy protections 13

 Resource List 14

 Referral criteria 14

 Referral Rejection Policy 14

Safety planning.....	14
Standardized access and assessment.....	14
Stakeholder Inclusion.....	15
System Advertisement and Outreach.....	15
System Evaluation.....	15
Training	16
Appendix A: Definitions	18
Appendix B: PROGRAM REQUIREMENTS FOR ALL PROGRAMS.....	21
Appendix C: RECORD KEEPING REQUIREMENTS FOR ALL PROGRAMS	22
Appendix D: OCCUPANCY STANDARDS FOR ALL PROGRAMS.....	23
Appendix E: Order of Priority in CoC Program-funded Permanent Supportive Housing.....	24
Appendix F: Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness.....	24
Appendix G: Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness.....	26
Appendix H: Coordinated Assessment Priority Status Guidelines for CoC Housing Resources.....	28
Appendix I: 2015 Ending Homelessness Prioritization Chart.....	29

Introduction

The Continuum of Care (CoC) Leadership Team has developed the following Coordinated Entry Written Standards for providing assistance using McKinney-Vento Homeless Assistance funds. The CoC Leadership team is comprised of representatives from Maine's two CoC's including the Maine CoC (MCO) and the Portland Continuum of Care (PCOC), the State of Maine Department of Health and Human Services, MaineHousing, CoC and Emergency Solutions Grant (ESG) sub-recipients, (Domestic Violence (DV)) agencies and other agencies that work with homeless individuals and families, as well as formerly homeless individual(s).

The Maine Continuums of Care (CoC's) are responsible for coordinating and implementing a system to meet the needs of individuals and families experiencing homelessness within the state of Maine. Both the ESG Rules and Regulations and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) CoC Program Interim Rules state that the CoC, in consultation with recipients of Emergency Solutions Grants program funds within the geographic area

- (1) Establish and consistently follow written standards for providing Continuum of Care assistance;
- (2) Establish performance targets appropriate for population and program type; and
- (3) Monitor recipient and sub recipient performance.

These Written Standards are in accordance with the interim rule for the ESG Program released by the U.S. Department of Housing and Urban Development (HUD) on December 4, 2011, the final rule for the definition of homelessness also released by the HUD on December 4, 2011; and the CoC Program Interim Rule released by HUD on July 31, 2012. There are some additional standards outlined in this document that have been established by the CoC's that will assist programs in meeting and exceeding performance outcomes that will help the CoC's reach the goal of ending homelessness.

These written standards have been developed in conjunction with CoC and ESG sub-recipients and with service providers to allow for input on the procedure of Coordinated Entry/Assessment system, standards, performance measures and the process for full implementation of the standards throughout the CoC from the perspective of those organizations that are directly providing homeless housing and services, Emergency Shelter (ES), Transitional Housing (TH), Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH) and Supportive Services Only (SSO).

The Coordinated Entry Written Standards will:

- Assist with the coordination of service delivery across the geographic area and will be the foundation of the coordinated entry system;
- Assist in assessing individuals and families consistently to determine program eligibility;
- Assist in administering programs fairly and methodically;
- Establish common performance measurements for all CoC components; and
- Provide the basis for the monitoring of all CoC and ESG funded projects.

The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing. All programs that receive ESG or CoC funding are required to abide by

these written standards. Agency program procedure should reflect the policy and procedures described in this document. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards.

The CoC Written Standards have been approved by both CoC's. In 2016, ESG sub-recipients will be required to have signed grant agreements stating that they agree to participate in the Coordinated Entry System for the state of Maine. The Written Standards will be reviewed and revised as needed at a minimum of once per year. Agreement to abide by the Written Standards will be a condition of being approved CoC or ESG funding.

This Document

These policies and procedures will govern the implementation, governance, and evaluation of the Coordinated Entry System (CES) in the state of Maine. It is expected that the standards will adjust as programs evolve, members gain more experience, and HMIS data from programs and services is analyzed. These Written Standards serve as the guiding principles for funding ESG and CoC programs. These policies may only be changed by the approval of the CoC Board based on recommendations from the Coordinated Assessment Committee of the CoC. These policies will be reviewed annually in accordance with the CoC Board Governance Charter (by-laws).

Purpose:

Maine's Coordinated Entry System (CES) process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.

Overview of Coordinated Entry/ Assessment

Coordinated Entry/Assessment is considered one of the many interventions in a community's united effort to end and prevent homelessness. The process works best and provides the greatest value if it is driven by "What does the client need" rather than by provider eligibility. Coordinated entry/assessment refers to the process used to assess and assist in meeting the housing needs of people at-risk of homelessness and people experiencing homelessness. Key elements of coordinated assessment include:

- A designated set of coordinated assessment locations and staff members;
- The use of standardized assessment tools to assess consumer needs;
- Referrals, based on the results of the assessment tools, to homelessness assistance programs (and other related programs when appropriate);
- Capturing and managing data related to assessment and referrals in a Homeless Management Information System (HMIS); and
- Prioritization of consumers with the most barriers to returning to housing for the most cost- and service-intensive interventions.

The implementation of coordinated assessment is considered national best practice. When implemented effectively, coordinated assessment can:

- Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding crisis housing or services;
- Reduce new entries into homelessness through coordinated system wide diversion and prevention efforts;
- Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met;
- Reduce or erase entirely the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and make progress on ending homelessness.

Responsibilities of the Continuum of Care

The CoC program includes transitional housing, permanent supportive housing for disabled persons, rapid re-housing, permanent housing, supportive services, and the Homeless Management Information System. A CoC is a geographically based group of representatives that carries out the planning responsibilities of the CoC program, as set for the in 24 CFR part 578. These representatives come from organizations that provide services to the homeless, or represent the interests of the homeless or formerly homeless. The three major duties of a CoC are to (1) operate the CoC; (2) designate a HMIS for the CoC; and (3) develop a plan for the CoC. The Coordinated Entry/Assessment System must incorporate and defer to any funding requirements established under the CoC Program interim rule, ESG Program interim rule, or a Notice of Funding Availability (NOFA) under which a project is awarded.

The CoC Interim Rule defines several responsibilities of the Continuum of Care (578.7 (a) (8)). One of these responsibilities is to establish and operate either a centralized or coordinated assessment system, in consultation with recipients of ESG program funds within the geographic area. This coordinated entry/assessment system provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.

The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD by Notice.

A coordinated entry/assessment system is defined to mean a coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A coordinated entry/assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. This definition establishes basic minimum requirements for the Continuum's coordinated assessment system.

Another responsibility of the CoC's, in consultation with recipients of ESG program funds within the geographic area, is to establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance under

this part;

- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
- Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance;

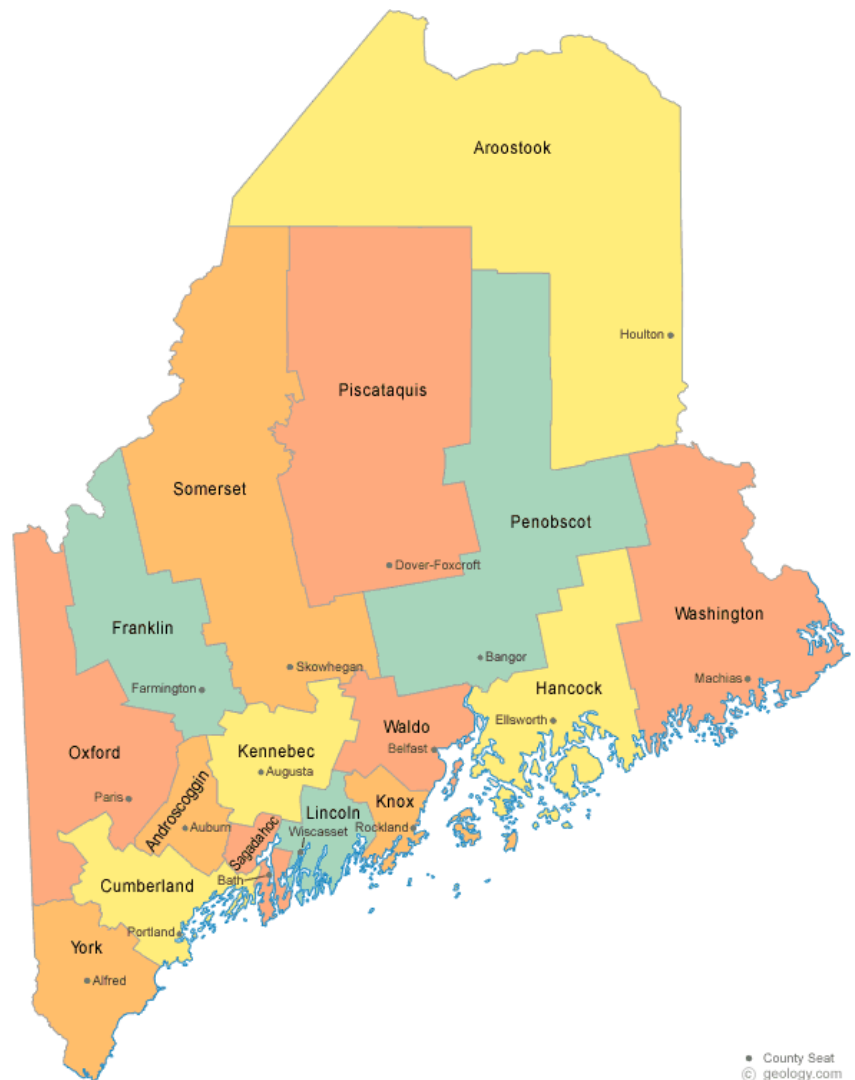
CES systems are important in ensuring the success of homeless assistance and homeless prevention programs in communities. In particular, such assessment systems help communities systematically assess the needs of program participants and effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs.

Geographic Area:

Maine is a state in the New England region the northeastern United States, bordered by the Atlantic Ocean to the east and south; New Hampshire to the west; and the Canadian provinces of Quebec to the northwest and New Brunswick to the northeast. Maine is both the northernmost and easternmost portion of New England. The United States Census Bureau estimates that the population of Maine was 1,330,089 on July 1, 2014, a 0.13% increase since the 2010 United States Census and it covers an area of 35,385 square miles. This geographic area includes urban, suburban, and rural areas. The Maine Balance of State Continuum of Care covers all 16 of Maine counties except for the City of Portland, and extends from the Aroostook County in the northern part of the state all the way down to York County. The City of Portland Continuum of Care is the other continuum in Maine and it covers only the City itself.

Target Population

This process is intended to serve people experiencing homelessness and those who believe they are at imminent risk of homelessness who reside in the state of Maine. Homelessness will be defined in accordance with the



official HUD definition of homelessness. People at imminent risk of homelessness are people who believe they will become homeless, according to the HUD definition within the next 72 hours. People who think they have a longer period of time before they will become homeless should be referred to other prevention-oriented resources available in the community.

Goals of Coordinated Entry/Assessment

Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of well-developed coordinated entry processes has resulted in severe hardships for people experiencing homelessness. They often face long waiting times to receive assistance or are screened out of needed assistance.

The CES System is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions. It helps communities prioritize assistance based upon vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. The CES also provides information about service needs and gaps to help communities plan their assistance and identify needed resources.

HUD's primary goals for coordinated entry processes are:

- Assistance will be allocated as effectively as possible
- Assistance is easily accessible no matter where or how people present

The CoC Leadership Team members identified the following common goals for the Coordinated entry/Assessment System:

- The process will be easy on the client, and provide quick and seamless entry into homelessness services
- Individuals and families will be referred to the most appropriate resource(s) for their individual situation
- The process will prevent duplication of services
- The process will reduce length of homelessness
- The process will improve communication among agencies

Guiding Principles

The goal of the coordinated assessment process is to provide each consumer with adequate services and supports to meet their housing needs, with a focus on returning them to housing as quickly as possible. Below are the guiding principles that will help Maine meet these goals.

- **Adopt statewide standards:** but allow flexibility for local customization beyond baseline standard.

- **Consumer Choice:** Consumers will be given information about the programs available to them and have some degree of choice about which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of coordinated assessment through forums, surveys, and other methods designed to obtain their thoughts on the effectiveness of the coordinated assessment process.
- **Promote client-centered practices** – Every homeless persons should be treated with dignity, offered at least minimal assistance, and participate in their own housing plan. Provide ongoing opportunities for consumers participation in the development, oversight, and evaluation of coordinated assessment. Consumers should be offered choice whenever possible.
- **Prioritize most vulnerable** as the primary factor among many considerations–Limited resources should be directed first to persons and families who are most vulnerable*. Less vulnerable persons and families will be assisted as resources allow. *Vulnerability will be defined locally.
- **Collaboration:** Because coordinated assessment is being implemented system wide, it requires a great deal of collaboration between the CoC's, providers, mainstream assistance agencies (e.g., Department of Health and Human Services, hospitals, and jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council (the Coordinated Assessment Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the coordinated assessment/entry process.
- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the coordinated assessment process. Data from the assessment process that reveals what resources consumers need the most will be used to assist with reallocation of funds and other funding decisions. To capture this data accurately, all assessment staff and providers must enter data into HMIS (with the exception of some special populations and other cases, outlined later in this document) in a timely fashion. Consumers' rights around data will always be made explicit to them, and no consumer will be denied services for refusing to share their data.
- **Performance-Driven Decision Making:** Decisions about and modifications to the CES process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of waiting time for an assessment.
- **Housing First:** The most successful model for housing people who experience chronic homelessness is permanent supportive housing using a "Housing First" approach, which is a client-driven strategy the provides immediate access to housing without requiring participation in psychiatric treatment, treatment for sobriety, or other service participation requirements. After settling into housing, consumers are offered a wide range of supportive services that focus primarily on helping them maintain their housing. Maine's CES strongly encourages recipients of PH/PSH and TH, whenever possible funding to implement a Housing First approach. Coordinated assessment will support a housing first approach, and will thus work to connect households with

the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.

- **Prioritizing the Hardest to House:** Coordinated assessment referrals will prioritize those households that appear to be the hardest to house or serve for program beds and services. This approach will ensure an appropriate match between the most intensive services and the people least likely to succeed with a less intensive intervention, while giving people with fewer housing barriers more time to work out a housing solution on their own. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.
- **Transparency :** Make thoughtful decisions and communicate directives openly and clearly.

Operating the Coordinated Entry System

In the past three years, there have been efforts by the MCOC and PCOC towards coordinated entry/assessment. This has set a path for establishing the system-wide coordinated entry/assessment system. In 2012 and 2013, the Collaborative Applicants for the MCOC and PCOC submitted a planning grant application which would allow both CoC's to identify and work toward a state-wide Coordinated Entry/Assessment System. Both CoC's received the FY2012 Planning Grant which was then implemented in 2014 and identified initial steps. Because the Collaborative Applicants did not receive the FY2013 planning grant, a private foundation grant was applied for and was approved to continue the work in FY2015. Finally, both CoC's were awarded the FY2014 Planning Grants which are expected to be implemented in 2016 to continue help the system become fully operational. When fully implemented, the CES System will include:

- Information about available services and programs for persons experiencing a housing or homeless crisis
- Uniform intake, assessment and screening tools and processes
- Real-time knowledge about program inventories and capacity
- Coordinated referrals to receive prevention, housing or related services
- Enrollment prioritization and waitlist management for housing programs.

Key Elements of Maine's CES:

Definitions:

A list of definitions of terms used in this document are described in Appendix A.

Requirements:

Both of Maine's CoC's, the MCoC and PCoC have adopted HUD's Notice CPD 14-012 on the Prioritizing Person's Experiencing Chronic Homelessness and other Vulnerable Homeless Persons in Permanent

Supported Housing and Record Keeping Requirements for Documenting Chronic Homeless Status, which are summarized in Appendices B, C, and D.

Pre-Screening

All potential consumers will be pre-screened and asked several questions to determine if they are homeless or at risk of imminent homelessness. If they are screened and it is determined that they meet this criteria, they will be offered a more thorough assessment to identify their specific needs. Guiding principles for this process include:

- The pre-screening tool will be the same regardless of access point;
- If the program that is triaging is also a service provider, the pre-screening tool can be combined with a deeper assessment;
- The pre-screen is meant to shelter or divert an individual or family experiencing or at risk of homelessness;
- The pre-screen may be different by service hub (i.e. centralized, phone, no wrong door); and
- The tool will ask about 4 questions but the person asking can ask additional clarifying questions.

Screening, Assessment and Referral

Consumers will be directed community wide to the established “front doors” for Screening, Assessment and referral. A Front Door is one of the agreed upon entry points into the CES, and is where formal Screening and/or Assessment for client’s entry into the housing programs funded by HUD’s ESG and CoC programs for the Homeless Assistance System. Screening and assessment collects information to guide housing referrals based on program eligibility and services offered for Homeless Prevention Programs, Rapid Re-Housing, Transitional Housing and Permanent Supportive Housing.

Prioritization standards

Maine’s CoC’s have adopted the provisions and requirements set out in the HUD Notice CPD-14-012 for the Prioritizing Person’s Experiencing Chronic Homeless and Other Vulnerable Homeless Persons in Permanent Supportive Housing (PSH) and Recordkeeping requirements for Documenting Chronic Homeless Status as the baseline written standards for operations of Maine’s CES. Maine’s CoC Board will adopt additional written standards for establishing eligibility and prioritization of clients for assistance. These standards will be specific and detailed, address any unique eligibility requirements for assistance (e.g. disability or subpopulation), reflect the homeless population and subpopulations within the CoC as reported on the Housing Inventory Chart, and reflect the housing and services within the CoC, and reflect the national and targeting priorities. Prioritization Standards for PSH are described in Appendices E, F and G and Appendix H is a table summary of the basic priority order per HUD Notice CPD 14-102.

The matching process and eventual referral linkage process will take into account a set of prioritization criteria for each project type. The order of client priority on the prioritization list will under no circumstances be based on disability type or diagnosis. CoC’s will establish priority for each project type based on the severity of the needs, length of time homeless, or subpopulation characteristics, depending on the specific CoC component type.

Low Barrier Policy

CoC providers will make enrollment determinations on the basis of limiting barriers to enrollment in services and housing. No consumer may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Funders restricting access to projects based on specific client attributes or characteristics will need to provide documentation to the CoC providing a justification for their enrollment policy.

No Wrong Door Approach

Because of the diversity and size of the state of Maine, access to the CES follows a "No Wrong Door" approach. The principles of this approach are:

- A consumer can seek housing assistance through any of the participating homeless services providers and will receive integrated services;
- Consumers should have equal access to information and advice about the housing assistance for which they are eligible in order to assist them in making informed choices about available services that best meet their needs;
- Participating providers have a responsibility to respond to the range of consumer needs and act as the primary contact for consumer who apply for assistance through their service unless or until another provider assumes that role;
- Participating providers will provide a proactive service that facilitates the consumer applying for assistance or accessing services from another provider regardless of whether the original provider delivers the specific housing services required by a presenting consumer; and
- Participating housing providers will work collaboratively to achieve responsive and streamlined access services and cooperate to use available resources to achieve the best possible housing outcomes for consumer, particularly for those with high, complex or urgent needs.

CES Components:

Assessment Tool

The CoC's will develop a universal assessment tool for use in managing the client intake, assessment, and referral process. The standard tool may be customized by each individual CoC project with additional program-specific assessment questions and response categories necessary to address the unique aspects and needs of individual programs. All assessment tools will utilize a scoring paradigm to assist with documenting clients' needs and prioritizing services

Assessment Process

CoC's will employ a progressive assessment approach. Progressive assessment stages the asking and sequencing of assessment questions such that prospective program participants are asked only those questions directly related to service enrollment and prioritization decisions necessary to progress the participant to the next stage of assessment or determine a referral to a service strategy

Data Sharing

All CoC's will follow the Data Sharing policies developed by the HMIS Advisory Task Force in conjunction with MaineHousing.

Emergency services

Defined access points must provide directly or make arrangements through other means to ensure universal access to crisis response services for clients seeking emergency assistance at all hours of the day and all days of the year. The CoC's must document their planned after-hours emergency services approach. After hours crisis response access may include telephone crisis hotline access, coordination with police, emergency medical care.

Fair and Equal Access

All CoC's will ensure fair and equal access to the CES programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, or sexual orientation. If an individual's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs.

Full coverage

The full geography of the CoC must be covered by CES services including access to crisis response services, assessment of clients, and referral options.

Joining the CES

All programs that receive CoC or ESG funding are required by their funders to participate in the CES. Other programs are encouraged and welcome to join the CES. Those programs that are not required by their funder to participate in the CES will sign a Memorandum of Understanding agreeing to participate in the system for a minimum of six months.

Mainstream services

The CoC's must implement a screening protocol to assess each client's potential eligibility for the following mainstream resources or services:

- Housing
- Medical benefits
- Nutrition assistance
- Income supports

Monitoring and Reporting of CES

All CoC's must adhere to a state-defined monitoring and reporting plan for CES. The State-defined monitoring process will report on performance objectives related to CES utilization, efficiency and effectiveness.

Privacy protections

CES operations and staff must abide by all State of Maine-defined privacy protections as defined by the HMIS Advisory Committee. Consumer consent protocols, data use agreements, data disclosure policies, and any other privacy protections offered to program participants as a result of each consumer's participation in HMIS will be the same as CES.

Resource List

A list of all available CoC resources will be maintained, including each project's eligibility criteria and prioritization protocols. The list of resources must be updated annually and be publicly available.

Referral criteria

Both CoC's must define referral criteria for all projects within the CoC's geographic area. Referral criteria must identify all the eligibility and exclusionary criteria used by program staff to make enrollment determinations for referred persons or households. Established guidelines must describe acceptable time frames for reviewing and communicating referral decisions (i.e. whether the potential program participant is either accepted or denied enrollment). If a potential client is not offered enrollment, the reason for rejection must be clearly communicated and documented in HMIS. The referral criteria must be published at least annually and support the identification of and connection to appropriate housing and services for all assessed clients.

Referral Rejection Policy

Both CoC providers and program participants may deny or reject referrals, although service denials should be infrequent and must be documented in HMIS or other comparable system with specific justification as prescribed by the CoC. The specific allowable criteria for denying a referral must be established by the CoC, must be shared with each project and consumer, and be reviewed and updated annually. All participating projects and client must provide the reason for service denial, and may be subject to a limit on number of service denials. Aggregate counts of service denials, categorized by reason for denial, must be reported by the CoC annually.

At a minimum, project's referral rejection/denial reasons must include the following:

- Consumer /household refused further participation (or client moved out of CoC area)
- Consumer/household does not meet required criteria for program eligibility
- Consumer t/household unresponsive to multiple communication attempts
- Consumer resolved crisis without assistance
- Consumer /household safety concerns. The client's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues.
- Consumer /household needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.
- Program at bed/unit/service capacity at time of referral
- Property management denial (include specific reason cited by property manager)
- Conflict of interest.

Safety planning

The Coc's must provide necessary safety and security protections for persons fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations. These policies will be developed in conjunction with agencies that serve people experiencing these situations.

Standardized access and assessment

All defined access point providers must administer the Maine CES Assessment Process as defined by the CoC Leadership Group and/or Joint Maine CoC Board of Directors. The assessment process must be standardized across each participating CoC, with uniform decision-making across all assessment

locations and staff. If access points or assessment processes are conducted or managed by providers who do not receive HUD, MaineHousing, or local county funds, those providers must still abide by assessment standards and protocols defined by the CoC. CES will operate using a client-centered approach, allowing clients to freely refuse to answer assessment questions and/or refuse referrals

Stakeholder Inclusion

CoC's will support the implementation, expansion, and ongoing operation and evaluation of Coordinated Entry Systems by regularly convening stakeholder input and feedback opportunities. CoC must develop a plan to collect stakeholder feedback at least annually and will engage participants from all CoC component types, referral sources, residents and participants of homeless services and programs, funders of homeless response systems, and mainstream system providers.

System Advertisement and Outreach

Outreach

Local CES Systems are **required** to contact private and public agencies including those in the CoC, 211, VA, social service agencies and state and/or local government agencies to educate and provide information on available programs. Outreach activities are **required** to be done a minimum of once per year. These activities can be done in conjunction with the Point in Time Count or at another time as determined by the CoC. The CES is **required** to coordinate with existing street outreach programs as well as private and public agencies, social service organizations, etc. for referrals, so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the Coordinated Assessment System.

Maine's CoC's are **encouraged** to provide resources/information about the CES to 24 hour establishments as well restaurants, hospitals, hot meal programs, churches, schools, check cashing locations and other places known to be frequented by the target population. In addition, each CoC is **encouraged** to explore various outreach activities such as hosting a booth at local community events, resource fairs, festivals and county fairs to provide information and resources.

Advertisement

Advertisement is to include a **minimum of flyers** posted at those places stated above (as allowed). Other forms of advertisement can include newspaper ads, radio, websites, etc. to generate referrals and applications. Advertising is to focus on people experiencing literal homelessness and clearly state eligibility requirements in an effort to reach the target population as opposed to those who do not meet the criteria. Information about the Coordinated Assessment System will also be available on the Maine Homeless Planning website (www.mainehomelessplanning.org).

System Evaluation

The CES process will be evaluated on a regular basis to ensure that it is operating at maximum efficiency. Evaluation will be carried out primarily through the Coordinated Assessment Committee and any consultants or third parties they engage to help them. Evaluation mechanisms will include the following:

- **A monthly review of metrics from the coordinated assessment process.** The data to be reviewed, and the thresholds that should be met, will be developed.

- **An annual forum with people experiencing homelessness that have been through the coordinated assessment process.**
- **A report issued on the homeless assistance system to the community annually with a section devoted to coordinated assessment and homelessness assistance system outcomes.** This report will include trends from the month-to-month analysis of coordinated assessment data, as well as the total number of assessments and referrals made, successes to be shared, and a note from the Coordinated Assessment Committee on the process's progress. Major findings from this report should be presented at the CoC Board and full meetings the month it is released by a member of the Coordinated Assessment Committee.

Training

The CES will be responsible for training the remaining service providers in their region. Each region will have flexibility for how this training is conducted. The training can be either in-person or via webinar. Ideally this training will take place prior to the roll-out of the CES but at a minimum should occur within two months of the Coordinated Assessment start date.

Appendices

Appendix A: Definitions

At-risk of Homelessness – An individual or family who has income below 30% of area median family income for the area, as defined by HUD, and who does not have sufficient resources or support networks immediately available to prevent them from moving into an emergency shelter or other place described in the “homeless” definition (See Exhibit A and Exhibit B), and meets one if the following definitions defined under 24 CFR 578.3 (CoC program) or 24 CFR 576.2 (ESG program). This may also include a child or youth who qualifies as homeless under other Federal programs.

HMIS/HMIS – Community Management Information System (formerly the Homeless Management Information System) means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.

HMIS/HMIS Lead Agency – The entity designated by the Continuum of Care to operate the HMIS/HMIS on its behalf.

Chronically Homeless - A person is chronically homeless if they have been homeless for at least one year continuously or has experienced four episodes over the last three years. For this definition, the persons must have been homeless in a place not meant for human habitation, in an emergency shelter, or in a safe haven. In addition, persons must be diagnosed with one or more of the following conditions: Substance abuse disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

CoC/Continuum of Care – A group composed of representatives of relevant organizations, which generally includes nonprofit homeless providers; victim service providers; faith-based organizations; governments; businesses; advocates; public housing agencies; school districts; social services providers; mental health agencies; hospitals; universities; affordable housing developers; law enforcement; organizations that serve homeless and formerly homeless veterans, and homeless or formerly homeless persons that are organized to plan for and provide a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless persons and persons at risk of homelessness for a specific geographic area.

ESG – Emergency Solutions Grant Program (24 CFR part 576)

Developmental Disability – Defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000, and means a severe, chronic disability that is attributable to a mental or physical impairment or combination, ***and*** is manifested before age 22, ***and*** is likely to continue indefinitely. It must result in substantial limitations in 3 or more major life activities (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for

independent living, or economic self-sufficiency) **AND** reflects need for special services or individualized support, or other form of assistance this is lifelong or extended duration.

Disabling Condition – A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury, which is expected to be of long-continued and indefinite duration, substantially impedes the person’s ability to live independently, and is of such a nature that such ability could be improved with more suitable housing conditions; a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000; or Acquired immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV).

Emergency Shelter – Any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

Fair Market Rent – Means the rents published in the Federal Register annually by HUD

Families – Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the followings: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) A group of persons residing together, and such group includes, but is not limited to (a) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (b) An elderly family; (c) A near-elderly family; (d) A disabled family; (e) A displaced family; and (f) The remaining member of a tenant family.

Homeless – There are 4 categories within the definition of homelessness, as defined under the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act); the most common definition being an individual or family who lacks a fixed, regular, and adequate nighttime residence under Category 1. See Exhibit A

Homeless Prevention – A program targeted to individuals and families at risk of homelessness. Specifically, this includes those that meet the criteria under the “at risk of homelessness” definition at 576.2, as well as those who meet the criteria in Category 2, 3, and 4 of the “homeless definition and have an annual income **below 30%** of family median income for the area.

Housing First – An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Permanent Housing – Community-based housing without a designated length of stay, and includes both Permanent Supportive Housing and Rapid Re-housing.

Permanent Supportive Housing – Permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

Physical, Mental or Emotional Impairment – Expected to be long-continuing or of indefinite duration; substantially impedes the person’s ability to live independently, and could be improved by more suitable housing.

Rapid Re-housing – Housing relocation and stabilization services and short- or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. Assistance may be provided for up to 24 months during any 3-year period, and may include rental arrear for up to six months, to eligible persons who qualify as homeless under Category 1 and 4 of the “homeless” definition.

Recipient – An applicant that signs a grant agreement with HUD.

Rent Reasonableness – A process conducted by the recipient or sub-recipient to determine if the rent charge for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charge by for comparable unassisted units.

Safe Haven – For the purpose of defining chronically homeless, supportive housing that means the following: (1) serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services; (2) provides 24-hour residence for eligible persons for an unspecified period; (3) has an overnight capacity limited to 25 or fewer persons; and (4) provides low-demand services and referrals for the residents.

Street Outreach – The act of reaching out to unsheltered homeless people; connecting them with emergency shelter, housing or critical services; and provide urgent, **non-facility-based** care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

Sub-recipient – A private nonprofit organization, State, local government, or instrumentality of State or local government that receives a sub-grant from the recipient to carry out a project.

Transitional Housing – Facilitates the movement of homeless individuals and families to permanent housing within 24 months

Unsheltered Homeless – Individuals and families who qualify as homeless under Category 1(i) of the “homeless” definition. See Exhibit A

Victim Service Provider – A private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs.

Appendix B: PROGRAM REQUIREMENTS FOR ALL PROGRAMS

- Programs must coordinate with other homeless services within the CoC.
- Programs must coordinate with mainstream resources in the CoC including housing, social services, employment, education and youth programs for which participants may be eligible.
- Programs must have written policies and procedures and must consistently apply them to all participants.
- Programs that serve households with children:
 - A staff person must be designated as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early childhood program such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney Vento education services.
 - The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that provides shelter for families with children
- Programs receiving ESG and CoC funding must participate in HMIS (Homeless Management Information System), unless otherwise stated by federal regulations. However all homeless programs are strongly encouraged to participate in HMIS.
- Programs must meet minimum HMIS data quality standards.
- Programs providing Domestic Violence or Legal Services may opt out of HMIS participation but must utilize a comparable database to collect HUD required data elements.
- Programs must participate in Coordinated Entry System and use the prioritization criteria established in this documents.
- Programs must conduct an initial evaluation to determine the amount and type of assistance needed to regain stability in permanent housing.
- Program rules and regulations should be designed in the spirit of inclusion rather than as grounds for denial or termination. Programs should exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.
- Programs must have a formal procedure for terminating assistance to a participant that recognizes the rights of the participant(s) involved.
 - Programs must use judgment and examine all extenuating circumstances in determining that a violation should result in termination
 - Every effort should be made to allow the participant to remain in the program; termination should only be exercised in the most severe cases.
 - Termination does not necessarily preclude assistance at a future date
- Programs must make known that use of the facilities and services are available to all on a nondiscriminatory basis.
- Programs may not engage in inherently religious activities such as worship, religious instruction or proselytization as part of the programs or services funded under the CoC or ESG. These activities can be conducted but must be separate and voluntary for program participants.

Appendix C: RECORD KEEPING REQUIREMENTS FOR ALL PROGRAMS

Participant Recordkeeping Requirements include:

- All records containing personally identifying information must be kept secure and confidential
- Programs must have written confidentiality/privacy notice a copy of which should be made available to participants if requested
- Documentation of homelessness (following HUDs guidelines)
- A record of services and assistance provided to each participant
- Documentation of any applicable requirements for providing services/assistance
- Documentation of use of coordinated assessment system
- Documentation of use of HMIS
- Records must be retained for the appropriate amount of time as prescribed by HUD

Financial Recordkeeping Requirements include:

- Documentation for all costs charged to the grant
- Documentation that funds were spent on allowable costs
- Documentation of the receipt and use of program income
- Documentation of compliance with expenditure limits and deadlines
- Retain copies of all procurement contracts as applicable
- Documentation of amount, source and use of resources for each match contribution

Appendix D: OCCUPANCY STANDARDS FOR ALL PROGRAMS

All housing units, including scattered site programs owned and managed by private landlords, must meet applicable state or local government health and safety codes and have current certificate of occupancy for the current use and meet or exceed the following minimum standards: (For more detail refer to ESG regulations 576.403 (b) Minimum Standards):

- Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents.
- Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable.
- Must provide an acceptable place to sleep and adequate space and security for themselves and their belongings.
- Each room must have a natural or mechanical means of ventilation.
- Must provide access to sanitary facilities that are in operating condition, private and clean.
- Water supply must be free of contamination.
- Heating/cooling equipment must be in working condition.
- Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances.
- Food preparation areas must have suitable space and equipment to store, prepare and serve food in safe and sanitary manner.
- Building must be maintained in a sanitary condition.
- Must be at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas. The fire alarm system must be designed for hearing-impaired participants. There must be a second means of exiting the building in case of fire or other emergency.

The Program, Record Keeping and Occupancy Standards as represented above apply to all programs regardless of the type of services/housing that they provide.

Appendix E: Order of Priority in CoC Program-funded Permanent Supportive Housing

Recipients of CoC Program-funded PSH are required to follow the order of priority when selecting participants for housing in accordance with the CoC's written standards while also considering the goals and any identified target populations served by the project, and in a manner consistent with their current grant agreement.

Due diligence should be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority as adopted by the MCOC and PCOC. HUD and the CoC's recognize that some persons—particularly those living on the streets or in places not meant for human habitation— might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person's housing as possible.

Appendix F: Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1st Priority:

Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom **both** of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions **equals at least 12 months; and**
2. The CoC Program has identified the chronically homeless individual or head of household as having severe service needs.

2nd Priority:

Chronically Homeless Individuals and Families with the Longest History of Homelessness.

A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for whom **both** of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; **and**
2. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

3rd Priority:

Chronically Homeless Individuals and Families with the Most Severe Service Needs.

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; **and**
2. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

4th Priority:

All Other Chronically Homeless Individuals and Families.

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; **and**
2. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in the next section may be followed.

Appendix G: Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

CoC Program-funded *non-dedicated and non-prioritized* PSH should offer housing to chronically homeless individuals and families first, but minimally are required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those most at risk of becoming chronically homeless.

1st Priority:

Homeless Individuals and Families with a Disability with the Most Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and has been identified as having the most severe service needs.

2nd Priority:

Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

3rd Priority:

Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.

An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not

meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

4th Priority:

Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing – all are eligible for PSH even if they did not live on the streets, emergency shelters, or in a safe haven.

Appendix H: Coordinated Assessment Priority Status Guidelines for CoC Housing Resources

Basic priority order per HUD Notice CPD-14-012

	Priority	Homeless Category	Length of Stay in Homelessness	Where Experience Homelessness	Severity of Service Needs	Documented Disability
Dedicated CH PSH Beds	1	Chronic - Individual or HHLD with Children	> 12 Months Continuous OR Total of at least 4 Episodes Total > 12 months in 3 years	UN, ES, SH	High = VI-SPDAT Score of 10 or greater	Yes
	2	Chronic - Individual or HHLD with Children	> 12 Months Continuous OR Total of at least 4 Episodes Total > 12 months in 3 years	UN, ES, SH	Low=VI-SPDAT Score of 5 or greater	Yes
	3	Chronic - Individual or HHLD with Children	Total of at least 4 Episodes Total < 12 months in 3 years	UN, ES, SH	High = VI-SPDAT Score of 10 or greater	Yes
	4	Chronic - Individual or HHLD with Children	Total of at least 4 Episodes Total < 12 months in 3 years	UN, ES, SH	Low=VI-SPDAT Score of 5 or greater	Yes
Committed CH Beds Created by Turnover (85% program goal)	5	Category 1 - Individual or HHLD with Children	Any Length of Stay OR < 90 Days Institution	UN, ES, SH OR Institution if UN ES SH Prior to entry	High = VI-SPDAT Score of 10 or greater	Yes
	6	Category 1 - Individual or HHLD with Children	> or = 6 Months Continuous OR at least 3 episodes in 3 years > = 6 Months OR < 90 Days in Institution	UN, ES, SH OR Institution if UN ES SH Prior to entry	Low=VI-SPDAT Score of 5 or greater	Yes
	7	Category 1 - Individual or HHLD with Children	Any time > 30 days OR < 90 Days Institution	UN, ES, SH OR Institution if UN ES SH Prior to entry	Low=VI-SPDAT Score of 5 or greater	Yes
	8	Category 1 - Individual or HHLD with Children	<i>Any Length of Stay > 14 days</i>	TH IF previous UN, ES, or SH (<i>dependent on funding source CoC or ESG</i>)	Low=VI-SPDAT Score of 5 or greater	Yes

Appendix I: 2015 Ending Homelessness Prioritization Chart

	Priority	Homeless Category	Parameters	N	Resources	Process
5%	P1	Long Term Stayers (LTS)/Individuals	Greater or equal to 180 days in a 365 period	262	300 Dedicated SPC vouchers. For Vets: HUD/VASH with initial SSVF assistance.	1) 1 year of HMIS data, application; 2) CAA will centralize vouchers and award these to shelters/providers directly; 3) CAA will follow up to verify disability and criteria for chronic homelessness.
	P2	Long Term Stayers (LTS)/Families	Greater or equal to 180 days in a 365 period	50	Home to Stay	STEP or Section 8 from Home to Stay; shelters use Home to Stay resources to solve for this population
15%	P3	Domestic Violence Families & Individuals	Greater than 30 days	875	Dedicated transitional supportive housing, permanent supportive housing, Section 8, BRAP, S+C	Transitional DV Resources, CHOM, ETC.
	P3	Unaccompanied Youth unable to be reunited with their families	Greater than 30 days	50	Transitional supportive housing	Transitional youth service partners/BRAP -LAA's
	P3	Less than Long Term Stayers (LTS) Individuals & Families	Greater than 60 days but less than 180 days in a 365 day period	290	Permanent housing, permanent supportive housing, transitional supportive housing, Section 8, BRAP, S+C. For Vets: SSVF, or where appropriate HUD/VASH	Shelter case management, market apartments with outreach support
	P4	Institutions	Greater than 90 days	100	BRAP	BRAP-LAAs
80%	P5	Circumstantially Homeless, Unaccompanied Youth (working toward reunification/stability)	Less than 30 days & not flagged on VI-SPDAT	6138	General Assistance, STEP	Existing mainstream resources - general assistance, rapid re-housing, STEP. For Youth: Traditional youth service providers

**Maine's Plan
to
End & Prevent Homelessness**

March 11, 2008

Amended November 8, 2011

Introduction

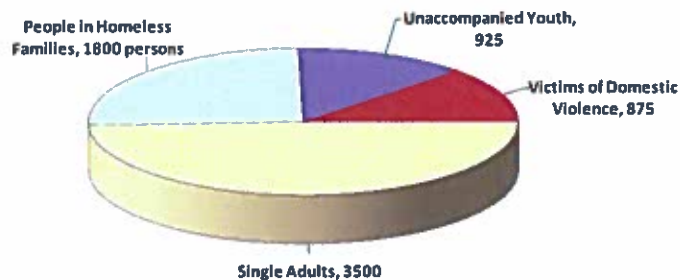
This plan is a work in process designed to continually involve everyone working to end homelessness in Maine. It was created by a diverse group of stakeholders from the Statewide Homeless Council and the three Regional Homeless Councils.

The plan is created as a living document that provides a blueprint for meeting the needs of all populations over the years as we collectively take action steps to end and prevent homelessness. Everyone involved in serving people who are homeless, including those formerly homeless, will be called upon to assess accomplishments, design and amend strategies, and continue to hone the focus of this plan.

The number of people who are homeless in Maine is a moving target. This plan will be in effect until that number reaches zero.

About 7,100 persons of all ages are served each year by emergency homeless shelters. There are many ways to frame the issues. As a strategy to address the unique needs of different populations, the Statewide Homeless Council has delineated five groups of people experiencing homelessness. Goals and strategies for addressing the needs of each of the following groups make up the plan.

- **Single Adults experiencing chronic homelessness**
- **Single Adults experiencing circumstantial homelessness**
- **Families experiencing homelessness**
- **Victims of domestic violence experiencing homelessness**
- **Unaccompanied Youth (ages 12-23) experiencing homelessness**



Along the way to the end goal of permanent housing with an adequate support network, there is a continuum of care involving emergency shelter, outreach, support services to address issues and needs underlying homelessness, transitional and permanent supportive housing when appropriate, and permanent housing that is affordable.

This plan is a statewide effort. Homeless service providers and stakeholders, united and working through each Regional Homeless Council and the Statewide Homeless Council, have committed to work diligently to improve and implement this plan until homelessness is ended in Maine. Every stakeholder is encouraged to provide ongoing ideas and input. The most effective way to provide this input is through the Regional Homeless Councils or by contacting any member of the Statewide Homeless Council.

Homelessness in Maine – The numbers and some estimates of underlying causes

Causes of Homelessness indicated by the data:

- Chronically homeless – Mental illness and substance abuse
- Circumstantially homeless families and individuals – Poverty, substance abuse, and mental illness
- Victims of domestic violence – Consequential poverty, substance abuse, and mental illness
- Youth – Substance abuse along with mental health issues and sexual identity issues

Causal Factors (estimates) →

<u>Population</u>	<u>Number</u>	<u>Primary presentation</u>	<u>Secondary presentation</u>	<u>Tertiary presentation</u>
Single Adults: Chronic	700	Mental Illness: 50%	Substance Abuse: 40%	Dually Diagnosed: 35%
Single Adults: Circumstantial	2800	Poverty: 80%	Substance Abuse: 30%	Mental Illness: 25%
Families	1800 (550-750 households)	Poverty: 90%	Substance Abuse: 10%	Mental Illness: 10%
Domestic Violence	875	(Domestic Violence) Consequential Poverty 90%	Substance Abuse: 25%	Mental Illness: 25%
Unaccompanied Youth	925	Substance Abuse: 40%	Mental Health issues: 25%	Sexual Identity issues: 25%

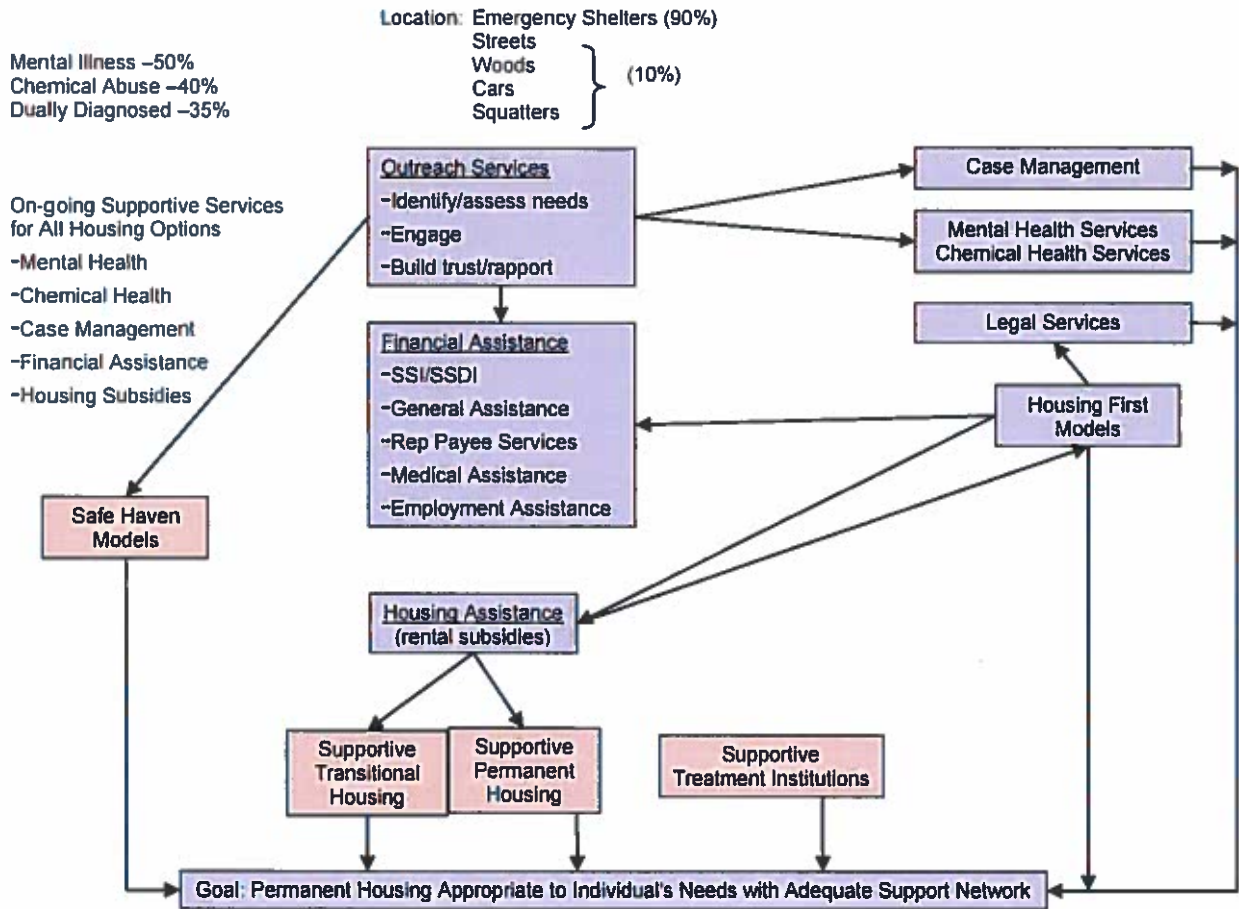
Total number of people experiencing homelessness in Maine each year: 7100

**Common Goal:
Permanent housing appropriate to individual or family needs
with an adequate support network**

Visual Overview of the Plan

Single Adults Experiencing Homelessness – Chronic (700 Individuals Per Year)

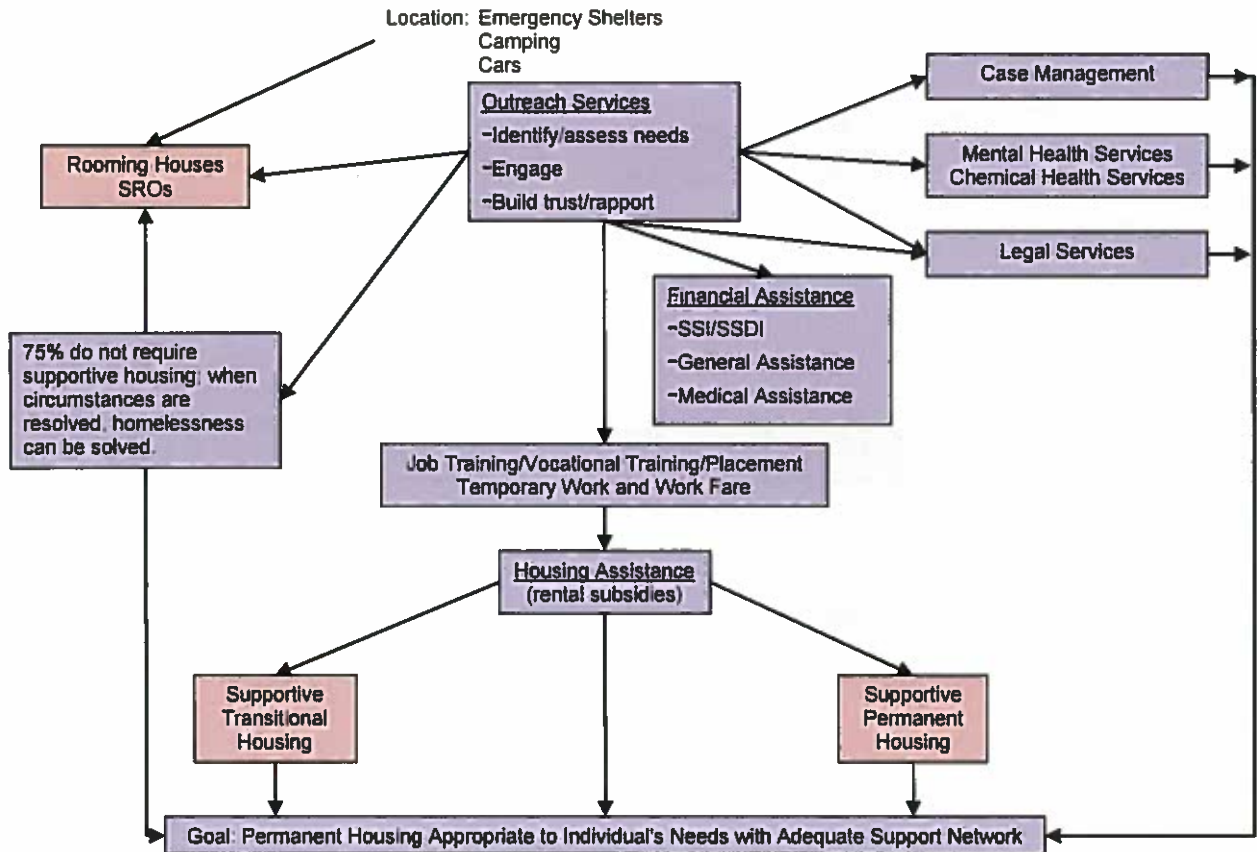
Chronically Homeless – (Unaccompanied individual with disabling condition who has been continually homeless for a year or more, or has had at least four episodes of homelessness in the past three years.)



Visual Overview of the Plan

Single Adults Experiencing Homelessness – Circumstantial (2800 Individuals Per Year)

Circumstantial Homelessness – Usually temporary, often caused by poverty, mental health or substance abuse issues, a medical crisis, or incarceration.



Visual Overview of the Plan

Families Experiencing Homelessness (550 – 750 Households Per Year)

Subsets:

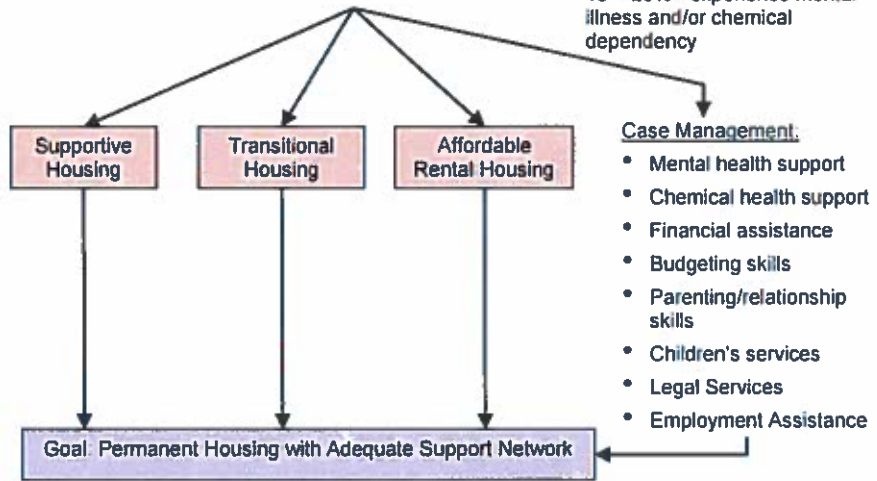
- 2nd Immigrant Refugees (language barriers, cultural differences, large-sized families)
- Rural Families (isolated, not part of shelter system, substandard living/squatting conditions, invisible, self reliance, distrust)

Underlying Issues:

- Poverty
- Poor rental histories
- Various levels of dysfunction
- Mental health issues
- Chemical dependency
- Criminal histories
- Skill Voids
- Lack of employment

Location: Emergency Shelters
Hotels/Motels
Camping
Vehicles

50% could benefit from life skills training
10 – 20% - experience mental illness and/or chemical dependency



Housing Subsidies Necessary For Transition from Shelters to All Kinds of Housing

Single Adults and Families



Goal I: Emergency shelters and outreach programs will provide safety and engagement/support that allows rapid re-housing with adequate support for success.

Strategies and Action Steps:

A. Ensure that case management and support services are quickly and adequately in place to provide support for clinical and non-clinical needs.

- Each shelter will provide the Statewide Homeless Council with a description of how case management and support services are in place, or a description of what is needed in order to ensure that services are in place.
- All publicly funded homeless service providers that enter data in the Homeless Management Information System (HMIS) will track linkages to mainstream resources, income, and referrals to the Maine Department of Education homeless liaisons. Reports on these performance measures will be submitted to the Continuums of Care (CoC), Regional Homeless Councils (RHC), and SHC on a quarterly basis to track outcomes.
- Each shelter will educate the appropriate Regional Homeless Council members about how it provides case management and support services, including an assessment of what works well and what doesn't work as well as the shelter would like. A review of RHC minutes will demonstrate that this occurred on an annual basis.
- Take all steps possible to protect the continued availability of Targeted Case Management services currently allowed in Section 13 of the MaineCare rules.
- Each Homelessness Prevention and Rapid Re-Housing Program (HPRP) sub-grantee will educate the appropriate RHC about how it provides case management and support services as well as community linkages. A review of the RHC minutes will demonstrate that this has occurred by all sub-grantees on an annual basis.

B. Determine there is an adequate network of emergency shelters

meeting needs appropriate to geographic locations, and that shelters work as an integrated system so no individual goes without a place to stay in an emergency, and that no one is sent from location to location without assurance of a placement.

- Each Regional Homeless Council will create a resource that shows physical locations of all emergency shelters and services provided, indicating the interconnections between shelters and proactive referral strategies, and describing emergency overflow plans.
- Create an electronic vacancy list of shelter beds that is kept updated through HMIS, and made available to all shelters and CoC providers. Require all publicly funded shelters to participate by 1-1-2012.

C. Ensure shelter staff members and other homeless service providers have knowledge of addiction and mental illness disorders, acquired brain injury, and the dynamics of domestic violence and sexual assault, including the skills necessary to either make appropriate referrals or to provide services.

- The Statewide Homeless Council will gather training materials, best practices and other resources, and use these resources to develop and deliver statewide or regional trainings for shelter best practices.
- Best practice workshops on the topics will be available at an annual Ending and Preventing Homelessness Conference that will have two tracks – one on Housing and one on Services.

D. Ensure shelter staff members are skilled at engaging clients and in providing support for finding housing, securing rental subsidies and security deposits, and networking with General Assistance, social services, employment services, etc. to assure rapid re-housing and support for stability and success in housing.

- The Statewide Homeless Council will gather training materials, best practices and other resources, and use these resources to develop and deliver statewide or regional trainings for shelter best practices.

Single Adults and Families

- Best practice workshops on the topics will be available at an annual Ending and Preventing Homelessness Conference that will have two tracks – one on Housing and one on Services.

E. Join with other advocacy groups (such as Maine Equal Justice Partners, Maine Council of Churches, Pine Tree Legal Association, Maine Welfare Directors, etc.) to protect the continued availability of General Assistance and work toward its uniform administration statewide.



Goal II: Ensure an adequate supply of appropriate housing and rental subsidies to allow rapid re-housing and

stability.

Strategies and Action Steps

A. Educate Maine Congressional Delegation about the critical need for housing subsidy and for affordable and supportive housing development, and encourage them to support all legislation seeking to increase the supply of subsidy and its availability for project basing.

- The SHC will meet regularly with all members of the Congressional delegation to provide education and advocacy about the needs of people experiencing homelessness. (on-going)
- The SHC will provide regular updates to the RHCs and CoCs regarding issues, legislation, and call to action opportunities with the Congressional Delegation.
- The RHCs and CoCs will interact frequently with all members of the Congressional Delegation.
- The SHC will coordinate all activities with other groups as appropriate, including those by the Maine Affordable Housing Coalition, the Maine Coalition for Housing and Quality Services, Maine People's Alliance, the National Alliance to End Homelessness, the Corporation for Supportive Housing, and others located in Appendix B, "Collaborative Partners."

B. Educate members of the Maine State Legislature about the importance of a major bond issue for affordable/supportive housing development and full reinstatement of the MaineHousing share of the Real Estate Transfer Tax (StateHOME funds).

- The SHC will meet regularly with Legislative leadership to provide education and advocacy about the affordable housing and rental subsidy needs of people experiencing homelessness.
- The SHC will provide regular updates to the RHCs and CoCs regarding issues, legislation, and call to action opportunities with the Maine State Legislature.
- The RHCs and CoCs will interact frequently with the Maine State Legislature.
- The SHC will coordinate all activities with other groups as appropriate, including the Maine Affordable Housing Coalition, the Maine Coalition for Housing and Quality Services, Maine People's Alliance, and others listed in Appendix B, "Collaborative Partners."

C. Educate local policy makers to include exemptions that will facilitate the development of supportive housing, i.e. zoning requirements for parking spaces for people unlikely to drive, density requirements, etc.

- The SHC will develop a white paper outlining the steps local policy makers can take to end and prevent homelessness, and seek to present information about the paper in a workshop at the annual Maine Municipal Association Convention (Spring 2012), as well as making it available for other interested parties.

D. Increase public awareness relative to what can be done to end and prevent homelessness.

- The SHC will ensure that, at least quarterly, there is some significant media coverage that educates the public about homelessness.
- Homeless service providers will offer information and education about homelessness to a variety of community groups.

Single Adults and Families

E. Advocate that MaineHousing devote adequate development capital and project-based rental subsidies to ensure rapid development of supportive housing units each year.

- Use data collected annually by CoCs to determine the number of supportive housing units that need to be developed in order to meet the need of families, individuals and youth experiencing homelessness.

F. Ensure that the Department of Health & Human Services devotes the resources necessary to provide services in supportive housing.

- Poll homeless service providers and supportive housing residents to determine that appropriate support services are being provided in current supportive housing units.
- Based on data from the HMIS and other sources, determine the resources needed to provide services in supportive housing already in operation and housing to be developed by MaineHousing each year, and then work with DHHS and the Legislature to ensure these services are and remain available.

G. Ensure that all available resources are maximized or utilized to their full potential.

- Ensure that existing supportive housing projects have the resources necessary to remain in service.
- Request that when MaineHousing allocates flexible resources to homeless supportive housing development, that any remaining portion of the allocation is used for activities outlined in this Plan.
- Request that CoCs maximize and utilize McKinney-Vento development capital funds to the full potential in order to match any leveraged funds.



Goal III: Ensure that physical health, mental health, and chemical health needs are met to allow long-term stability and success.

Strategies and Action Steps:

A. Ensure that people who are homeless are adequately assessed and treated/supported for physical, mental and chemical health, and that any symptoms of health issues are removed as barriers to successful permanent housing.

- The DHHS Office of Adult Mental Health will provide consistent leadership to each of the RHCs.
- MaineHousing will develop opportunities with new resources for one or more pilot projects to evaluate the impact of strong linkages between homeless service providers and Federally Qualified Health Centers in order to ensure that health services are delivered to homeless populations.
- DHHS will develop regional strategies for dealing with people experiencing homelessness prior to discharge from hospitals and crisis stabilization units, using the Discharge Planning Guidelines previously adopted by the SHC and approved by DHHS.

B. Engage all DHHS offices in serving people who are homeless from emergency through stability.

- The DHHS Office of Adult Mental Health will meet quarterly, or as needed, with representatives from the SHC and RHCs to learn about the service needs of homeless populations and to develop strategies for meeting these needs.
- The SHC will make itself available to provide in-serving training on homelessness through the DHHS Staff Education and Training Unit. This training will explain the unique characteristics of people who are homeless, describe the service delivery system that is in place, outline barriers to gaining quick and efficient access to services, and suggest strategies designed to better accommodate the needs of persons who are homeless.

Single Adults and Families

- Ensure that clinicians and/or clinical teams are working with the shelters that have the highest percentage of adults experiencing serious and persistent mental illness, and that DHHS staff is connecting with people experiencing homelessness all along the continuum of care from shelter to stability.
- The SHC will work with DHHS to assess the adequacy of existing statutes and practices related to guardianship and acquired brain injury with the goal of ensuring all people who experience homelessness and who have acquired brain injury, or who require guardianship, achieve stability.

C. Ensure that an adequate continuum exists for an individual to achieve detoxification, move through halfway or other transitional housing, and into permanent housing without losing sobriety or sober placement options (i.e. the person does not need to return to a shelter serving individuals who are using substances). Ensure that an adequate continuum exists for full family support when there is a chemical health issue.

- DHHS will provide for adequate staff experienced in the treatment of chemical dependency and chemical abuse to connect with people experiencing homelessness.
- MaineHousing will partner with the Office of Substance Abuse to create a rental subsidy that will support housing for this population.
- The SHC will challenge the Office of Substance Abuse to increase the supply of detoxification and halfway house placement options until it is commensurate with need.
- The SHC will challenge DHHS to find a way to serve this population when they lack health insurance.
- The SHC will challenge MaineHousing and the CoCs to create transitional or permanent supportive housing for this population until it is commensurate with need across the entire state.
- The SHC will ensure that each part of the continuum is adequate for families as well as individuals

D. Ensure that the strategic plans of all appropriate state agencies include clear goals and strategies directed toward ending and preventing

homelessness, and that these strategies are in sync with this plan.

- The SHC will review copies of strategic plans from the Department of Corrections, the Department of Education, the Department of Health and Human Services, the Department of Public Safety, the Department of Labor, and Togus Veterans Administration Medical Center, and provide suggestions for goals and strategies related to homelessness.

Single Adults and Families



Goal IV: Ensure that issues underlying homelessness are addressed and that linkage to an effective, on-going support system is securely in place.

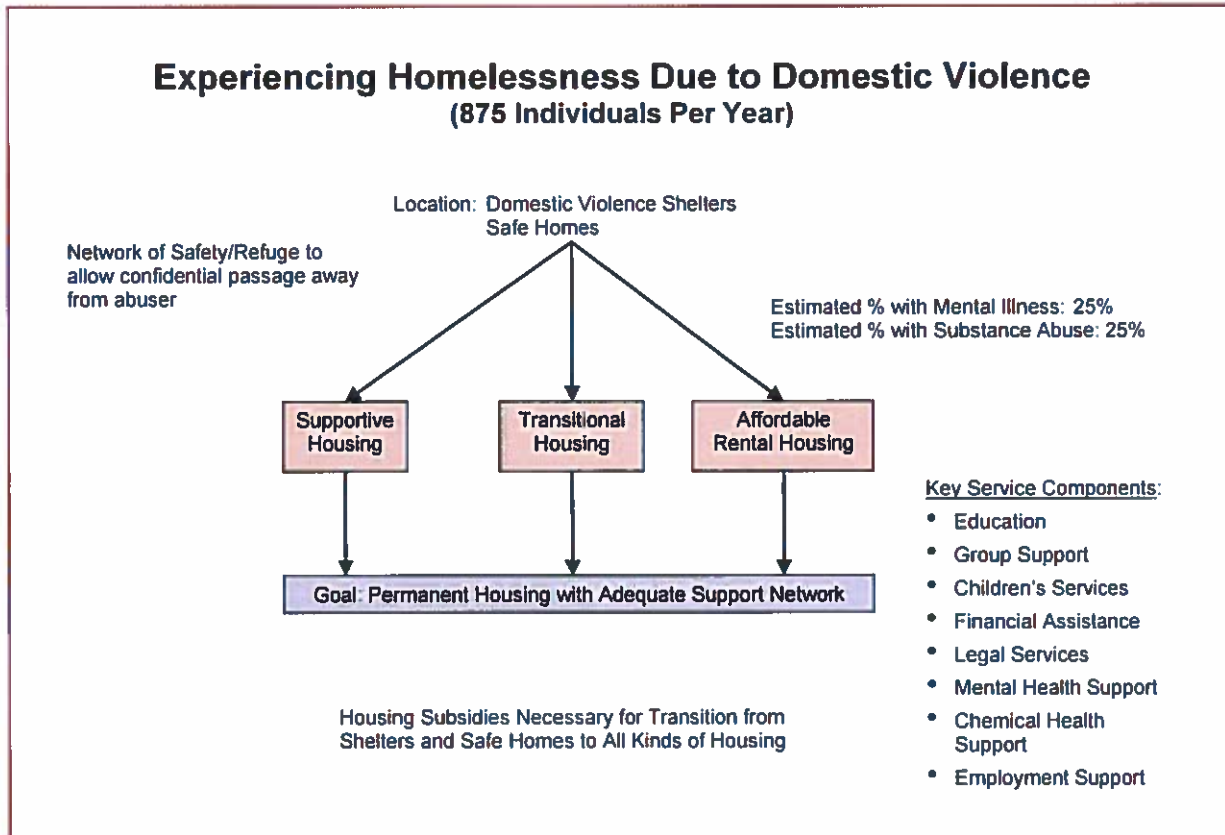
Strategies and Action Steps

- A. Entire continuum of care from shelter to stability will treat people with dignity and respect, and promote healthy self esteem and confidence, based on the assumption that given appropriate support, people will strive to achieve stability (wellness or strength-based model).**
- The SHC and/or RHCs will sponsor an annual one-day workshop for sharing best practices for customer service and effectively engaging populations experiencing homelessness.
- B. Ensure that services such as case management that are provided by shelter staff or by others in the community are adequately available to promote stable housing placements and permanence beyond shelter.**
- Each shelter will provide a description to the SHC that outlines how case management or support services are provided, and how these services will support a person from emergency shelter through successful transition into stability in the community.
 - The SHC will work with DHHS and MaineHousing to see that funding for services and housing is designed to ensure appropriate service provision from entry into shelter to stability in the community.
- C. Ensure an array of wraparound services is in place to prevent recidivism and promote stability. Examples of wraparound services include employment search, budgeting/money management skills training, representative payee services,**

access to social security disability, and transportation.

- The SHC will ask DHHS to provide annual education to each RHC relative to wraparound services available through DHHS, including specific information about which populations are eligible for these services.
 - The Statewide and Regional Homeless Councils will provide information to DHHS about the necessity for representative payee services and how these services can prevent and end homelessness, and will seek funding for such services.
- D. Engage traditionally non-homeless service providers to provide comprehensive homeless prevention and stability-promoting services in the community.**
- The SHC will develop a broad list of traditionally non-homeless service providers who could be mobilized to promote prevention and stability around homelessness.
 - The SHC will encourage HPRP providers that were traditionally non-homeless service providers to continue the essence of this effort and to continue their collaboration.

Visual Overview of the Plan



Domestic Violence Victims Experiencing Homelessness



Goal I: Ensure that there is a network of safety/refuge to allow confidential passage away from the abuser,

and engagement and support to allow rapid re-housing with adequate support for success.

Strategies and Action Steps:

- A. Determine there is an adequate network of emergency shelters and safe homes meeting needs appropriate to geographic locations, and that shelters work as an integrated system so no family or individual goes without a safe place to stay in an emergency.**
- B. Ensure shelter staff members are skilled at engagement, housing location, subsidy, security deposits, networking with General Assistance, social services, employment services, etc. to assure rapid re-housing and support for stability and success in housing.**
- C. Ensure shelter staff members have skills and knowledge of addiction, mental illness disorders, and acquired brain injury.**
- D. Ensure that support services are quickly and adequately in place.**



Goal II: Ensure an adequate supply of appropriate housing rental subsidies and relocation resources

to allow rapid re-housing and stability.

Strategies:

- A. Educate Maine Congressional Delegation about the critical need for housing subsidy and for affordable and supportive housing development, and encourage them to support all legislation seeking to increase the supply of subsidy and its availability for project basing.**
- B. Educate the Maine State Legislature about the importance of a major bond issue for affordable/supportive housing development and full reinstatement of the MaineHousing share of the Real Estate Transfer Tax (State HOME Funds).**
- C. Educate local policy makers to include exemptions that will facilitate the development of supportive housing, i.e. zoning requirements for parking spaces for people unlikely to drive, density requirements, etc.**
- D. Ensure that MaineHousing devotes adequate development capital and project-based rental subsidies to ensure rapid development of and access to affordable rental and supportive housing.**
- E. Ensure that the Department of Health and Human Services devotes the resources necessary to provide services in supportive housing for victims of domestic violence experiencing homelessness.**

Domestic Violence Victims Experiencing Homelessness



Goal III: Ensure that homeless DV victims' needs are met to allow long-term safety, stability and success.

Strategies:

- A. Ensure that people who are homeless because of domestic violence are adequately supported around physical health, mental health, and chemical health, and that these health issues are removed as barriers to successful permanent housing.
- B. Engage all state departments and offices (such as public safety, the judiciary, public health, mental health, substance abuse, etc.) in effectively responding to homeless victims of domestic violence from emergency through safety and stability.
- C. Ensure that all the strategic plans or all appropriate state agencies include clear goals and strategies directed toward ending and preventing homelessness for victims of domestic violence and that these strategies are in sync with this plan.
- D. Ensure that MaineHousing supports Maine Coalition to End Domestic Violence (MCEDV) strategic plans to increase safety for victims.



Goal IV: Ensure that issues underlying homelessness caused by domestic violence are addressed and that

linkage to an effective, on-going system of safety planning and support services is securely in place.

Strategies:

- A. Entire continuum of care from shelter to stability will treat people with dignity and respect, and promote healthy self esteem and confidence, based on the assumption that given appropriate support, people will strive to achieve stability (wellness or strength-based model).
- B. Ensure that adequate safety planning and support services are available to ensure stable housing placements and permanence beyond shelter.
- C. Engage other homeless and traditionally non-homeless service providers in a coordinated community response to domestic violence that effectively increases safety for homeless victims.

Visual Overview of the Plan

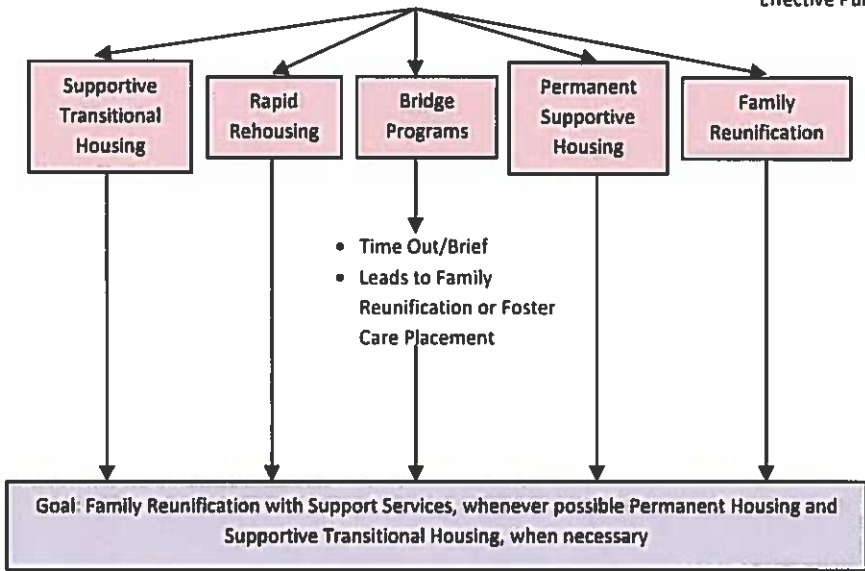
Unaccompanied Youth Experiencing Homelessness (925 Individuals Per Year)

Subsets:

- Teen Parents
- GLBT Youth
- Pre-Morbid for mental Illness/Substance Abuse
- Involved with Criminal Justice System
- Gang-involved Youth
- Trafficked Youth

Location: Emergency Shelters
Living on Streets
Coordinated Entry

DHHS Is Critical to Solving Youth Homelessness and Establishing Effective Public Policies



Key Service Components

- Mobile crisis outreach
- Homeless outreach
- Family outreach to prevent out of home placements
- Case Management
- Mental health support
- Substance abuse support
- Sexual identity support
- Physical/Sexual abuse treatment/recovery
- Independent Living Skills
- Financial assistance

Unaccompanied Youth Experiencing Homelessness

Ages 12 through 23

This plan targets youth who are not at home with parents or guardians, many of whom cannot return to a stable family living situation. The choice of a broad age range reflects a recognition that there are both younger teens less than 18 who may be eligible for DHHS Children's Services and those that are older who are served by DHHS Adult Services if eligible for any state services.

The broad age space of 12 to 24 is intentional so that the plan can be all encompassing. This includes young adolescents, older adolescents, and young adults. Each of the groups within this span have different needs, and accordingly, services should be tailored to each group based upon their developmental stages and age.

This decision to broaden the age of youth beyond 21 to 24 reflects current thinking in the field about the importance of recognizing the increasing difficulty of transitioning to adulthood for these youth and the fact that many youth in their early 20's are often best served by a youth development model. Strategies will need to be developed to best serve these young adults.

The plan acknowledges that many youth will have a life-long connection to their natural families and the importance of family within

the context of their homelessness. Whenever possible, family reunification will be explored as one of the first options to resolve a youth's homeless situation. The options of family reunification, housing support, and independent living are all needed for all youth. For many homeless youth, working on developing the supports and skills needed to live as independent adults is the most common goal.

The plan supports the important principle that the State maintains responsibility for all younger adolescents who are out of the home, while at the same time recognizing that programs designed specifically for the homeless segment of this population are necessary. Maine Departments of Health and Human Services, Corrections, and Education need fiscal and service delivery plans that meet the needs of homeless youth with emphasis on the role of DHHS in protecting the safety of adolescents under 18.

The Maine Runaway and Homeless Youth Act created a clear plan for services that meet the needs of all youth experiencing homelessness and to encourage all state agencies to participate in developing a meaningful plan to meet these needs.

Unaccompanied Youth Experiencing Homelessness

Ages 12 through 23



GOAL I: **Unaccompanied youth will be assured of services from emergency through**

stability. These can include, but are not limited to, a lasting connection to loving families, caring adults, and supportive peers; a safe place to live; and the youth's possession of skills and resources necessary for a life of physical and mental well being, continuous asset building and dignity.

Strategies and Action Steps:

- A. Determine there is an adequate statewide continuum of services, including family reunification, emergency shelters, street outreach, transitional living, foster care placements, group care, and permanent housing.**
- Continue to work on developing accurate data about the number of runaway and homeless youth in Maine.
 - Review and change, as needed, DHHS placement policies to meet the needs of youth who are homeless based on status and need.
 - Develop emergency placement system for youth existing criminal justice, child welfare, mental health placements or living situations.
 - Explore adding host homes to RHYA as a model for providing emergency shelter in rural areas.
 - Ensure adequate funding for youth programs through the Maine RHYA.
- B. Ensure staff members are skilled at positive youth development, best practices for working with unaccompanied youth, and possess cultural competency for working with a diverse population.**
- Homeless youth service providers will develop plans for sharing expertise and

developing a statewide training strategy through local, regional, and national training options.

- C. Ensure that youth are supported in meeting their developmental needs through connection and reconnection with their families, development of a natural support network, and/or are adequately taught independent living skills necessary for success and stability in the community.**
- D. Determine that DHHS licensing regulations meet the needs of all the youth populations being served by DHHS.**
- E. Provide a continuum of age appropriate services to youth that address their distinct developmental needs and that keep youth of all ages appropriately housed.**
- F. Ensure that state agencies provide services that meet state and federal mandates for youth based on need, regardless of budgetary restrictions.**
- G. Create a more consistent process for communication and involvement of youth service providers in statewide planning.**

Unaccompanied Youth Experiencing Homelessness

Ages 12 through 23



GOAL II: Ensure there is safe and appropriate housing and rental subsidies for families and youth

to allow rapid re-housing and stability into adulthood.

Strategies and Action Steps:

- A. Educate Maine Congressional delegation about the critical need for housing subsidy and for affordable and supportive housing development, and encourage them to support all legislation seeking to increase the supply of subsidy as well as its availability for project basing.
- B. Educate Maine Congressional delegation about the need to support the reauthorization of the Runaway & Homeless Youth Act, and passing the Place to Call Home Act.
- C. Advocate that MaineHousing and all other Public Housing Authorities devote adequate development capital and project-based rental subsidies to ensure rapid development of affordable rental and supportive housing units each year.
- D. Ensure that any state homeless youth legislation provides the resources necessary to provide supportive services for housing developed for unaccompanied youth.
- E. Create a system of complementary funding sources for affordable housing that does not jeopardize existing funding.
- F. Increase public awareness about youth homelessness and what can be done to prevent and end it.



GOAL III: Ensure that physical health, mental health, and chemical health needs are met to allow long-term stability and success.

Strategies and Action Steps:

- A. Ensure that unaccompanied youth are adequately assessed and treated/supported around physical health, mental health, and chemical health.
- B. Respond to the unique issues of a diverse youth population including, but not limited to, African Americans, Native Americans, pregnant and parenting youth, GLBTQ youth, and youth who have aged out of foster care.
- C. Engage appropriate state and local agencies to provide needed health and human services from emergency through stability for those youth under the age of 18 and those youth ages 18 through 23.
- D. Ensure that the strategic plans of all appropriate state agencies include clear goals and strategies directed toward ending and preventing unaccompanied youth homelessness, and that these strategies are in sync with this plan.

Unaccompanied Youth Experiencing Homelessness

Ages 12 through 23



GOAL IV: Ensure that issues underlying youth homelessness are addressed and that linkages to an effective, on-going support system are securely in place.

Strategies and Action Steps:

- A. Homeless Youth providers will coordinate with DHHS and other groups to improve the housing and support status of youth leaving foster care in Maine.**
 - A group from the youth provider group will reach out to DHHS, the Muskie Center, and other organizations working on foster care issues (2012).
- B. Schools, DHHS Social Service and Entitlement Programs will become better at identifying youth at risk for homelessness.**
 - The youth provider group will work with Statewide and local homeless coordinators from education and school districts to improve outreach and identification (2012).
- C. Prevention services for families at risk will be adequate to increase successful prevention of throwaways and runaways.**
- D. Substance abuse and mental health intervention for parents as well as children will be adequate to meet the needs of families at risk.**

Definitions

Homeless: A person is considered homeless who lacks a fixed, regular, and adequate nighttime residence; **and** whose primary nighttime residence is a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); an institution that provides a temporary residence for individuals intended to be institutionalized; or a place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Chronic Homelessness is long-term or repeated homelessness accompanied by a disability. The federal government's definition of chronic homelessness includes unaccompanied homeless individuals with a

disabling condition (substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability) who have been homeless either continuously for one whole year, or four or more times in the past three years.

Region I – A geographic area comprised of Cumberland and York counties.

Region II – A geographic area comprised on Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset and Waldo counties.

Region III – A geographic area comprised on Penobscot, Piscataquis, Aroostook, Washington and Hancock counties.

Maine's Plan to End & Prevent Homelessness

Appendix A – Accomplishments

Single Adults and Families

Goal I: Emergency shelters and outreach programs will provide safety and engagement/support that allows rapid re-housing with adequate support for success.

- A. Ensure that case management and support services are quickly and adequately in place to provide support for clinical and non-clinical needs.**
 - Expand the availability of Targeted Case Management, as outlined in Section 13 of the MaineCare rules, to the entire state.
- H. Change the General Assistance statute so that every municipality must provide its 24-hour emergency number to 2-1-1 Maine.**

Goal III: Ensure that physical health, mental health, and chemical health needs are met to allow long-term stability and success.

- F. Amend state statute so that the DHHS Commissioner and the DOC Commissioner, or their designees, become voting members of the Statewide Homeless Council.**
- G. Amend state statute so that the Statewide Homeless Council is advisory to DHHS and DOC as well as the Governor, Legislature, and MaineHousing.**

Maine's Plan to End & Prevent Homelessness

Appendix B – Collaborative Partners

Maine Affordable Housing Coalition

Maine Coalition for Housing and Quality Services

Maine People's Alliance

National Alliance to End Homelessness

Corporation for Supportive Housing

Maine Equal Justice Partners

Maine Council of Churches

Pine Tree Legal Association

Maine Welfare Directors

Homeless Voices for Justice

**Maine Continuum of Care
Monitoring and Evaluation Form**

October 2016

Instructions: Please complete this form if your agency intends to apply for renewal McKinney Vento **funding** through the **Maine Continuum of Care**. If you do not intend to apply for renewal funding, please let **the MCOC Collaborative Applicant know (MaineHousing)**. All forms and appropriate attachments must be received electronically by the Project/Monitoring Committee contacts (**Gail Garrow and Donna Kelley**), no later than 30 days after APR submission in e-snaps. Failure to submit by the deadline will have an impact on your monitoring and performance threshold score.

Please direct all questions to:

Gail Garrow, OHI Maine, E-Mail: ggarrow@ohimaine.org

Donna Kelley, Kennebec Behavioral Health, E-Mail: dkelley@kbhmaine.org

A separate form must be completed for EACH Funded HUD CoC Program project.

Agency Name (From GIW): _____ Grant # (From e-snaps APR) _____

Program Name (From GIW): _____

Project Address (es): _____

Contact for Project: _____

Contact for Monitoring (to answer questions on form): _____

Phone Number: _____ E-mail Address: _____

Please answer the following questions in regard to the program during the Operating Year covered by your most recently submitted HUD APR:

1. Program Type: PSH RRH TH Safe Haven SSO

Population(s) Served (Q3B3a of last Application): (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Chronic Homeless | <input type="checkbox"/> Families with children | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Veterans | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Youth (under 25) | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Other |

If other, please explain: _____

Housing First: Does the project follow a "Housing First" approach? Yes No

Chronic Homelessness: Does the project prioritize chronically homeless individuals for openings?

Yes No

Program Description: Please provide a **brief** program summary including information about the nature of the program and its services or operations for which the McKinney-Vento funding was used and any unique qualities the program brings to the COC in its use of HUD funding.

2. Type of CoC HUD funding received (Please put dollar amount in space provided):

- Leasing \$ _____
- Supportive Services \$ _____
- HMIS \$ _____
- Rental Assistance \$ _____
- Operating \$ _____
- Project Administration \$ _____

Outline the award amount received and match (cash and in-kind) reported in e-snaps APR including match percentage (Q31a4. CoC Expenditures)

Drawdown Rates: Has the project maintained consistent Quarterly Drawdowns for the most recent grant term?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If No or N/A, please explain:
Have the funds been recaptured by HUD for the most recent expired grant term?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If No or N/A, please explain:
Have you submitted a revised APR since you last Submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If yes, Please explain why:

3. Resources and participant self-sufficiency. Identify resources/supports participants receive:

Mainstream resources the project provides or assists program participants in receiving (from last application Q4A2):

- Assessment of service needs
- Assistance with moving costs
- Case Management
- Food
- Child Care
- Education Services
- Mental Health Services
- Outreach Services
- Legal services
- Life Skills Training
- Transportation
- Substance Abuse Treatment Services
- Outpatient Health Services
- Employment Assistance and Job Training
- Housing Search and Counseling
- Utility Deposits

Briefly describe services/resources available to participants noted above and/or any other resources not noted and how they assist households to achieve self-sufficiency.

Non- cash benefits received by program participants (Q26.a1 APR):

- | | |
|--|---|
| <input type="checkbox"/> WIC | <input type="checkbox"/> Supplemental Nutritional Assistance Program |
| <input type="checkbox"/> MEDICAID Health Insurance | <input type="checkbox"/> Section 8, Public Housing, Rental Assistance |
| <input type="checkbox"/> MEDICARE Health Insurance | <input type="checkbox"/> TANF Child Care Services |
| <input type="checkbox"/> State Children’s Health Insurance | <input type="checkbox"/> TANF Transportation Services |
| <input type="checkbox"/> Temporary Rental Assistance | <input type="checkbox"/> Other TANF-funded Services |
| <input type="checkbox"/> VA Medical Services | <input type="checkbox"/> Other Source _____ |

COC PROJECT PROCEDURES

<p>4. a. Each participant file contains verification of homelessness or chronic homelessness status at the time of program entry. 24 CFR § 578.103(a)(3); 24 CFR § 576.500(b) <i>*Note: Not all CoC Projects are required to service people experiencing chronic homelessness – see program summary on page 1 when reviewing policy</i></p> <p>b. The project follows HUD’s written policies and procedures for documenting homelessness. (E.g., intake staff document eligibility; documentation is required for all persons seeking assistance; written policies state the evidence that may be relied upon to establish and verify homeless status, project makes efforts to get the appropriate documentation). In order of preference:</p> <ul style="list-style-type: none"> • Third party documentation • Intake worker observations • Certification from the person seeking assistance <p>c. I/ We are self-certified and are following the above procedures (4a. & 4b.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If No, please explain:</p> <p>If No, please explain:</p> <p>Signature for Self-Certification _____</p>
<p>5. If the program provides PSH or TH for people with disabilities does each participant file contain verification of participant’s disability? 24 CFR § 578.37(a)(1)(i)</p> <ul style="list-style-type: none"> • Verification from a professional who is licensed to diagnose and treat condition OR • Disability verified by the Social Security Administration in the form of a VA disability check, or an SSDI check. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If No, please explain:</p>

COC PROJECT PROCEDURES

<p>6. a. If project receives leasing or rental assistance funding, does the project have follow HUD’s written policy for HQS inspections and does it complete inspection prior to move-in and annually? 24 CFR § 578.75(b); 24 CFR § 578.103(a)(8) b. If project receives McKinney Vento funding, what type of third-party inspections do you receive?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>If No or N/A, please explain: Recent Inspection date:</p>
<p>7. If project serves families or youth, does the project follow HUD’s policy and have a designated staff person to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community? 24 CFR § 578.23(c)(4) (iv)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>If No or N/A, please explain:</p>

PROJECT DATA:

Please ATTACH Most recent project E-Snaps APR and corresponding HMIS HUD COC APR

Please use identified APR questions to answer the following:

Measure	Result	Explanation if necessary
<p>8. Average Daily Bed Utilization Rate in most recent APR APR Question: Q10. Bed Utilization Rate</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>If below 85% please explain why and describe plans for improvement.</p>
<p>9. % of participants employed at program exit APR Question: Q24a</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>If below 20% please explain why and describe plans for improvement.</p>
<p>10. % of leavers with maintained/increased income APR Question: Q24b2</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>If below 20% please explain why and describe plans for improvement.</p>
<p>11. % of leavers with increased/maintained mainstream benefits APR Question: Q26a1</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>If below 20% please explain why and describe plans for improvement.</p>
<p>12. % of leavers who moved from transitional to permanent housing APR Question: Q29a1. And Q29a2. Destination at program Exit Leavers >90 Days and <90 Days</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>If below 65% please explain why and describe plans for improvement.</p>

13. % of participants who are still in permanent housing or left for permanent housing APR Question: Q29a1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If below 80% please explain why and describe plans for improvement.
14. Performance Measures: project level per grant and APR: Measure 1: Housing Stability goal met? Measure 2: a. Increased total income or b. increased earned income goal met? APR Question: Q36a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

HMIS

The Projects Committee will request a report From HMIS directly on data for a specified period for all projects. Please explain any issues or concerns you have regarding your HMIS data not meeting HUD and or COC standards.

15. Is your project participating in HMIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If No or N/A, please explain:
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CoC Participation		
Measure	Result	Explanation if necessary
16. Have you maintained a voting attendance record?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who attends:
17. Do you participate in MCOC Sub-committees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Committee(s)and who attends:

All information on this form is true and accurate to the best of my knowledge.

Prepared by: _____
Name and Title Date

(If different from contact, at top) _____
Email address Phone number

CEO: _____
Email address Phone number

Please save this document before returning it as an email attachment, along with all other documentation requested. Please return this (and all other documents) by email with names and titles typed in. All monitoring reports must be received no later than **30 days after e-snaps APR submission**. After review, the Monitoring Committee will contact you if they have any further questions or require more information. If there are no outstanding issues with your submission, you will receive a notice, informing you that your documentation has been accepted. Thank you, and feel free to contact the Committee with any questions.

PLEASE E-MAIL YOUR PROJECT MONITORING DOCUMENTS TO THE FOLLOWING INDIVIDUALS:

dkelley@kbhmaine.org ggarrow@ohimaine.org