

Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: ME-500 - Maine Statewide 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 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting 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)	No	No
EMS/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	Yes
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	No	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
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Veteran Service Providers	Yes	Yes
State Government Agencies	Yes	Yes

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 2,000 characters)

Strategies the MCOC uses to solicit & consider opinions from organizations &/or persons that have an interest in preventing or ending homelessness include: Postings on the MCOC website (www.mainehomelessplanning.org); MCOC Board and MCOC members targeted outreach and relationship work to other potential stakeholders & entities &/or persons that have an interest in homelessness who are not represented at meetings (PHAs, business community, housing developers, self-advocates, etc.); having meetings be open to the public; not having membership fees/dues to encourage more participation/opinions/etc. Other strategies include-The MCOC has worked diligently over the years to bring numerous, diverse agencies to the table, and thoroughly and consistently solicits & considers opinions & involvement of Statewide & Regional Homeless Councils, HOPWA & ESG subrecipients, housing developers, RHYA providers, DV providers, PATH providers, SSVF providers, SAMHSA providers, advocates, people who have experienced homelessness, the business community, local, state, & federal government officials/offices, & community members. The MCOC & its activities is a standing agenda item on the Statewide Homeless Council (Maine’s version of an interagency council on homelessness, created via statute), which meets monthly, where opinions, feedback, & information are disseminated & gathered for the MCOC’s use in its activities. The MCOC Resource Committee leads numerous trainings at the Regional Homeless Councils, an additional strategy the MCOC uses to engage organizations &/or persons that have an interest in preventing/ending homelessness. The MCOC is involved w/ Maine’s Youth Advisory Board, comprised of youth who have experienced homelessness, ensuring its unique opinions are considered. 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.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)**

1) The MCOC has an open membership policy and there are no dues or fees required to join or maintain membership in the MCOC. The MCOC has an

active recruitment process that includes outreach and engagement primarily carried out by the MCOC Resource Committee. There is an annual call for new members, publicly posted on the MCOC website which currently has over 1800 subscribers, the MaineHousing website, and shared far and wide through a number of email distribution lists.

2) Monthly meeting notices and the annual call for new members are also posted on the MCOC's website. The annual call for new members is disseminated through the regional homeless council email distribution lists, and is posted publicly on the 211 website, as well as posted on MaineHousing's website and Facebook page.

3) The MCOC solicits new members at least annually through its annual call for new members. Frequent targeted outreach & engagement of new members occurs at least monthly via our publicly posted invitation to participate in the MCOC monthly meetings which goes out to over 1800 subscribers to our website. The MCOC Resource Committee solicits new members through their monthly meetings and quarterly trainings which are attended by a wide variety of stakeholder organizations from throughout the state.

4) The MCOC works closely with Homeless Voices for Justice, Maine's foremost homeless self-advocacy organization and an MCOC member organization, to ensure persons experiencing homelessness and/or formerly homeless persons are able to actively and meaningfully participate in the MCOC. The MCOC has also recently incorporated Maine's newly formed Youth Advisory Board (YAB) into our structure and governance, and has approved stipends to compensate YAB members for their time and travel to support their active participation in MCOC meetings. A portion of the YAB membership is required to be made up of youth with lived experience of homelessness.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

The Maine Continuum of Care welcomes and encourages new proposals from organizations who have not previously received funding through the MCOC NOFA application process by publicly posting information on our website at www.mainehomelessplanning.org, currently subscribed to by over 1800 agencies and individuals, and by sharing this information at Statewide and Regional Homeless Council meetings, Shelter Directors meetings and at a number of other meetings involving homeless service provider organizations throughout the state. MCOC specifically reached out to the Maine Coalition to End Domestic Violence to ensure that they and their member agencies were fully aware of the DV Bonus funding available through this year's CoC NOFA application process (MCOC does not currently have any CoC funded DV projects).

The initial HUD NOFA Announcement and invitation to apply for funding was publicly posted on the MCOC website on June 28, 2018. A Request For Proposals (RFP) with information specific to the Maine Continuum of Care process and deadlines was subsequently posted on the website on July 6, 2018. This RFP was shared by a number of email distribution lists and was included in a press release issued by the staff of Senator Angus King's Maine

office on July 17, 2018. All such announcements encourage interested parties who many have questions or who wish to know more about the process to contact staff at MCOC's Collaborative Applicant, MaineHousing, for more information.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

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
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Programs of VA & other veteran service providers	Yes
Housing & services programs funded through VAWA	Yes

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

The Maine Continuum of Care welcomes and encourages new proposals from organizations who have not previously received funding through the MCOC NOFA application process by publicly posting information on our website at www.mainehomelessplanning.org, currently subscribed to by over 1800

agencies and individuals, and by sharing this information at Statewide and Regional Homeless Council meetings, Shelter Directors meetings and at a number of other meetings involving homeless service provider organizations throughout the state. MCOC specifically reached out to the Maine Coalition to End Domestic Violence to ensure that they and their member agencies were fully aware of the DV Bonus funding available through this year's CoC NOFA application process (MCOC does not currently have any CoC funded DV projects).

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1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

1)The Maine Coalition to End Domestic Violence (MCEDV) works w/ MCOC to ensure that persons & families fleeing any form of DV have access to housing & services unique to their needs that prioritize safety & confidentiality of participants. This includes provision of trauma-informed, victim centered services, development of Emergency Transfer Plans & protocols specifically for DV referrals in Coordinated Entry to help restore feelings of safety, choice & control. The Maine Plan to End & Prevent Homelessness includes DV survivors w/ specific strategies for engagement & support for stability in housing unique to their needs. The Maine Homeless Rule establishes eligibility for ESG funding,

including provisions for maintaining confidentiality of all DV client data & PII & prohibits involuntary family separation all programs.
2)The 2018 MCOC HIC lists 154 ES beds, 152 TH beds, & 76 PH beds dedicated to DV households & providers in Maine recently opened shelters & service programs specifically for victims of human trafficking. Many DV households qualify for rental assistance or other supportive housing not specifically dedicated to DV survivors. This ensures availability of multiple types of housing w/ various levels of support & services to maximize client choice. MCEDV coordinates training & monitors compliance w/ quality assurance standards for all DV provider services. To comply, Maine's DV providers must offer crisis intervention & advocacy services to support emotional & physical safety while enhancing survivors' sense of personal agency, autonomy & ability. Advocates approach each interaction as a collaborative process that is trauma-responsive & grounded in the understanding that survivors are the authorities regarding the risks they face & potential impact of any interventions. It is in this context that advocates offer & provide shelter & other housing related services. All services are in compliance w/ VAWA confidentiality & non-discrimination standards.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

Members of Maine's DV Coalition actively participate in MCOC, and regularly provide information and training on best practices in serving survivors of domestic violence, dating violence, sexual assault, stalking and human trafficking to non-DV providers. The Coalition was involved in the development of Maine's Coordinated Entry system (CE) to ensure safety and planning protocols were in place, and the Coalition is submitting an application in this year's competition to further integrate and coordinate DV specific programs and services into Maine's CE implementation. Maine's CE initial triage assessment begins by asking if the person would prefer to talk to a DV provider before any other information is collected, and DV referrals are treated as a priority to ensure survivors of domestic violence, dating violence, sexual assault, stalking and human trafficking are connected to the most appropriate services as quickly as possible, and that strict confidentiality is maintained regarding all PII, in keeping with best practices, MCOC policies, and VAWA regulations. The MCOC coordinated with the Maine Coalition to End Domestic Violence (MCEDV), a consortium of all victim service providers throughout the state, to provide trainings. The MCEDV and their member organizations have provided trainings to numerous groups including housing authorities, CAP agencies, shelters, service providers, and the regional homeless councils whose membership includes all MCOC-funded projects. On-site trainings have been provided directly to some MCOC-funded projects. The MCEDV provided training related to CE to all CES access points, including shelters and Maine's statewide 211 system.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence,

sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

The Maine Continuum of Care collects available data related to domestic violence, dating violence, sexual assault, stalking and human trafficking from the aggregate data compiled in comparable databases used by member agencies of the Maine Coalition to End Domestic Violence, and utilizes this information as part of its needs & gaps analysis process. The Maine Coalition to End Domestic Violence compiles Quarterly Statistical Data Reports and an Annual Family Violence Prevention Services Report reflecting the services provided by the 9 Maine Domestic Violence Resource Centers across the state. These reports include the number of calls received by Domestic Violence Resource Center hotlines and service providers; the number of requests for and admissions to Domestic Violence Shelters, Safe Homes, and other Domestic Violence specific housing programs; the number of requests for and referrals to Domestic Violence related services. The Maine Continuum of Care also looks at Domestic Violence related figures from our PIT, HIC, AHAR, CAPER, and other available data sources, including the number of people who report fleeing and/or having a history of domestic violence, dating violence, sexual assault, stalking or human trafficking as a reason for seeking shelter or services from non-DV homeless service providers.

**1C-4. DV Bonus Projects. Is your CoC Yes
 applying for DV Bonus Projects?**

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	<input checked="" type="checkbox"/>
RRH	<input checked="" type="checkbox"/>
Joint TH/RRH	<input type="checkbox"/>

1C-4b. Applicants must describe:

- (1) how many domestic violence survivors the CoC is currently serving in the CoC’s geographic area;**
 - (2) the data source the CoC used for the calculations; and**
 - (3) how the CoC collected the data.**
- (limit 2,000 characters)**

1)According to the most recent Quarterly Statistical Report from the Maine Coalition to End Domestic Violence, MCoC was currently serving 106 adult domestic violence survivors and 68 children statewide as of the end of June 2018. According to HMIS data from non-victim service providers, the CoC is currently serving 1,147 domestic violence survivors within the geographic area (receiving shelter, services, and/or housing), some of whom may overlap with the MCEDV data.

2)The data sources are the Maine Coalition to End Domestic Violence (MCEDV) Quarterly Statistical Data Report ending June 30, 2018 and HMIS

data from non-victim service providers.

3)MCEDV collected this data from the 9 Maine domestic violence resource centers (DVRCs) who track and report service data entered by their employees into their agency’s comparable client database system. The CoC collected the HMIS data by analyzing self-reported responses to applicable UDE questions upon program/project entry, & looked at the deduplicated, aggregate numbers.

1C-4c. Applicants must describe:

- (1) how many domestic violence survivors need housing or services in the CoC’s geographic area;**
- (2) data source the CoC used for the calculations; and**
- (3) how the CoC collected the data.**
(limit 2,000 characters)

1)In the MCOC statewide geographic area during FY 2017 there were 12,708 domestic violence survivors who receive services from their local Domestic Violence Resource Center (DVRC). Of these, 1,243 survivors requested DV Emergency Shelter or Safe Home referrals – of which 360 (29%) received DV Emergency Shelter or Safe Home services. The Safe Homes model, which depends on a network of vetted and trained volunteer homeowners in the community, is used by some of Maine’s DV Provider agencies to provide temporary emergency shelter for victims fleeing domestic violence, dating violence, sexual assault, stalking and human trafficking, in more rural areas of the state where there are no shelter facilities. Those who requested DV Emergency Shelter or Safe Home services, but could not be accommodated by their local DVRC, were first referred to another DVRC and then to other regional community-based shelter providers. In the 12-month reporting period, there were 883 unmet requests for DV Emergency Shelter or Safe Home services. These numbers have remained steady so far in 2018 with 1270 requests and 360 (28%) receiving DV Shelter.

2)The data source for this information is the Maine Coalition to End Domestic Violence (MCEDV) FY17 Family Violence Prevention Services Report reflecting services provided by the 9 Maine Domestic Violence Resource Centers from October 1, 2016 through September 30, 2017.

3)Each DVRC tracks and reports the number of requests for shelter and the number of survivors who receive shelter from the DVRC. They also track and report the number of those who requested shelter but whose needs were subsequently unable to be met by the DVRC network and who may have been referred to another non-DV shelter. Each DVRC records this data in their agency’s comparable client database system.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**
- (2) quantify the unmet need for housing and services for DV survivors;**
- (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**
- (4) describe how the CoC determined the unmet need for housing and services for DV survivors.**
(limit 3,000 characters)

- 1) On average people who access DV Emergency Shelters in Maine stay for over 6 weeks, & many stay several months. The biggest barrier to leaving shelter is the lack of affordable PH. Without stable housing, survivors of domestic violence, dating violence, sexual assault, stalking & human trafficking have difficulty finding or maintaining work, keeping their children in school, & establishing a network of supports w/i the community. The CoC's Coordinated Entry System is part location-based & strives to keep people in their city of origin based on client choice. This is not a best practice for DV survivors who for safety & long-term stability often need to move far from their city of origin to establish distance from abuser(s). DV survivors often need specific victim services to attain stability, best delivered via dedicated DV CES. As such the current CES is inadequate to address their longer term service/housing needs. The challenge is creating uniform protocols to prioritize housing access to clients who are homeless based on vulnerability/severity of need to ensure clients who most need assistance receive it quickly.
- 2) In FY17 Maine's 9 Domestic Violence Resource Centers received 1,243 requests for shelter/safe homes—of which 360 received shelter or safe home services. Those who requested services, but could not be accommodated by the local DVRC, were 1st referred to another DVRC & then to other regional community-based non-DV shelter providers. In FY17 there were 883 unmet requests for DV shelter services.
- 3) Data source: MCEDV FY17 Family Violence Prevention Services Report reflecting services provided by the 9 MDVRCs, 10/1/16-9/30/17.
- 4) DVRCs track/report the number of requests for shelter & the number who receive shelter from the DVRC. They track/report the number of those who requested shelter but whose needs could not be met by the DVRC network & who may have been referred to another non-DV shelter. Each DVRC records this data in their comparable database.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

The Maine Coalition to End Domestic Violence (MCEDV) is submitting two DV Bonus Project applications. The DV Housing Vouchers project will provide tenant based rental assistance for up to 12 months using 40 DV-specific housing vouchers to help domestic violence survivors & their families achieve housing stability. Clients in DV Shelters in Maine frequently stay for over 6 weeks, up to several months, largely due to a lack of affordable housing options. The DV Housing Voucher project will be linked w/ & expand upon Maine's ESHAP program to provide additional resources & services. Participants will benefit from the housing relocation & stabilization services of the ESHAP program & working w/ ESHAP Navigators who have training & experience specific to working w/ survivors of domestic violence, dating violence, sexual assault, stalking & human trafficking. Navigators can help DV survivors move quickly from shelter to housing & assist survivors in creating & following a Housing Stability Plan that includes specific domains to outline a path to permanent housing stability based on each survivor's specific needs, resources & choices. The DV Housing Vouchers Bonus project will increase the number of vouchers specifically for DV survivors in Maine & greatly increase the possibility of obtaining stable housing in a timely manner. The DV Housing Services Coordinator project will allow the MCEDV to hire a

full-time Housing Services Coordinator to implement domestic violence specific Coordinated Entry System policies, procedures, protocols, & priorities to better coordinate referrals between the Continuum of Care's & the victim service providers systems. The Housing Coordinator will provide support to existing DV housing Navigators throughout the state, will participate in multi-disciplinary teams & statewide commissions & will reach across populations, service sectors, & systems to coordinate, collaborate, refer, & engage all who need to know about & access DVRC services

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

- (1) rate of housing placement of DV survivors;**
 - (2) rate of housing retention of DV survivors;**
 - (3) improvements in safety of DV survivors; and**
 - (4) how the project applicant addresses multiple barriers faced by DV survivors.**
- (limit 4,000 characters)**

1)Of the 360 DV survivors who utilized DV Shelter services in FY17, 209 (75%) received assistance w/ housing placement in Transitional or Permanent Housing. While this percentage may seem high compared to non-DV shelters, we feel that it is because individuals & families who enter DV shelters fleeing domestic violence have far fewer safe & confidential housing options & are therefore more likely to remain in shelter until a safe, stable TH or PH option becomes available.

2)The rate of housing retention for DV survivors, as measured by the number of DV households exited to PH who subsequently return to a DV Shelter, was approximately 1.7% for FY17. A more accurate figure is difficult to determine because if the household returned to a non-DV shelter, our HMIS would not be able to identify them as having a prior shelter stay.

3)The 209 survivors who received shelter services & assistance w/ housing placement during the report period Oct 1, 2016 through Sept 30, 2017, completed the DVRC Client Survey upon leaving shelter. Of the 209 respondents, 204 replied "Yes" to the statement, "Because of the services I received, I feel I know more ways to plan for my safety". The source of this data is the Maine Coalition to End Domestic Violence FY 17 Family Violence Prevention Services Performance Report.

4)The Maine Coalition to End Domestic Violence works w/ MaineHousing & other housing authorities, providers, & developers to address the multitude of barriers faced by DV survivors largely through the existing partnership created by Maine's Domestic Violence Resource Centers in administering MaineHousing's ESHAP program, which helps support Navigator staff positions at all ESG funded shelters. Navigators work w/ clients to identify & address barriers to accessing & maintaining stable housing. Navigators also work w/ landlords & property managers to ensure that they understand the tenants referred by the Navigator will have access to ongoing supports after they are housed.

1C-5. PHAs within CoC. Applicants must use the chart to provide

information about each Public Housing Agency (PHA) in the CoC’s geographic areas:

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Maine State Housing Authority (MaineHousing)	58.00%	Yes-HCV	No
Portland Housing Authority	30.00%	Yes-Both	No
Bangor Housing Authority	3.50%	No	No
Westbrook Housing Authority	6.25%	Yes-HCV	No
Auburn housing Authority	7.50%	No	No

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-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

MCOOC encourages PHAs without such policies to establish homeless admission preferences via written communication, meetings w/ PHA leadership, invitations to join CoC meetings, seeking membership on PHA boards & networking at community stakeholder events. While Bangor HA does not have a Homeless Admission Preference, MCoC & area shelters have strong relationships w/ the Bangor HA & work w/ them to serve homeless households. Bangor HA’s service area has a large saturation of Project Based Section 8 Vouchers provided by MaineHousing, which has historically been why Bangor HA has not included such preferences in its Admin Plan. The MCOOC, through its long-standing member on the Bangor HA Board, is working to include a Homeless Preference Policy in the Bangor HA’s Admin Plan. Through these efforts Bangor HA has begun administering HUD/VASH & is making progress on addressing homelessness by having it as an identified issue on the Bangor HA Board’s agenda. Bangor & Brewer are neighboring cities, known as “twin cities.” Initiated by MCOOC outreach & engagement, Brewer has established a homeless preference in its admin plan & is working w/ Bangor HA to adopt one as well. The Auburn Housing Authority, while not having a Homeless Admission Preference in its Admin Plan, is a member of LAASH, the Lewiston-Auburn Alliance for Services to the Homeless, whose membership includes several MCOOC members. Auburn HA was involved in the development of the City of Auburn’s Consolidated Plan, which emphasizes the need for coordination of services for those who are homeless in the community, & in the development of the Lewiston-Auburn 10 Year Plan to Eliminate Homelessness. Both the Auburn & Lewiston HA’s work w/ local homeless service providers, particularly the local

Domestic Violence Shelter, to help eligible clients access vouchers when available. MCOC will continue to work with & encourage these & other HA's to incorporate Homeless Admission Preference Policies into their Admin Plans.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? No

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

The MCOC has taken the following actions to address the needs of LGBTQ individuals & their families experiencing homelessness: Supporting CoC member agencies' applications for funding which addresses the needs of LGBTQ individuals and their families experiencing homelessness; creating & implementing policies & procedures to address the needs of LGBTQ individuals and their families experiencing homelessness. MCOC supported a Preble Street/New Beginnings application for housing & services for LGBTQ youth. 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. The MCOC has included a Fair and Equal Access Policy in its Coordinated Entry System (CES) Policies & Procedures to ensure that all persons, including Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness, have fair equal access to the CES and subsequent housing and service resources. MCOC has a Nondiscrimination Policy, inclusive of LGBTQ Transgender individuals and their families experiencing homelessness. The MCOC supported PCHC's successful application for the WISH Program, which included the creation of a culturally appropriate linguistic presentation to inform organizations on the impact of disparate outcomes. This is a grant for the benefit of LGBTQ individuals & their families experiencing homelessness.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access

Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

1)Maine's Coordinated Entry System (CES) covers the state of Maine, the MCOC coverage area, by using the statewide 211 system and other access points. It is designed to be a no-wrong-door model w/ a person-centered approach, including statewide access & standardized assessment for all individuals & families seeking assistance & a coordinated referral & housing placement process to ensure that people experiencing homelessness receive appropriate assistance to meet their housing/service needs. Maine's CES

ensures a thorough, standardized process from initial engagement to housing.

2)The CES reaches those least likely to apply for homelessness assistance in the absence of special outreach by using the statewide 211 system which is well advertised & easily accessible via telephone or internet by the individual/family or any agency they come into contact with. 211 has translation services available & has culturally sensitive/competent staff. The MCOC has targeted outreach efforts for populations least likely to seek assistance outlined in the CES policies & procedures, including a specific policy regarding addressing the needs of individuals/ 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 specific providers.

3)The MCOC CES assessment process prioritizes people most in need of assistance & ensures they rapidly receive assistance. MCOC's CES has a standardized assessment process, ensuring uniform decision making & care coordination. There are two standardized assessment mechanisms to evaluate need for housing resources: Length of Time Homeless (LOTH) & Vulnerability. These are used to prioritize clients according to the Ending Homelessness Resources Prioritization Chart, which includes LOTH & vulnerability parameters for each population & corresponding resources as a result of the assessment.

4) VI-SPDAT is the vulnerability assessment tool.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

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. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

1)The MCOC reviewing, ranking, and rating process & tools prioritize projects that serve homeless individuals & families with the most severe needs & vulnerabilities. The MCOC revised its scoring, ranking, and 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 Use Disorder, & disabilities.

2)The MCOC Project scoring for new & renewal projects applications 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 this point system and scoring metrics. MCoC has included HUD's notice CPD-14-012 for prioritizing CH in our Written Standards and Coordinated Entry System assessment and prioritization

processes.

- 1E-3. Public Postings. Applicants must indicate how the CoC made public:**
- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
 - (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
 - (3) attach documentation demonstrating the objective ranking, rating, 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, that legibly displays the date the CoC publicly posted the documents.**

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is “No” to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects. (limit 2,000 characters)

The MCOC actively reviews the performance of existing CoC-funded projects to determine the viability of reallocating to create new high performing projects. The MCOC uses the reallocation process to ensure progress toward HUD-identified priority areas, ensure high standards for performance outcomes, & ensure effective use of limited funding. The MCOC on an ongoing basis, and at least annually through its project monitoring process, analyzes its CoC-funded projects to determine if there is the right mix of housing & services to fit the needs/gaps of the CoC, & whether funding for some projects, in whole or in

part, should be reallocated to make resources available for new projects. The MCoC considers the reallocation process each year. This includes consideration for voluntary & involuntary reallocations. Voluntary reallocations are initiated by a renewal project applicant by choice, & often because monitoring results have identified it as a lower performing project. Involuntary reallocations include any renewal projects that are entirely eliminated by the MCOC, or that have their possible renewal funding reduced by the CoC. The CoC may pursue involuntary reallocation for renewal projects for multiple reasons, such as unspent funds, repeated negative findings during the annual monitoring process, or scoring very low during the renewal competition. An MCOC Committee monitors project performance, including APRs, data quality/completeness, and HUD performance measures/benchmarks, which results in a threshold score. If projects fail to meet the monitoring threshold, as determined by the MCOC, they are put on a Performance Improvement Plan (PIP) which is reviewed periodically, & provided TA from the MCOC. If there is no performance improvement over a reasonable period of time, the MCOC and the MCOC Board will initiate involuntary reallocation of the lower performing projects to have the opportunity to create higher performing projects through the annual competition.

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;
(2) rejected or reduced project application(s)—attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Did not reject or reduce any project
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your 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? Attachment Required. Yes

2A-1a. Applicants must: 1) pages 3-6 2) Governance Charter
(1) 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, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

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

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

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,225	154	924	86.27%
Safe Haven (SH) beds	15	0	15	100.00%
Transitional Housing (TH) beds	1,494	152	1,304	97.17%
Rapid Re-Housing (RRH) beds	298	0	298	100.00%
Permanent Supportive Housing (PSH) beds	2,360	26	2,320	99.40%
Other Permanent Housing (OPH) beds	89	50	39	100.00%

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)**

Not Applicable

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 12

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/30/2018

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/23/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/30/2018

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC’s sheltered PIT count results.
 (limit 2,000 characters)**

Not Applicable.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	279
Beds Removed:	0
Total:	279

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. 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 2018 sheltered PIT count? No

2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct an unsheltered PIT count in 2018, select Not Applicable. No

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count? Yes

2C-5a. If “Yes” was selected for question 2C-5., applicants must describe: (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process; (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count. (limit 2,000 characters)

1) Stakeholders serving youth experiencing homelessness were engaged in the CoC's planning and implementation of specific measures to identify youth experiencing homelessness in its 2018 PIT count by assisting in the creation and implementation of the youth-specific measures. Stakeholders serving youth experiencing homelessness also were the ones to conduct the PIT surveys for youth when possible/practicable. 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 outreached & engaged youth & non-youth providers, schools & colleges to recruit volunteers to assist with PIT Outreach efforts.

2) The MCoC's Youth committee (the Homeless Youth Provider Group) discussed and determined how to best identify homeless &/or at risk youth, administer PIT outreach to youth in their regions and reach out to other stakeholders in order to identify as many youth as possible to include in the count. The group also referenced the Tool guide provided by Chapin Hall when considering where and how to conduct youth focused elements of the PIT count. The MCOC collaborates with the Youth Advisory Board and other stakeholders to solicit input on this as well.

3) Providers in each community approached the PIT count by considering resources, staffing and how to best locate youth as determined by their local knowledge. Many communities attempted varied outreach techniques to connect with youth experiencing homelessness and involve them in PIT efforts. This included school outreach through McKinney Vento liaisons, community caseworkers, and other youth providers. The MCoC Homeless Youth Provider Group worked with the Youth Advisory Board, comprised of youth experiencing or having previously experienced homelessness, to consider the Youth Addendum questions and how best to administer the survey for consistency.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:

- (1) individuals and families experiencing chronic homelessness;**
- (2) families with children experiencing homelessness; and**
- (3) Veterans experiencing homelessness.**

(limit 2,000 characters)

1)The MCOC implemented the following actions in its 2018 PIT count to better count individuals & families experiencing chronic homelessness: LTS initiative tracking chronic individuals & families over a longer period of time, being more aware of where they are located on the night of the point in time. Working w/ schools to identify chronically homeless families.

2)The MCOC implemented the following actions in its 2018 PIT count to better count families with children experiencing homelessness: Working w/ schools to identify families with children experiencing homelessness.

3)The MCOC implemented the following actions in its 2018 PIT count to better count Veterans experiencing homelessness: Veteran by-name list, fully integrated in HMIS. Further helps to identify Veterans experiencing homelessness. Veteran Committee meets weekly to case conference the by-name list, which assists in being more aware of where they are located on the night of the PIT.

Sheltered PIT count-HMIS data quality/completeness upon emergency shelter program entry. Reviewing this data monthly at the Data Committee ensured better, more accurate counting.

Unsheltered count-3-day service center count.

The PIT methodology we have had in place for the last 3years, 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; many 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 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	4,450
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3A-1a. Applicants must:

- (1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;**
- (2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and**
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)**

1)Our Emergency shelter response system for years has tracked the number of individuals who become homeless for the first time & the corresponding self-identified reasons they were seeking emergency shelter/became homeless/request assistance. We analyzed this to create a list of risk factors for people becoming homeless for the first time.

2)The CoC plans & directs diversion/prevention resources/services based on the identified risk factors, as outlined in Maine's Plan to End & Prevent Homelessness (Maine's Plan) and reflected in the MCOC Coordinated Entry System (CES), including the triage/diversion aspect of the CES. Maine's Plan is the primary strategy used to address individuals & families at risk of becoming homeless. MCOC CES puts this strategy into action in order to address individuals & families at risk of becoming homeless. The MCOC has designed its CES to address individuals & families at risk of becoming homeless, including a prescreen aspect wherein people & families are identified as being at risk through a series of triage/diversion questions. Once identified as being at risk the CES attempts to divert them from entering the homeless shelter system &/or prevent them from becoming homeless. This is done through referrals to appropriate services throughout the state including CDBG-funded outreach, ESG prevention/RRH, SSVF outreach/prevention/RRH, PATH outreach, local/state funded short/medium term rental assistance, municipal general assistance, community legal services, eviction prevention education/programs. The MCOC has comprehensive discharge plans which identify people at risk of being discharged to homelessness & the ways this can be prevented.

3)Maine's Statewide Homeless Councils, the MCOC & MCOC Board are responsible for overseeing this strategy to reduce the number of individuals & families experiencing homelessness for the first time.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC’s strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

1) The Average Length of Time Homeless for persons in ES and SH was 68 bednights (median LOTH of 38) in FY2017. In ES, SH, and TH, the Average LOTH was 171 bednights (median of 60) in FY 2017.

2) The primary strategy implemented by the MCOC 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. MCOC’s CES uses length of time homeless as a means of assessment and prioritization for housing/services. Though this strategy’s intent is to, in conjunction with vulnerability, prioritize people for housing/resources, this strategy also lends to reducing the length of time individuals/families remain homeless.

3) HMIS data is used to identify the longest LOT homeless. There is a list of the people throughout the state with the longest histories of homelessness (longest term stayers (LTS)), compiled by HMIS data, which is reviewed monthly. LTS By-Name-Lists are also 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 – all of which are also included in the MCOC CES. MCOC’s CES uses length of time homeless as a means of assessment and prioritization for housing/services and is the primary strategy for identifying and housing individuals and persons in families with the longest lengths of time homeless.

4) Maine’s Statewide & Regional Homeless Councils, the MCOC, and MCOC Board are responsible for overseeing Maine’s strategy to reduce the LOT people remain homeless.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

Percentage

Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	41%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	94%

3A-3a. Applicants must:

(1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and (2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1)The % of exits from ES, SH, TH & PH-RRH to PH decreased from 44% in FY16 to 41% in FY17, but still an increase from FY15 (39%). MCOCC strategies to increase successful PH placement from ES, SH, TH, and PH-RRH 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 emphasizing client choice. Other strategies include: getting PHAs to prioritize & establish set asides for homeless populations; working with LIHTC developers to target homeless populations; increasing the supply of dedicated PSH for homeless population; advocating for more permanent housing; advocating for more rental subsidies targeted to homeless populations.

2)The % of exit/retention (those who stayed in PH or exited to another form of PH) increase from 93% in FY 16 to 94% in FY17. MCOCC 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 emphasizing client choice. Navigators connect clients w/ Community Agencies/ACT/PATH for ongoing supports for stability in and retention of housing. Other strategies include: Maine’s Plan to End & Prevent Homelessness includes the goal of PH appropriate to individual or family needs w/ an adequate support network to ensure stability and retention in housing. MCOCC, through relationship work and targeted outreach, is developing move-on strategies, with local PHAs and housing developers, to ensure people exit from PH to PH destinations.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	4%

3A-4a. Applicants must:

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(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

1>Returns to homelessness from 6 to 12 months is 4%, a decrease from 5% last year. Most returns are in the first 6 months. MCOC has identified risk factors of returns to homelessness by tracking and analyzing data. Data sharing improved tracking returns and reasons for returns across multiple shelters, increasing documented returns & reducing duplication. Before, shelters would only identify returns in their own system. MCOC serves the most long term/vulnerable using Housing First approach which affects 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 that subsidies can't afford; staying w/housed people engaging in activities that break leases. Strategies to identify returns: providers review HMIS data & identify returns and corresponding reasons for returns.

2)MCOC strategies for reducing returns: 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, which includes retention strategies. Other strategies include: Coordinated entry triage and diversion; non-ESHAP housing navigators; developing supportive landlord relationships; using private/local/state funds to assist w/back rent/utilities; referrals to appropriate services throughout the state including-CDBG-funded outreach, ESG/CDBG/SSVF prevention/RRH, PATH outreach, municipal general assistance, community legal services, eviction prevention education/programs, tenant rights and education programs, and rent smart programs.

3) Maine’s Statewide & Regional Homeless Councils, the MCOC, and MCOC Board are responsible for overseeing Maine’s strategy to reduce the rate at which people return to homelessness.

3A-5. Job and Income Growth. Applicants must:

(1) describe the CoC’s strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment.
(limit 2,000 characters)

1)MCOC deliberately works w/ the most vulnerable w/ the longest histories of homelessness who are the least likely to attain employment & are the most distrusting due to Serious & Persistent Mental Illness, & as such less likely to agree to apply for benefits which include affirming a disability or SPMI diagnosis. 1 MCOC strategy to increase employment/non-employment income is developing strong, trusting relationships. Through these relationships

providers engage people, & eventually they are willing/able to access employment & non-employment income. Other strategies include: work w/ employment orgs to help increase cash income; work w/ & referrals to CareerCenters, DOL & Voc Rehab for access to job listings, trainings, fairs & employment specialists; Resource Committee alerts providers to employment resources; Vocational Clubhouses help w/ training, job retention, transportation; navigators help people w/ employment/income goals; work w/ Adult Ed, Goodwill & community colleges' job training programs & hospitals' Employment Specialists; help consumers access/retain mainstream benefits: GA, Medicaid, TANF, SNAP, SSI/SSDI. MCOC holds SOAR trainings for providers statewide. CoC program-funded projects are assisted to implement the strategies via frequent trainings/annual monitoring/TA.

2)MCOC strategies for working w/ employment orgs to increase cash income: work w/ & referrals to CareerCenters, DOL & Voc Rehab for access to job listings, trainings, fairs, & employment specialists; MCOC Resource Committee alerts providers to employment resources; Vocational Clubhouses help w/ training, job retention, transportation; navigators help people w/ employment/income goals; work w/ Adult Ed, Goodwill Industries, & community colleges' job training programs & hospitals' Employment Specialists.

3) Maine's Statewide & Regional Homeless Councils, the MCOC, and MCOC Board are responsible for overseeing the CoC's strategy to increase job and income growth from employment.

3A-6. System Performance Measures Data 05/30/2018
Submission in HDX. Applicants must enter
the date the CoC submitted the System
Performance Measures data in HDX, which
included the data quality section for FY 2017
(mm/dd/yyyy)

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:**
- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
 - (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	14
Total number of beds dedicated to individuals and families experiencing chronic homelessness	265
Total	279

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written 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? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>
Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Applicants must:

- (1) describe the CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;**
 - (2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and**
 - (3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.**
- (limit 2,000 characters)**

1)MCOCC has written standards including strategies/benchmarks for rapidly rehousing every family w/ children in 30 days. MCOCC Shelters assess families upon entry & develop housing plans for rapid exits to PH; provide streamlined referrals to appropriate resource; proactive landlord outreach/engagement, including notification of vacancies for housing families as rapidly as possible; work w/ community legal services to eliminate barriers to housing. MCOCC reviews HMIS data to ensure strategies are implemented; CoC/ESG monitoring evaluates this at the project level. Coordinated Entry ensures streamlined access to services & housing to help w/ the strategies/benchmarks for rapidly rehousing families w/ children in 30 days.

2)MCOCC strategies to address both housing & services needs to ensure families successfully maintain housing once housing assistance ends: ESG funded shelters, including family shelters, must have Housing Navigators on staff who engage families from crisis to stabilization in & retention of the most appropriate housing, especially planning for when housing assistance ends. Navigators work w/ families to develop Housing Stability Plans which include long-term service plans & housing retention strategies. Other strategies include: long-term community support service referrals; developing supportive landlord relationships; using private/local/state funds to assist w/back rent/utilities; referrals to appropriate services throughout the state including-CDBG-funded outreach, ESG/CDBG/SSVF prevention/RRH, PATH outreach, municipal general assistance, community legal services, eviction prevention education/programs, tenant rights & education programs, rent smart programs, childcare, employment assistance/job training programs. This ensures families w/ children have stable housing w/ adequate support even when housing assistance ends.

3)Maine’s Statewide & Regional Homeless Councils, the MCOCC, & MCOCC Board are responsible for overseeing the strategies above.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination 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.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>

CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

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-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

1) MCOC strategies to increase housing/services for homeless youth by providing new resources or more effectively using existing resource include: specifically applying for new funding, & more effectively using existing resources. Successful apps for homeless youth grants include: LGBTQ Homeless Youth Transition Services Demonstration Project-RRH & transition-in-place (TIP) housing; new CoC-funded RRH targeting youth. Other strategies: navigator/PATH services for youth housing/retention, outreach to unsheltered youth; implementing the strategies included in the Youth Homeless Demonstration Grant Program to find ways to better utilize existing resources, despite not receiving YHDG funding. Strategies demonstrate using existing resources more effectively b/c more youth are engaged in services/housing, better youth shelter capacity, better youth outreach/engagement, better youth

outcomes, better youth-specific program outcomes.
2)MCOC strategies to increase the availability of housing/services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resource include: specifically applying for new funding, & more effectively using existing resources specifically designed for unsheltered homeless youth. 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, including unsheltered youth. Other strategies: navigator/PATH services for youth housing/retention, outreach to unsheltered youth, implementing the strategies included in the YHDG to find ways to better utilize existing resources, despite not receiving YHDG funding. Strategies demonstrate using existing resources more effectively b/c more youth are engaged in services/housing, more unsheltered youth seeking shelter, better unsheltered youth outreach/engagement, better youth outcomes, better youth-specific program outcomes.

3B-2.6a. Applicants must:

(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;

(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and

(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.

(limit 3,000 characters)

1)Evidence the MCOC uses to measure both strategies in question 3B-2.6 to increase the availability of housing and services for youth experiencing homelessness: HMIS data, RHYA-funded program-specific data, the Youth Advisory Board & MCOC Youth Committee research and data.

2) MCOC uses the following 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. Coordinated Entry System(CES)-tracks youth accessing the system, to what housing and service resources they are referred, and referral outcomes. MCOC is working on a youth-specific CES which will ensure access to appropriate services and housing & assess via the TAY-VISPDAT. Through this MCOC will measure the efficacy of the entire continuum of services for youth. Gaps & Needs analysis-MCOC has previously conducted a Gaps & Needs analysis which highlights youth-specific housing and services as an identified gap. MCOC is currently in the process of requesting TA to update this Gaps & Needs analysis, the data from which will be used to measure the efficacy of current youth-specific services and programs, as well as document the need for an increased supply of both.

3)MCOC believes the measures are an appropriate way to determine the efficacy of the MCOC's strategies b/c they are data-driven, youth-specific, & system-wide measures. MCOC analyzes and measures the entire system – both youth-specific program and non-youth specific programs – to measure their efficacy in addressing youth homelessness.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

- (1) youth education providers;**
 - (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
 - (3) school districts; and**
 - (4) the formal partnerships with (1) through (3) above.**
- (limit 2,000 characters)**

1)MCOE collaborates with youth education providers by: MCOE collaborates with agencies across the state who provide early childhood education programs, head start programs, early head start programs, child care and child development programs, healthy start programs, and public schools including early/pre-K.

2)MCOE collaborates with McKinney-Vento State Education Agency (SEA) & Local Education Agencies (LEAs) by: requiring 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. MCOE/ESG sub-recipients work w/ LEAs on enrollment, transportation, ESL, support plans, immunizations, records, testing, etc. HMIS asks if kids are connected to LEAs.

3)MCOE collaborates w/ local school districts by: working closely with local school districts to ensure they 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 & MCOE.

4)Formal partnerships with 1 through 3 above: MCOE has formal partnerships/agreements with youth providers, head starts, child development programs, healthy start programs, childcare programs. MCOE has informal agreements, and historical partnerships with the state’s SEA and LEAs, the DOE, and various school districts.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

The MCOE has adopted policies and procedures to inform individuals and families who become homeless of their eligibility for education services, including establishing a universal, standardized form which includes information on the SEA, LEAs, school districts, available education services, how to access those services, and eligibility requirements for those services. It is required that households with school-aged children ensure connections to education services. Included in MCOE/ESG policies/procedures – ESG and CoC recipients work closely with local school districts to ensure households with children have information about eligibility for education services. 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.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.

	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 years	Yes	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)

The MCOC has an active Veteran Committee that oversees identification, assessment and connection with VA, COC & other community housing resources based on availability, eligibility, vulnerability & client choice for homeless veteran households. Participating programs include VASH, SSVF, GPD, ESG funded providers, mainstream providers & housing authorities. The MCOC Veteran Committee maintains written standards & policy/procedures for veteran coordinated entry that are consistent with COC wide coordinated entry. Per these written standards, SSVF programs cover all 16 counties with community & street outreach to ensure unsheltered and sheltered veterans are identified & connected with appropriate permanent housing interventions. The committee also utilizes a weekly HMIS report of all literally homeless HMIS entries at any HMIS participating provider including but not limited to PATH, ESG, Shelter Plus. Once identified, all homeless veterans are placed on a By Name List (BNL) & assessed for vulnerability using the VI-SPDAT. The BNL tracks VA program eligibility, offers of permanent housing interventions by type and vulnerability using the VI-SPDAT. The MCOC veteran committee meets weekly for case consultation where the agenda includes: 1) identification of emergency shelter & transitional resources to alleviate unsheltered homelessness; 2) Referrals to PSH including HUD VASH & when veterans are ineligible for VA, Shelter Plus; 3) Review of current permanent housing

vacancies that all programs can access; 4) Review of progress on permanent housing placements for chronically homeless veterans. The MCOC Veteran Committee also maintains regularly monthly steering meetings, where data from the by name list is reviewed & systemic barriers to permanent housing are discussed & solutions are identified. This committee also works in conjunction with the COC at large to engage in community planning around veteran homelessness. The MCOC was involved w/ the annual VA Stand Down.

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 experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? Yes

3B-5. Racial Disparity. Applicants must: No
(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
(2) if the CoC conducted an assessment, attach a copy of the summary.

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:**
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
 - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, 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. Applicants must:**
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
 - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
 - (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)**

1)CoC program-funded projects supplement CoC funds w/ other resources. MCoC works w/ mainstream programs that assist persons experiencing homelessness to apply for & receive mainstream benefits by: working 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. 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.

2)MCOOC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness by: regularly disseminating information to the MCOOC membership; holding regular mainstream resource trainings, including SOAR trainings, General Assistance trainings, rental assistance/subsidy trainings, and other trainings for mainstream resources including but not limited to SNAP, TANF, SSI/DI, Medicaid, Medicare, Veterans Administration benefits.

3)The MCOOC Resource Committee is primarily responsible for overseeing the MCOOC's strategy for mainstream benefits.

4A-2.Housing First: Applicants must report:

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	37
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	34
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	92%

4A-3. Street Outreach. Applicants must:

- (1) describe the CoC's outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

1)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. MCoC coordinated development of Regional outreach & by-name lists to meet the needs of those who are unsheltered statewide. These efforts identify those least likely to engage/request assistance. SSVF programs conduct continuous street

and community outreach to ensure identification of homeless veterans. In 2017-2018 NOFA year, this accounted for over 1,000 hours of outreach. If non-veterans are identified in the course of this outreach, SSVF programs work with PATH and ESG programs to ensure appropriate referral and connection with the COC coordinated entry system.

2)MCOOC street outreach covers 100% of the CoC's geographic area (the entire state of Maine).

3)MCOOC street outreach is available 24/7/365. MCOOC conducts street outreach at least daily.

4)MCOOC tailored its outreach to persons experiencing homelessness who are least likely to request assistance by: MCoC coordinated development of Regional outreach & by-name lists to meet the needs of those who are unsheltered statewide. These efforts are tailored to 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-4. Affirmative Outreach. Applicants must describe:

- (1) the specific strategy the CoC 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; and**
- (2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.**
(limit 2,000 characters)

1)MCoC adopted an Affirmatively Furthering Fair Housing & Access to Supportive Services Policy, as detailed in 24 CFR 578.93(c). MCOOC written standards and Coordinated Entry policies, procedures & written standards include affirmatively furthering fair housing, fair & equal access, & nondiscrimination policies, all of which ensure that projects: Affirmatively market housing/support services to eligible persons regardless race, color, religion, national origin, age, gender, pregnancy, citizenship, familial status, marital status, household composition, disability, Veteran status, or sexual orientation who are least likely to apply in the absence of special outreach, & maintain records of those marketing activities. These policies also outline the ways in which program participants can file grievances and exercise their rights available under applicable federal, State & local fair housing & civil rights laws. MCoC projects must comply w/ the aforementioned policies & standards & practice affirmative marketing/positive efforts to these populations. The MCOOC Resource Committee provided 2 Fair Housing Trainings in 2/2018, conducted by HUD Fair Housing grant-funded legal services provider Pine Tree Legal Assistance.

2)MCoC communicated its fair housing strategy effectively w/ persons w/ disabilities & limited English proficiency (LEP) by: Having all policies, procedures, and written standards include clauses for fair and equal access for specific populations, specifically people w/ disabilities & LEP. 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/ LEP. Policies are communicated to people w/ disabilities to ensure comprehension, through the use of appropriate auxiliary

aids, assistive technology when applicable.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	369	298	-71

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? Yes

4A-6a. If “Yes” was selected in question 4A-6, applicants must provide a description of the activities and the project(s) that will be undertaken by project applicants that receive CoC funding to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD’s implementing rules at 24 CFR part 135 to provide employment and training opportunities for low-and very -low income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low-and very-low income persons. (limit 2,000 characters)

The two new Rehabilitation / New Construction Permanent Housing Projects will each create 4 - 1BR PSH Dedicated Plus units through acquisition/rehab. Projects have certified that they will comply with Section 3 of the HUD Act of 1968 and HUD’s 24 CFR part 135. Projects will ensure that employment & other economic opportunities generated by the funding request shall, to the greatest extent feasible, be directed to low/very low income persons, particularly recipients of government assistance for housing, & to business concerns which provide economic opportunities to low/very low income persons. This includes training, employment, contracting & other economic opportunities in connection with the rehabilitation/construction. This will be ensured by a preference for hiring low/very low income persons, including for Section 3 for competitive contracts greater than \$100k; ads on the MaineHousing websites; outreaching to social service/employment/community/youth build centers & other programs/organizations serving low/very low income; and local newspaper ads.

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes? 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
1C-5. PHA Administration Plan–Homeless Preference	No		
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes		
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes		
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes		
1E-4. CoC's Reallocation Process	Yes		
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes		
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes		
1E-5. Public Posting–Local Competition Deadline	Yes		
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes		
2A-2. HMIS–Policies and Procedures Manual	Yes		
3A-6. HDX–2018 Competition Report	Yes		
3B-2. Order of Priority–Written Standards	No		

3B-5. Racial Disparities Summary	No		
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

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Submission Summary

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

Page	Last Updated
1A. Identification	08/05/2018
1B. Engagement	09/04/2018
1C. Coordination	09/05/2018
1D. Discharge Planning	08/05/2018
1E. Project Review	09/05/2018
2A. HMIS Implementation	09/04/2018
2B. PIT Count	09/04/2018
2C. Sheltered Data - Methods	09/05/2018
3A. System Performance	09/04/2018
3B. Performance and Strategic Planning	09/07/2018
4A. Mainstream Benefits and Additional Policies	09/06/2018
4B. Attachments	Please Complete

Submission Summary

No Input Required