Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

 The Collaborative Applicant is responsible for:

 1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.

 2. Ensuring all questions are answered completely.

 3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.

4. Ensuring all imported responses in the application are fully reviewed and updated as needed.

 5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.

 6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

 - Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Maine State Housing Authority

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	No	No
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Veteran Service providers	Yes	Yes
State Government Agencies	Yes	Yes
HOPWA Agency	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 1000 characters)

All MCOC meetings are open to the public. MCOC has an open membership & members are eligible to vote as described in the MCOC governance (posted on MCoC's website, www.mainehomelessplanning.org) Monthly meeting notices are also posted on the website which is publicly accessible & subscribed to by over 1000 providers, advocates & individuals statewide. MCOC solicits & considers opinions & involvement of Statewide & Regional Homeless Councils, HOPWA & ESG subrecipients, housing developers & others as needed. Remote connectivity through ITV options is available at up to 7 locations statewide for people who cannot attend in person & there is a call-in number to encourage participation via phone.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach.
(limit 1000 characters)

Increasing membership & participation is an ongoing process for MCOC & Recruitment is a task assigned to our Resource Committee, though all members are encouraged to invite others to participate. Special Outreach efforts are made whenever MCOC launches a new initiative, such as Coordinated Entry, or hosts a special event, such as our recent visit from HUD Field Office Representatives. All MCOC meetings are open to the public & monthly meeting notices are posted on MCOC's website, www.mainehomelessplanning.org, which is publicly accessible & subscribed to by over 1000 providers, advocates & individuals statewide. MCOC reports out monthly at the Statewide & Regional Homeless Council meetings, as well as meetings of other local provider groups where invitations to participate are regularly extended. MCOC meetings are connected through teleconferencing sites accessible at MaineHousing & up to 6 Public Library locations across the state.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)

MCOC welcomes proposals from applicants who have not previously received funding. The NOFA Announcement & invitation to apply for funding was publicly posted on the MCOC website on 7/18/17 w/ more info including scoring criteria & available new funds were posted 8/4/17. Application opportunities, processes & deadlines are shared at Regional & Statewide Homeless Council meetings, Shelter Directors & other meetings of homeless-serving providers. All new projects are considered & scored using a scoring tool designed specifically for new projects; this tool is posted on the MCOC website to ensure the scoring/ranking criteria is broadly known. Scoring criteria include the extent to which they meet HUD/MCOC priorities, program type, experience, capacity, target population & administration. New Projects are included in the project listing & ranked according to their score. All new project applicants are given their scoring results in writing; results are also posted on the CoC's website.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects.
Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Housing and Service programs funded through the VA	Yes
Housing and service programs funded though VAWA	Yes

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates.
(limit 1000 characters)

MCOC & ESG subrecipients are actively engaged in the planning & allocation of ESG Funds & consult with each other regularly. MaineHousing (MH) & City of Portland (CoP) are the only ESG recipients of the 7 Con Plan jurisdictions in

MCOC. MH & CoP regularly participate in MCOC meetings. MCOC, MH & CoP collaborate in crafting responses for the Con Plans & Annual Con Plan Updates to ensure MCOC strategic plan goals are included. MCOC provides input in the development phase of the plans & makes recommendations for the allocation of funds. MCOC reviews & comments on the Plans during the Public Comment period to provide additional feedback & input to the final Plans. Annually MH compiles PIT & HIC reports & distributes them to stakeholders across Maine. MCOC has made available & highly publicized annual PIT & HIC data. MCOC ensures that all Con Plan jurisdictions have access to the reports for their Con Plan & Plan updates & will provide any additional information or TA they need.

1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)

The Maine Coalition to End Domestic Violence, a statewide network of DV providers, works w/ MCOC & our CA to ensure persons & families fleeing DV have access to housing & services unique to their needs that prioritize safety & confidentiality of participants including development of Emergency Transfer Plans & protocols for DV referrals in our Coordinated Entry process. The 2017 MCOC HIC lists 186 ES bds, 166 TH bds, & 50 PH bds dedicated to DV households, & many DV households qualify for rental assistance programs. This ensures availability of supportive housing & services. The Maine Plan to End & Prevent Homelessness includes DV as a sub-population w/ specific strategies for engagement & ongoing support for stability in housing unique to the needs of the population. The Maine Homeless Rule, which establishes eligibility for ESG funding, includes provisions for maintaining confidentiality of all DV client data & PII, & prohibits involuntary family separation including in DV programs.

1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)

Members of Maine's DV Coalition participate in MCOC, provide info & trainings on DV to non-DV providers & are involved in Maine's Coordinated Entry system (CE) to ensure safety & planning protocols are in place. Maine's CE assessment begins w/ asking if the person would prefer to talk to a DV provider & DV referrals are a priority. Strict confidentiality is maintained regarding all PII. MCOC collects & utilizes available DV data from PIT, HIC, Annual Reports & aggregate data from comparable databases as part of a needs & gaps analysis process. Revisions to Maine's Plan to End & Prevent Homelessness specifically address DV populations & services including strategies for engagement & support. All ESG funded Shelters including DV employ Navigators w/ access to

housing vouchers & the ability to provide support for stability in housing. Maine has developed Emergency Transfer Plan templates that are being shared w/ all CoC & non-CoC housing programs on our HIC & w/ Landlords in RA programs.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.
Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Maine State Housing Authority	62.72%	Yes-Both
Portland Housing Authority	25.50%	Yes-Both
Lewiston Housing Authority	2.00%	Yes-Public Housing
Bangor Housing Authority	4.00%	No
Westbrook Housing Authority	1.00%	Yes-HCV

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 1000 characters)

MCOC encourages HAs w/out such policies to establish homeless admission preferences via written communication, meetings w/ HA leadership, invitations to join CoC meetings, seeking membership on HA boards & networking at community stakeholder events. The above list includes only the 5 largest of the 24 PHA's in the MCOC coverage area (all of Maine). While the Bangor HA does not have a Homeless Admission Preference, MCoC & area shelters have strong relationships w/ the HA to serve homeless households. Bangor HA's service area has a large saturation of PBS8 provided by MaineHousing, which has historically been why it has not included specific preferences in its Admin Plan. A long-standing MCoC member recently joined the Bangor HA Board & will work to include a Homeless Preference Policy in its Admin Plan. MCOC regularly invites all HAs to participate in MCOC meetings & initiatives such as inviting them to join us when our local HUD Field Office representatives visited MCOC this spring.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of

Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effecctively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Idenity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy.
(limit 1000 characters)

MCOC supported a Preble Street/New Beginnings application for housing & services for LGBT youth 18 - 21 & emancipated minors. Maine is part of the LGBTQ Homeless Youth Transitional Services Demonstration Project to create a continuum of transitional services to support clients from crisis to stability in housing. MCOC implementation & monitoring of anti-discrimination policies ensures the needs of LGBTQ individuals & their families experiencing homelessness are met through equal access to ESG & CoC funded programs, Housing Navigation & Stabilization services & ES, SH, TH, & PH. ESHAP trainings include Fair Housing & Non-Discrimination regs & Maine's Homeless Rule, governing funding of shelters & related services, requires shelters to post non-discrimination policies & inform clients of these policies. MCOC distributed information about & encouraged participation in HUD's Equal Access & Gender Identity Rule training in Nov. 2016 & posted links to this & similar webinars on the MHP site.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders	X
Implemented communitywide plans:	X
No strategies have been implemented	
Other:(limit 50 characters)	
Work w/ volunteer lawyers' projects & judiciary	X
HomelessVoicesForJustice train PoliceAcademyCadets	X
ME developing a Homeless Bill of Rights	X

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

**1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs.
(limit 1000 characters)**

N/A (all boxes checked)

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	X
Health Care:	X

Mental Health Care:	X
Correctional Facilities:	X
None:	

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities
CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)

MCOC scoring/ranking/selection process & tools prioritize projects that serve homeless individuals & families w/ the most severe needs & vulnerabilities. MCOC revised its scoring/ranking/selection policies & procedures to prioritize severity of needs & vulnerability of participants by factoring CH, Longest Histories of Homelessness, DV/Abuse/victimization/trafficking, Childhood Abuse, low or no income, criminal history, unaccompanied youth, Veterans, Mental Illness, Substance Abuse, & disabilities. Project scoring (new & renewal) considers, the degree to which projects have implemented a Housing First approach, prioritize CH, & serve high need/vulnerable populations (described above) to provide additional points for projects that reduce barriers to project entry & serve populations w/ severe needs & vulnerabilities. The ranking/selection processes are directly related to these scoring metrics. MCoC has included HUD's notice CPD-14-012 for prioritizing CH in our Written

Standards.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	X
Email	X
Mail	
Advertising in Local Newspaper(s)	
Advertising on Radio or Television	
Social Media (Twitter, Facebook, etc.)	

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.
Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.
No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.   09/13/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.   09/13/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No		

Attachment Details

Document Description:

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead?   Yes

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.   MOU: CoC pg 3, HMIS Lead pg 4-5

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual.   Yes

2A-3. What is the name of the HMIS software vendor?   Mediware

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area.   Single CoC

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,217	186	881	85.45%
Safe Haven (SH) beds	15	0	15	100.00%
Transitional Housing (TH) beds	1,225	166	1,011	95.47%
Rapid Re-Housing (RRH) beds	369	0	369	100.00%
Permanent Supportive Housing (PSH) beds	2,500	26	2,441	98.67%
Other Permanent Housing (OPH) beds	24	24	0	0.00%

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.
(limit 1000 characters)

The only category for which MCOC's HMIS Bed Coverage Rate appears to be below 85% in table 2A-5 is for Project Type "Other Permanent Housing". The answer should be "N/A (Not Applicable)", rather than "0.00%", but esnaps does not allow this. Detailed Instructions for the FY2017 CoC Application indicate that "beds funded by victim service providers must not be included in this calculation." & the 2017 HDX Competition Report correctly shows the HMIS Bed Coverage Rate for these beds as "NA". All 24 beds categorized as Other Permanent Housing on the 2017 MCOC HIC are in projects dedicated to serving victims of Domestic Violence & are therefore prohibited from participating in HMIS. MCOC should receive full credit for this project type because there are no eligible beds that are not participating. If any non-DV providers are added to our HIC in the OPH project type category, we will work with them to ensure they have the access, training, & support needed to fully participate in HMIS.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/28/2017

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/24/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 05/01/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

There were no significant changes to the MCOC sheltered PIT count implementation, methodology, or data quality. However, it should be noted that the Portland Continuum of Care (ME-502) merged w/ the Maine Continuum of Care (ME-500) after the 2017 PIT & HIC data was collected but prior to submission of the data in the HDX. We worked closely w/ our local HUD Field Office & HUD TA providers to combine the PIT & HIC data from both ME-500 & ME-502 for the 2017 HDX submission. The historical HIC data in the HDX has also since been combined, but the historical PIT data has not, so PIT data in the HDX for 2016 & back reflects only ME-500, not the combined ME-500 & ME-502 data. The Maine & Portland Continuums had always shared one statewide HMIS implementation & always coordinated PIT & HIC planning, data collection, and reporting processes so again, despite the merger, there were no significant changes to the implementation, methodology, or data quality.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count?   No

2C-2a. If "Yes" was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count?   No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017?
CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

Yes

2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

The only changes to the MCOC Unsheltered PIT Count involved the addition of a set of questions specifically for homeless youth, & increased outreach efforts to find & interview unsheltered homeless youth, as detailed in the narrative for question 2C-5a. In 2016, MCOC reported a total of 2 unsheltered unaccompanied youth under 18 yrs old, 11 unsheltered unaccompanied youth between 18 & 24 yrs old, & 1 unsheltered parenting youth household of two parents between 18 & 24 with 1 child. In 2017, MCOC reported 12 unsheltered unaccompanied youth under 18 yrs old, 23 unsheltered unaccompanied youth 18 to 24 yrs old, & 4 unsheltered parenting youth households consisting of 2 parents under 18, 3 parents 18 to 24, & 4 children. While the weather may have been a factor for some of the increase in 2017, being relatively warm & dry compared to the 2016 count, we believe that the increased outreach efforts specifically targeting unsheltered youth allowed us to capture significantly more information.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count?

Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified.
(limit 1000 characters)

Additional questions specifically for youth were added as an addendum to the standard MCOC PIT Outreach data collection form & distributed to outreach teams throughout the state. MCOC & Maine's Homeless Youth Provider Group engaged youth & non-youth providers, schools & colleges to recruit volunteers to assist with PIT Outreach efforts. Maine participated in the Chapin Hall Voices of Youth Study & conducted focus groups on engaging youth, identifying where homeless &/or at risk youth might be found & conducted a Youth specific PIT as part of that initiative. Youth participated in the Chapin Hall study & lessons learned from that effort were applied to the CoC level PIT, particularly in regard to the increased emphasis on counting homeless youth.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

Other than the changes described above in regard to our Youth outreach efforts MCOC did not make any other changes to our PIT implementation, methodology or data quality specific to individuals & families experiencing Chronic Homelessness, Families w/ children, or Veterans experiencing homelessness. The PIT methodology we have had in place for the last 2 years, which we review annually, already incorporates processes & procedures designed to ensure a thorough & accurate count of these populations including: Data Sharing agreements among Shelters allows for better identification of CH individuals & Families; PATH workers experienced w/ CH individuals & families participate in PIT outreach; work w/ McKinney-Vento School Liaisons helps connect outreach teams w/ homeless families w/ children not at shelters; most of our County level 'PIT Crew' leaders are from local veteran service organizations familiar w/ homeless veterans & where they are most likely to be found on the night of the PIT.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)

There were 706 fewer people who became homeless for the first time during FY2016 compared to FY2015 (2017 HDX Competition Report, table 5.1). When PH is added to this calculation the number becomes 744 fewer (table 5.2). Our Emergency shelter response system tracks reasons for requests for assistance & monitors the number of individuals who are first-time homeless. Our process to identify risk factors uses these data to plan & direct prevention/diversion resources/services outlined in Maine's Plan to End & Prevent Homelessness. Strategies to address individuals & families at risk of becoming homeless include: CDBG, ESG, SSVF, PATH Outreach/Prevention/Diversion efforts; Discharge Planning; Local & State Funded Rental Assistance; Community Legal Services; Eviction Prevention efforts. Maine's Statewide & Regional Homeless Councils, per Maine's Plan, are responsible for overseeing Maine's strategy to reduce the number of individuals & families experiencing homelessness for the first time.

3A-2. Performance Measure: Length-of-Time Homeless.
CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)

Avg. LOT in ES & SH went up by 7 days from FY15 to FY16 & the Mdn. LOT increased by 5 days. W/ TH the avg. is 28 days & the median is still 5 days. Increase due to: big drop in LOT in prior yr; low vacancy; opioid crisis; subsidy freezes; immigration status issues. The primary action implemented by the CoC

to reduce the LOT individuals/families remain homeless is Maine's Long Term Stayer (LTS) Initiative. This prioritizes housing subsidies/services for CH/LTS. Other actions include RRH from shelters. HMIS data is used to identify the longest LOT homeless. LTS By-Name-Lists are used at local/regional levels to further identify/house CH/LTS. More strategies include: landlord outreach /engagement; Housing Navigator services; coordination of PATH w/ shelters & navigators; VI/SPDAT; Housing First; partner w/ MeDHHS for services/housing; partner w/ PHAs. Maine's Statewide & Regional Homeless Councils are responsible for overseeing Maine's strategy to reduce the LOT people remain homeless.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention
  Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing.
(limit 1000 characters)

The % of exits from ES, SH, TH & PH-RRH to PH increased by 5% from FY15 to FY16 (39% to 44%). The % of exit/retention (those who stayed in PH or exited to another form of PH) remained at 93% in both FY15 & FY16. Strategies to increase successful PH placement & retention include: ESHAP program offers Incentive funding for this performance measure; all ESG funded shelters must have Housing Navigators on staff who focus on engaging clients from crisis to stabilization in & retention of the most appropriate housing resource. Navigators work w/ clients to develop Housing Stability Plans that emphasize client choice. Navigators connect clients w/ Community Agencies/ACT/PATH for ongoing supports for stability in housing. Maine's Plan to End & Prevent Homelessness includes the goal of PH appropriate to individual or family needs w/ an adequate support network. Maine's Statewide & Regional Homeless Councils are responsible for overseeing Maine's strategy for retention of, or placement in PH.

3A-4. Performance Measure: Returns to Homelessness.
 Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness.
(limit 1000 characters)

Numerical change is 24% over 2 years. Most returns are in the first six months. MCOC serves the most long term/vulnerable using Housing First approach which may impact returns as people work on vulnerability (mental health, substance use, financial instability). Other returns due to unrenewed leases when landlords decide to redevelop & increase to rents subsidies can't afford; staying w/housed people engaging in activities that break leases. Data sharing improved tracking returns across multiple shelters, increasing documented returns & reducing duplication. Before, shelters would only identify returns in

their own system. Strategies to identify returns: providers review HMIS data & identify returns. Strategies CoC will use to reduce returns: diversion; housing navigators; developing supportive landlord relationships; use private/local/state funds to assist w/back rent/utilities; ESG/CDBG/SSVF funded prevention; Coordinated Entry. Statewide Homeless Council oversees MCoC's efforts.

3A-5. Performance Measures: Job and Income Growth
Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)

Strategies implemented to increase access to employment & benefits: MCoC works w/ employment orgs to help individuals & families increase their cash income; works w/ CareerCenters & Voc Rehab (VR) that provide access to job listings, trainings & fairs; MCOC Resource Committee alerts providers to employment resources; Referrals to VR, DOL for work readiness/job training by employment specialists; Vocational Clubhouses statewide help w/ training, job retention, transportation; navigators help people w/ employment/income goals; work w/ Adult Ed, Goodwill Industries, & community colleges' job training programs; work w/ hospitals' Employment Specialists; PATH & navigators help consumers access/retain mainstream benefits: GA, Medicaid, TANF, SNAP, SSI/SSDI. PATH/SSVF providers are SOAR trained. CoC program-funded projects are assisted to implement the strategies via frequent trainings & annual monitoring/TA. The Statewide Homeless Council is responsible for overseeing these strategies.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).   No

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)

N/A (no geographic areas were completely excluded)

3A-7. Enter the date the CoC submitted the   06/06/2017

System Performance Measures data in HDX, which included the data quality section for FY 2016.
(mm/dd/yyyy)

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	298	328	30

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	76
Total number of beds dedicated to individuals and families experiencing chronic homelessness	164
Total	240

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.   Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	X
Number of previous homeless episodes	X

Unsheltered homelessness	X
Criminal History	
Bad credit or rental history (including not having been a leaseholder)	
Head of Household with Mental/Physical Disability	X

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 1000 characters)

MCOC has developed CoC/ESG written standards that include strategies & benchmarks for rapidly rehousing every family w/ children w/in a timeframe of 30 days of becoming homeless. All MCOC Shelters assess families upon entry & develop housing plans for rapid exits to PH; provide streamlined referrals to appropriate resource; work w/ community legal services to eliminate barriers to housing, & use a housing 1st approach including SSVF for veteran families. MCOC reviews HMIS data to ensure implamentation of the strategies; CoC/ESG monitoring evaluates measures for the strategies & successful implementation at the project level. Coordinated Entry will ensure streamlined access to services & housing to help w/ the strategies & benchmarks for rapidly rehousing families w/ children w/in 30 days of becoming homeless. Maine's Statewide & Regional Homeless Councils are responsible for overseeing Main's strategy to rapidly rehouse every family w/children w/in 30 days of becoming homeless.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	33	102	69

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing.
(limit 1000 characters)

MCOC implementation & monitoring of anti-discrimination policies ensures the needs of all individuals & their families experiencing homelessness are met through equal access to ESG & CoC funded programs, Housing Navigation & Stabilization services & ES, SH, TH, & PH. Navigator trainings include Fair

Housing & Non-Discrimination regs. Maine's Homeless Rule, governing funding of shelters & related services, requires shelters to post non-discrimination policies & inform clients of these policies & prohibits separation of family members based on age, sex, gender, LGBT status, marital status or disability.. MCOC distributed information about & encouraged participation in HUD's Equal Access & Gender Identity Rule training in Nov. 2016 & posted links to this & similar webinars on the MHP site.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	X
Bad Credit or Rental History	

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

MCoC uses strategies to increase housing/services for homeless youth, specifically applying for new funding. Successful apps for homeless youth grants including: LGBTQ Homeless Youth Transition Services Demonstration Project - RRH & transition-in-place (TIP) housing; new CoC-funded RRH targeting youth. Other strategies used: navigator/PATH services for youth housing & retention, including outreach to unsheltered youth. Strategies are effective b/c more youth engaged in services/housing, improved youth shelter

capacity, better youth outreach/engagement. Measures for effectiveness: Successful Transitions to Adulthood Research study evaluates strategies w/ success measures; PIT & specialized youth counts - tracks # of youth homeless & progress vs. prev. yr; HIC - increase in housing/services for homeless youth vs. prev. yr; System performance measures - Analyze youth data to gauge progress in ending youth homelessness. Measures are appropriate b/c they are data-driven, youth-specific.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services.
(limit 1000 characters)

MCOC requires CoC/ESG providers inform families w/children & unaccompanied youth of their McKinney-Vento Educational Assurances Act rights w/forms/flyers. MH requires ESG programs have staff to work w/LEA liaisons. Providers working w/homeless youth meet about practices & policy, sharing info w/McKinney-Vento liaisons. MCOC/ESG sub-recipients work w/ LEAs on enrollment, transportation, ESL, support plans, immunizations, records, testing, etc. HMIS asks if kids are connected to LEAs. Local DOEs work closely w/family/youth programs. Shelters consult w/school district liaisons to ensure kids in shelter stay enrolled locally & to arrange any testing/educational/homeless/on-site services needed to stay in school. School liaisons/social workers refer to CoC providers/partners if students appear homeless/at risk. All DV shelters have policies on youth/child educational needs. Maine DOE Truancy, Dropouts, Homeless, & Alternative Education Coordinator attends Statewide Homeless Council & MCOC.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	No
Head Start	Yes	No
Early Head Start	Yes	No
Child Care and Development Fund	Yes	No
Federal Home Visiting Program	Yes	No
Healthy Start	Yes	No
Public Pre-K	Yes	No
Birth to 3	Yes	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)

MCoC Veteran Committee includes SSVF, VA & PATH workers who conduct regular outreach to identify sheltered & unsheltered homeless veterans. HMIS entry forms ask about veteran status; SSVF & VA regularly access HMIS data to identify veterans through CoC data sharing agreements. MCoC Veteran Committee utilizes a Veteran specific Coordinated Entry & Assessment process in conjunction w/ the MCoC CE system. Via CE Veterans are referred to SSVF, GPD or VA for assessment & VI-SPDAT is used to target resources to veterans w/ highest vulnerability. All veterans are assessed for eligibility for VA & Non-VA funded benefits & services including SSVF, HUD-VASH, HVRP, GPD, VA Health, VBA & SSI/SSDI (SSVF funded SOAR). MCOC Veteran Committee manages a by-name list of veterans & meets weekly to plan & coordinate services. CH Veterans are targeted & prioritized for assistance through HMIS CH/LTS Stayer Reports. SSVF, GPD & VA participate in MCOC meetings & the community planning process.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?

Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?

Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach?

Yes

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		
Veteran's Health Administration	Yes	Yes

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits.
(limit 1000 characters)

CoC program-funded projects supplement CoC funds w/ other resources. MCoC works w/ mainstream programs (PATH/navigators) that assist homeless program participants to apply for/receive mainstream benefits such as: GA, Medicaid, TANF, SNAP, SSI/SSDI. Staff are SOAR trained. MCoC works w/ programs directly to ensure collaboration & consumer access to programs/benefits. Resource Committee outreaches mainstream programs to enhance partnerships. State/local mainstream programs are MCoC voting members & part of Coordinated Entry. Info is regularly disseminated b/w MCoC & mainstream providers. MCoC monitors & scores projects based on their ability to connect participants to mainstream resources, specifically non CoC-funded benefits. MCoC systematically informs programs/staff regarding mainstream resources available through frequent trainings & TA which are

publicly posted & disseminated. The Statewide Homeless Council is responsible for overseeing these strategies for mainstream benefits.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	39.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	36.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	92.31%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	39.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	36.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	92.31%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance.
(limit 1000 characters)

MCoC outreaches to the unsheltered using a network of programs/providers covering all of Maine that is available 24/7/365. Shelters conduct outreach in their catchment areas. PATH outreaches to those living w/ serious MI who are homeless. PATH workers engage eligible persons & establish trust to assist w/: links to housing/vouchers; Mainstream Resources/benefits; case management & services. ESHAP Navigators work w/ those not staying at shelters. Youth shelters/providers are contracted by ME DHHS to conduct outreach statewide. MCoC coordinated development of Regional outreach & by-name lists to meet the needs of those who are unsheltered. These efforts identify those least likely to engage/request assistance, are targeted to meet the needs of each individual & address service gaps, including for specific subpopulations that have historically been reluctant to seek assistance such as LGBTQ, persons fleeing DV, unsheltered youth & those suffering w/ a severe & persistent MI, SUD, or both.

4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as

detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach. Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

MCoC adopted an Affirmatively Furthering Fair Housing & Access to Supportive Services Policy. MCoC projects must: comply w/ all local/state/federal fair housing, accessibility, occupancy & selection procedures laws/regs; not discriminate based on age, race, color, sex, religion, national origin, handicap, disability, LGBTQ or familial status; practice affirmative marketing=positive efforts to ensure persons of various races, religions, familial status, color, sex, disability, LGBTQ & national origins, whom are least likely to apply for housing/services w/out special outreach, are made aware of projects & their benefits. MCoC projects contact local shelters/providers alerting them to programs. Project ads/signs must include Equal Housing Opportunity statement/logo & HUD's Fair Housing Poster. Materials are in diff languages & interpreters are available for effective communication to people w/ limited English. Policies are communicated to people w/ disabilities to ensure comprehension.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	79	369	290

4A-7. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).   No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes		
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes		
06. CoC's Governance Charter	Yes		
07. HMIS Policy and Procedures Manual	Yes		
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes		
14. Other	No		
15. Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	08/23/2017
1B. Engagement	09/15/2017
1C. Coordination	09/15/2017
1D. Discharge Planning	08/23/2017
1E. Project Review	09/15/2017
1F. Reallocation Supporting Documentation	No Input Required
2A. HMIS Implementation	09/14/2017
2B. PIT Count	09/07/2017
2C. Sheltered Data - Methods	09/15/2017
3A. System Performance	09/08/2017
3B. Performance and Strategic Planning	09/14/2017

4A. Mainstream Benefits and Additional Policies	09/14/2017
4B. Attachments	Please Complete
Submission Summary	No Input Required