

## 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](http://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](http://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](http://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/ 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 farther 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)**

MCOCC 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, MCOCC & 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 MCOCC, 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 MCOCC 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 MCOCC 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 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"/>

**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 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 (ES) 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 12  
2017 Annual Housing Assessment Report  
(AHAR) tables shells did HUD accept?**

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

## 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 01/23/2018**  
**the date the CoC conducted its 2018 PIT**  
**count (mm/dd/yyyy).**

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

## 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%). MCOC 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. MCOC 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. MCOC, 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)MCOC collaborates with youth education providers by: MCOC 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)MCOC 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. MCOC/ESG sub-recipients work w/ LEAs on enrollment, transportation, ESL, support plans, immunizations, records, testing, etc. HMIS asks if kids are connected to LEAs.

3)MCOC 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 & MCOC.

4)Formal partnerships with 1 through 3 above: MCOC has formal partnerships/agreements with youth providers, head starts, child development programs, healthy start programs, childcare programs. MCOC 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 MCOC 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 MCOC/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)MCOC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness by: regularly disseminating information to the MCOC 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 MCOC Resource Committee is primarily responsible for overseeing the MCOC'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 overs 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	2018 ME-500 PHA I...	09/07/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	ME-500 CES Assess...	09/10/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	ME-500 2018 Scori...	09/10/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	2018 ME-500 Fianl...	09/14/2018
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	ME-500 posting of...	09/10/2018
1E-4. CoC's Reallocation Process	Yes	ME-500 Reallocati...	09/09/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	2018 ME-500 Proje...	09/09/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	2018 ME-500 Proje...	09/09/2018
1E-5. Public Posting–Local Competition Deadline	Yes	2018 ME-500 MCOC ...	09/09/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	ME-500 MCOC HMIS ...	09/09/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	Maine HMIS Polici...	09/09/2018
3A-6. HDX–2018 Competition Report	Yes	2018 ME-500 HDX-2...	09/07/2018
3B-2. Order of Priority–Written Standards	No	2018 ME-500 Order...	09/07/2018



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

**Document Description:** 2018 ME-500 PHA Information Combined

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:** ME-500 CES Assessment Tool

## Attachment Details

**Document Description:** ME-500 2018 Scoring and Ranking Criteria

## Attachment Details

**Document Description:** 2018 ME-500 Fianl Public Posting Screenshots

## Attachment Details

**Document Description:** ME-500 posting of Scoring and Selection Criteria

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## **Attachment Details**

**Document Description:** ME-500 Reallocation Process

## **Attachment Details**

**Document Description:** 2018 ME-500 Project Notification - accepted

## **Attachment Details**

**Document Description:** 2018 ME-500 Project Notification - none rejected  
or reduced

## **Attachment Details**

**Document Description:** 2018 ME-500 MCOC RFP Announcement

## **Attachment Details**

**Document Description:** ME-500 MCOC HMIS MOU signed

## **Attachment Details**

**Document Description:** Maine HMIS Policies and Procedures

## **Attachment Details**

**Document Description:** 2018 ME-500 HDX-2018 Competition Report

## **Attachment Details**

**Document Description:** 2018 ME-500 Order of Priority from Written Standards

## **Attachment Details**

**Document Description:**

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## Submission Summary

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

Page	Last Updated
1A. Identification	09/14/2018
1B. Engagement	09/14/2018
1C. Coordination	09/14/2018
1D. Discharge Planning	09/14/2018
1E. Project Review	09/14/2018
2A. HMIS Implementation	09/14/2018
2B. PIT Count	09/14/2018
2C. Sheltered Data - Methods	09/14/2018
3A. System Performance	09/14/2018
3B. Performance and Strategic Planning	09/14/2018
4A. Mainstream Benefits and Additional Policies	09/14/2018
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**Submission Summary**

No Input Required

# 2018 MAINE ME-500 PHA HOMELESS PREFERENCE INFORMATION

## Maine State Housing Authority

### 4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

#### **Local Preferences [24 CFR 982.207; HCV p. 4-16]**

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

#### MaineHousing Policy

It is MaineHousing policy that a priority and/or preference, as well as date and time of the application, establish placement position on a waiting list. Families who have also applied for Project Based Vouchers will be selected according to Chapter 17.

#### Priority and Local Preference Admissions

##### 1. Priority

- a. MaineHousing will offer a priority to any family that has been terminated from the HCV program due to insufficient program funding.

- b. Homeless Priority

MaineHousing will set aside 60% of available funding for undedicated vouchers for any applicant family that:

- 1) Is homeless, and
- 2) Is referred by a provider receiving Stabilization Share funds under the MaineHousing Emergency Shelter and Housing Assistance Program and receiving additional case management follow-up from the provider's navigator under the Home to Stay Program; or
- 3) is referred by a Bridging Rental Assistance Program caseworker, or homeless shelter or domestic violence provider that is not receiving Stabilization Share funds under the MaineHousing Emergency Shelter and Housing Assistance Program and meets MaineHousing's jurisdictional preference. MaineHousing maintains a list of approved providers.

Jamie Johnson

HCV Administrative Manager

MaineHousing

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## Portland Housing Authority

### Homeless Preference

An applicant qualifies for this preference if they are homeless at the time of final eligibility determination. In order to qualify for this preference, an applicant must be referred by a partnering homeless service organization within PHA's area of operation. A partnering homeless service organization could be, but is not limited to, Oxford St. Shelter, Preble Street shelters, and the City of Portland Family Shelter on Chestnut Street. The homeless service organization must provide documentation to prove that the applicant qualifies for this preference and will continue to provide supportive services once the applicant is housed.

PHA has a goal of housing 75 current residents that received the homeless preference at admission. PHA will do an evaluation every three months to determine the number of current residents that received this preference at admission. Once the number reaches 75 or more, PHA will stop calling in applicants off the wait list because of the homeless preference. However, if the applicant's other preferences would result in them being called off the wait list, PHA will still call them in despite the applicant having the homeless preference.

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Portland Housing Authority  
14 Baxter Boulevard  
Portland, ME 04101

(p) 207-773-4753 ext. 8246  
(f) 207-774-6471  
[jbosse@porthouse.org](mailto:jbosse@porthouse.org)



**Bangor Housing Authority**

We have a homeless preference through 5 newly issued VASH vouchers, only.

Michael Myatt  
Executive Director  
BangorHousing  
161 Davis Road  
Bangor, Maine 04401  
207-942-6365  
[www.bangorhousing.org](http://www.bangorhousing.org)

**Auburn Housing Authority**

Auburn Housing Authority does not have homeless preference.

Jen Boardman  
Housing Programs Director  
Auburn Housing Authority  
(207) 784-7351  
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## **Westbrook Housing Authority**

### **4-III.C. SELECTION METHOD**

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

#### **Local Preferences [24 CFR 982.207; HCV p. 4-16]**

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

#### **PHA Policy**

The PHA will use the following local preferences for the tenant based HCV program:

The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

The PHA will offer second preference to a Westbrook Housing Public Housing resident being relocated under the RAD program, see Chapter 18.

The PHA will offer third preference to any family living in a project based voucher unit, which requests a tenant based voucher before taking names from the waiting list

Westbrook Housing will next give a preference to applicants who live or work in the communities of Westbrook, Gorham and Windham at the time that their name is selected from the waiting list and secondarily based on the date and time of the application.

Westbrook Housing has established a limited preference for chronically homeless; the agency will designate 10 vouchers for this preference. If one of these vouchers is available, it will go to the first eligible family on the list (lives in Westbrook, Windham or Gorham or works in one of those three towns, by the date and time of the application) that qualifies for this preference. If there are no families on the list that qualify for the local preference of living or working in Westbrook, Windham or Gorham then, the voucher will be offered to an applicant that qualifies as chronically homeless in conjunction with Preble Street Resource Center's programs (based on date and time of application.)

Definition of a qualifying applicant: an unaccompanied homeless individual or family with a disabling condition who has been continuously homeless for a year or more, or has had a least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, a person must have been sleeping in a place not meant for habitation (i.e. living on the streets) and/or been in a Portland area emergency shelter during that time.

Westbrook Housing and Preble Street Resource Center have entered into an agreement for the creation of 10 Limited Preference Vouchers for the Chronically Homeless, (thereafter "the Program".)

The goal of the Program is to pair ten (10) HCV subsidies with supportive services to provide permanent supportive housing for eligible individuals. Westbrook Housing shall provide the housing subsidies and Preble Street shall provide the supportive services. The subsidies shall be funded through the current Housing Choice Voucher ACC between

Westbrook Housing and the Department of Housing and Urban Development. Preble Street shall affirmatively further Fair Housing in identifying chronically homeless who are eligible for the Limited Preference and who are in need of supportive services provided by Preble Street.

Regulations and policies set forth in this Administrative Plan for Housing Choice Vouchers apply. The following define certain considerations for these applicants/participants given the barriers to housing that they face and the need for supportive services to gain stable and affordable housing. Westbrook Housing and Preble Street will receive releases from the applicants/participants to share information about the applicant/participant as it applies to the applicants/participants initial or continued eligibility for the Program.

Any person who claims to qualify for the preference, Chronically Homeless, must have that verified by Preble Street. The person/family must qualify for the preference at the time that their name is drawn from the waiting list.

Most HCV program screening will apply. However, Westbrook Housing may take into consideration mitigating circumstances caused by the chronic homelessness and/or disability of the applicant that, with the benefit of stable, affordable housing and other supportive services, may reduce or eliminate such behaviors or activities in the future.

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*Housing Choice Voucher Program Director*  
*Westbrook Housing*  
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*Westbrook, ME 04092*  
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# Coordinated Entry Triage and Diversion Assessment

## PRE-SCREEN (Non HMIS Questions)

1. Before we get too far into this conversation, it is important though it's a difficult question, it would be helpful to know if you are fleeing or attempting to flee domestic violence, sexual assault, stalking, or sex trafficking because there are specific resources that might best fit your situation.
- ☐ No (Continue to the next question)
  - ☐ Yes (Stop→ If household would prefer to speak with a domestic violence provider, call local DV Hotline)

Next, to better assist you I need to know if you are under the age of 18. If so, I will connect you to a youth specific service provider.

- ☐ No (Continue to the next question)
- ☐ Yes (Stop→ Connect the client directly to a youth specific provider via warm handoff phone call)

*Script: I need a bit more information about you.* We collect personal information about the people we serve in a computer system called HMIS (Homeless Management Information System). Many agencies, *who work with people experiencing homelessness*, use this computer system. *Do you give your consent to add your personal data into the system and share it in order to connect you with resources that best meet your needs?*

- ☐ No (Stop→ Individuals who do not consent to HMIS data sharing and collection will be referred to resources utilizing the 211 internal system and personal information will not be collected or shared using HMIS.)
- Yes (Continue to the next question. If completing assessment in person, collect signed HMIS ROI from client.)

## HMIS ENTRY SCREEN

**Project Start Date:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

Name Type:

- ☐ Full Name Reported
- ☐ Partial, Street Name, or Code Name Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SSN Type:

- ☐ Full
- ☐ Approximate/Partial
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

**U.S. Military Veteran?:**

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

# Coordinated Entry Triage and Diversion Assessment

## DEMOGRAPHIC

1. (If by phone) In case we get disconnected, what's the best way to reach you?  
☐ \_\_\_\_\_(phone number)
2. Date of Birth  
☐ \_\_\_\_\_(Date)
3. Gender  
☐ Female  
☐ Male  
☐ Trans Female (MTF or Male to Female)  
☐ Trans Male (FTM or Female to Male)  
☐ Gender non-conforming (IE not exclusively male or female)  
☐ Client Doesn't Know  
☐ Client Refused  
☐ Data Not Collected
4. How many members in your household are in need of service? \_\_\_\_\_  
☐ How many members are adults? \_\_\_\_\_  
☐ How many members are children (under the age of 18)? \_\_\_\_\_
5. Caller Town  
☐ \_\_\_\_\_
6. Where did you sleep last night? Residence Prior to Project Entry

## HOMELESS SITUATION

- ☐ Place Not Meant for Habitation
- ☐ Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ Safe Haven

## INSTITUTIONAL SITUATION

- ☐ Foster Care Home or Foster Care Group Home
- ☐ Hospital or other Residential Non-Psychiatric Medical Facility
- ☐ Jail, Prison or Juvenile Detention Facility
- ☐ Long-Term Care Facility or Nursing Home
- ☐ Psychiatric Hospital or Other Psychiatric Facility
- ☐ Substance Abuse Treatment Facility or Detox Center

## TRANSITIONAL AND PERMANENT HOUSING SITUATION

- ☐ Hotel or Motel Paid for without an Emergency Shelter Voucher
- ☐ Owned by Client, No Ongoing Housing Subsidy
- ☐ Owned by Client, with Ongoing Housing Subsidy
- ☐ Permanent Housing {other than RRH} for Formerly Homeless Persons
- ☐ Rental by Client, No Ongoing Housing Subsidy
- ☐ Rental by Client with VASH Subsidy
- ☐ Rental by Client with GPD TIP Subsidy
- ☐ Rental by Client with Other Ongoing Housing Subsidy {including RRH}

## Coordinated Entry Triage and Diversion Assessment

- ☐ Residential Project or Halfway House with no Homeless Criteria
- ☐ Staying or Living in a **Family** Member's Room, Apartment or House
- ☐ Staying or Living in a **Friend's** Room, Apartment or House
- ☐ Transitional Housing for Homeless Persons (includes homeless youth)
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

### DIVERSION

Directions: Attempt to problem solve with the client to determine if there are any support networks or resources the household can draw on. If the client is eligible for available non-financial and/or financial resources in the community, make a referral.

*Script: I'd like to talk about whether there are any available resources to help you stay in a safe place tonight.*

7. (If literally homeless, skip and go to the next question)

Was where you stayed last night a safe location that you can return to?

- ☐ Yes
- ☐ No
- ☐ N/A

8. Do you have any resources to pay for a place to stay tonight?

- ☐ Yes
- ☐ No

9. (If literally homeless) Will any type of assistance help you to stay in a safe location?

- ☐ Yes
- ☐ No

If yes, what assistance is needed? \_\_\_\_\_

If yes, where is that safe location? \_\_\_\_\_

10. (All other clients) Will any type of assistance help you remain where you stayed last night or in another safe location?

- ☐ Yes
- ☐ No

If yes, what assistance is needed? \_\_\_\_\_

If yes, where is that safe location? \_\_\_\_\_

## Coordinated Entry Triage and Diversion Assessment

11. Have you applied for General Assistance in your community?

- a. Yes
- b. No

12. Has any service provider (ie case manager, social worker etc.) been helping you recently?

**Direction: If yes, obtain verbal permission, and have interviewer contact service provider**

- ☐ Yes
- ☐ No

- 13. *(Answer question without asking client)*: Did the Diversion of Assessment resolve the client's immediate needs?

- ☐ Yes
- ☐ No

**If yes, end assessment and provide diversion referrals as identified If no, continue with Shelter Eligibility and shelter/outreach referrals**



**Vulnerability Index -  
Service Prioritization Decision Assistance Tool  
(VI-SPDAT)**

**Prescreen Triage Tool for Single Adults**

**AMERICAN VERSION 2.0**

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SOLUTIONS**



## Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

### VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

#### **Current versions available:**

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

[www.orgcode.com/products/vi-spdats/](http://www.orgcode.com/products/vi-spdats/)

### SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

#### **Current versions available:**

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

[www.orgcode.com/products/spdat/](http://www.orgcode.com/products/spdat/)

## SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

### ***Current SPDAT training available:***

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

### ***Other related training available:***

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

## Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="radio"/> Team <input type="radio"/> Staff <input type="radio"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ____/____/____	<b>Survey Time</b> ____	<b>Survey Location</b> _____

## Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

## Basic Information

<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
<b>In what language do you feel best able to express yourself?</b> _____		
<b>Date of Birth</b> DD/MM/YYYY ____/____/____	<b>Age</b> _____	<b>Social Security Number</b> _____
		<b>Consent to participate</b> <input type="radio"/> Yes <input type="radio"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

**SCORE:**

0

## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ☐ Shelters  
☐ Transitional Housing  
☐ Safe Haven  
☐ **Outdoors**  
☐ **Other (specify):** \_\_\_\_\_

☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

**SCORE:**

1

2. How long has it been since you lived in permanent stable housing? \_\_\_\_\_ Years ☐ Refused

3. In the last three years, how many times have you been homeless? \_\_\_\_\_ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

**SCORE:**

0

## B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? \_\_\_\_\_ ☐ Refused  
 b) Taken an ambulance to the hospital? \_\_\_\_\_ ☐ Refused  
 c) Been hospitalized as an inpatient? \_\_\_\_\_ ☐ Refused  
 d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? \_\_\_\_\_ ☐ Refused  
 e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? \_\_\_\_\_ ☐ Refused  
 f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? \_\_\_\_\_ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

**SCORE:**

0

5. Have you been attacked or beaten up since you've become homeless? ☐ Y ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

**SCORE:**

0

# VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES**.

**SCORE:**

0

8. Does anybody force or trick you to do things that you do not want to do? ☐ Y ☐ N ☐ Refused
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

**SCORE:**

0

## C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ Y ☐ N ☐ Refused
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

**SCORE:**

0

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

**SCORE:**

0

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

**SCORE:**

0

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

**SCORE:**

0

## D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ Y ☐ N ☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ Y ☐ N ☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused
19. When you are sick or not feeling well, do you avoid getting help? ☐ Y ☐ N ☐ Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

0

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

0

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused
- b) A past head injury? ☐ Y ☐ N ☐ Refused
- c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

0

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

0



# VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ Y ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

**SCORE:**

0

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

**SCORE:**

0

## Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 /1	<b>Score: Recommendation:</b> 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	1 /2	
B. RISKS	0 /4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	
D. WELLNESS	0 /6	
<b>GRAND TOTAL:</b>	0 /17	

## Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- legal status in country
- children that may reside with the adult at some point in the future
- ageing out of care
- income and source of it
- safety planning
- mobility issues
- current restrictions on where a person can legally reside



**Vulnerability Index -  
Service Prioritization Decision Assistance Tool  
(VI-SPDAT)**

**Prescreen Triage Tool for Families**

AMERICAN VERSION 2.0

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**COMMUNITY  
SOLUTIONS**



## Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

### VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

#### ***Current versions available:***

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 2.0 for Youth

All versions are available online at

[www.orgcode.com/products/vi-spdats/](http://www.orgcode.com/products/vi-spdats/)

### SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

#### ***Current versions available:***

- SPDAT V 4.0 for Individuals
- SPDAT V 4.0 for Families
- SPDAT V 4.0 for Youth

Information about all versions is available online at

[www.orgcode.com/products/spdat/](http://www.orgcode.com/products/spdat/)

## SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

### ***Current SPDAT training available:***

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

### ***Other related training available:***

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

## Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="radio"/> Team <input type="radio"/> Staff <input type="radio"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ____/____/____	<b>Survey Time</b> ____:____	<b>Survey Location</b> _____

## Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

## Basic Information

<b>PARENT 1</b>	<b>First Name</b>	<b>Nickname</b>	<b>Last Name</b>
	_____		
	<b>In what language do you feel best able to express yourself?</b> _____		
	<b>Date of Birth</b> DD/MM/YYYY ____/____/____	<b>Age</b> _____	<b>Social Security Number</b> _____
			<b>Consent to participate</b> <input type="radio"/> Yes <input type="radio"/> No
<b>PARENT 2</b>	<input type="checkbox"/> No second parent currently part of the household		
	<b>First Name</b>	<b>Nickname</b>	<b>Last Name</b>
	_____		
	<b>In what language do you feel best able to express yourself?</b> _____		
	<b>Date of Birth</b> DD/MM/YYYY ____/____/____	<b>Age</b> _____	<b>Social Security Number</b> _____
			<b>Consent to participate</b> <input type="radio"/> Yes <input type="radio"/> No
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			<b>SCORE:</b> _____

## Children

1. How many children under the age of 18 are currently with you? \_\_\_\_\_ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? \_\_\_\_\_ ☐ Refused
3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? ☒ Y ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

**SCORE:**

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

0

## A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
  - ☐ Shelters
  - ☐ Transitional Housing
  - ☐ Safe Haven
  - ☐ **Outdoors**
  - ☐ **Other (specify):** \_\_\_\_\_
  - ☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

**SCORE:**

1

6. How long has it been since you and your family lived in permanent stable housing? \_\_\_\_\_ Years ☐ Refused
7. In the last three years, how many times have you and your family been homeless? \_\_\_\_\_ ☐ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

**SCORE:**

0

## B. Risks

8. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room? ☐ ☐ Refused
- b) Taken an ambulance to the hospital? ☐ ☐ Refused
- c) Been hospitalized as an inpatient? ☐ ☐ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ☐ ☐ Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ☐ ☐ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ☐ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

0

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ Y ☐ N ☐ Refused
10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

0

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

0

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ Y ☐ N ☐ Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

0

## C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ Y ☐ N ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

0

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

0

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

0

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

0

## D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ Y ☐ N ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ☐ Y ☐ N ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

0



# VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

0

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused

b) A past head injury? ☐ Y ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

0

28. IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? ☐ Y ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

0

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ Y ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

0

31. YES OR NO: Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

0



## E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ Y ☐ N ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES.**

**SCORE:**

0

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ Y ☐ N ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ Y ☐ N ☐ Refused

36. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN.**

**SCORE:**

0

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ Y ☐ N ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY.**

**SCORE:**

0

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☐ Y ☐ N ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? ☐ Y ☐ N ☐ Refused

b) 2 or more hours per day for children aged 12 or younger? ☐ Y ☐ N ☐ Refused

41. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ Y ☐ N ☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT.**

**SCORE:**

0

## Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 /2	<b>Score: Recommendation:</b>  0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	1 /2	
B. RISKS	0 /4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	
D. WELLNESS	0 /6	
E. FAMILY UNIT	0 /4	
<b>GRAND TOTAL:</b>	0 /22	

## Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

# MAINE CONTINUUM OF CARE

## New Project Scoring Tool(Revised 8.2.18)

### 1. HUD Eligibility and HUD and COC Priorities ( points Total)

*HUD and COC Priorities From Application*

Possible Pts.

Permanently Supportive Housing with no services (paid by COC)

10

Permanently Supportive Housing with services (paid by COC)

9

Transition Grant

8

Rapid Rehousing Project

8

TH-PH/RRH Joint Component Project

7

HMIS Expansion (Reallocation Only)

5

CE

6

Is the proposed Project using a Housing First Approach?

1-9

Participation in Coordinated Entry, CE Partner, Development of CE, or planning for implementation upon execution of the grant agreement

10

### 2. Capacity/Experience

Commitment to participate in HMIS (or Comp)

10

Experience operating HUD/ Fed funded programs

10

Agency level participation in COC Activities

10

Experience operating project(s) of similar type and scope to the project proposed, and the populations for whom it's designed (if applicable)

10

### 3. Project and System Level Performance

**Will this project contribute to the goal of ending:**

Chronic/ LTS Homelessness

5

OR

Veteran, Family or Youth Homelessness

3

**Will this project increase the available number beds/units (Bricks & Mortar) of:**

PSH

5

Will this project contribute to the CoC's progress toward meeting State of Maine Plan to End and Prevent Homelessness and improve system-level performance.

10

### 4. Serving High Need Populations (based on Application Narrative)

**May Choose More Than One [2A]**

Possible Pts.

Chronic/Long Term Stayers (prioritize or serve)

2

Disability/ Vulnerability

2

Families

1

Unaccompanied Youth

1

DV

1

Veterans

1

Page 1 Points:

## 5. Cost Effectiveness

*Financial Information and Match (10 Pts.) From Application*

Does the project application present financial information in accordance with HUD and other funding source requirements?

Match resources account for at least 25% of amount requested

Budget staffing and expenses are adequate to support the proposed project in a cost effective manner

Possible Pts.

5	
5	
5	

## 6. Project Design and Activities

*For Housing Projects*

Application clearly demonstrates how the project will assist clients to access mainstream resources, increase income, and maximize ability to live independently?

Application clearly describes proposed activities and target population; demonstrates the community's need for the proposed activities; and demonstrates an understanding of the needs of clients to be served

Application clearly describes that the type and location of the housing proposed will fit the community's need for the proposed project activities; and demonstrates an understanding of the needs of the clients to be served.

Application demonstrates a clear plan to assist clients to rapidly secure and maintain housing that is safe, affordable, and meets their needs.

Application clearly describes the types of supportive services that will be offered to clients, including the role of project staff and coordination with other providers, to maximize positive outcomes for clients.

Possible Pts.

2	
2	
2	
2	
2	

*For Coordinated Entry Projects Only*

The project's proposed activities will assist in the implementation and/or capacity of the Coordinated Entry system.

The project's proposed activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.

The project's proposed activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.

*For HMIS Projects Only*

The project's proposed activities will help improve the quality and functionality of the existing HMIS system, to the benefit of the CoC

The project's proposed activities will help ensure compliance with federal reporting requirements pertaining to data, including HIC, PIC, AHAR, and CAPER reports.

The project's proposed activities will help ensure the CoC has a fully functional, operational, and funded HMIS system.

10	
10	
10	

9	
9	
9	

## 7. Timeliness

Application clearly describes a plan for rapid implementation of the project, including a schedule of proposed activities after grant award.

5	
Page 2 Points	
Page 1 Points	
Total Score	

## The MAINE CONTINUUM OF CARE

This is the scoring template for 2018-2019 MCoC Renewal Projects

### Renewal Project Scoring Tool(Revised 8.2.2018)

#### 1. HUD Eligibility and HUD and COC Priorities

*[Combination of Sections 1 and 4]*

*HUD and COC Priorities (12 Pts.) From Application*

Permanently Supportive Housing with no services (paid by COC)  
 Permanently Supportive Housing with services (paid by COC)  
 Transitional Housing for Special Populations (DV, Youth, SUD)  
 Rapid Rehousing Project  
 Transitional Housing, other (not Special Populations)

Possible Points

Points

10	
9	
8	
7	
5	

Renewal HMIS

Housing First Approach (boxes checked in application)

10	
9	

*HUD and COC Program Eligibility From Application*

Is the applicant serving an eligible sub-population?(2 points) MI, SA, DV, Vet, Youth

Is the applicant *PRIORITIZING* for Chronic?

Is the project serving a disabled/ vulnerable population?

Is the applicant operating an HMIS project?

Possible Pts.

1	
2	
2	
8	

#### 2. COC Standards & Compliance

MCOE HMIS— Data Collection - Data Completeness Report (All client Question Section only from report provided by HMIS)

Grade A

Grade B

Grade C

Grade D

Grade E

Grade F

Possible Pts.

10	
8	
6	
4	
2	
0	

OR

Is DV project reporting in a comparable data base aggregate data level

If Yes, 10 Pts.

If No, 0 Pts.

Circle One

10	
0	

OR

**HMIS Projects Only**

Percentage of new users that receive initial HMIS training based on percentage \*(1 point for 10% points)

0-10	
------	--

#### 3. Continuum of Care Participation 10 pts (From Monitoring Threshold form)

Does the project participate as defined by MCoC standards & an eligible voting member?

Possible Pts.

10	
----	--

#### 4. Serving High Need Populations (based on Application Narrative)

**May Choose More Than One [2A]**

Chronic/Long Term Stayers (prioritize or serve)

Disability/ Vulnerability

Families

Unaccompanied Youth

DV

Veterans

Possible Pts.

2	
2	
1	
1	
1	
1	

Score from page one:

--



**5. HUD Performance Measures (From Monitoring Threshold Form)**

Has the applicant met or exceeded HUD's Performance Measures:

1. Occupancy Rate at 85% or higher (range 85% is 10, 75% is 7, 65% is 4, 55% is 1)
2. Permanent Housing Projects ONLY: 80% of persons maintained or DC to Permanent OR died while stably housed (range 80% is 10, 70% 7, 60% is 4, 50% is 1);
3. Transitional Housing Projects ONLY: 65% of persons moved to permanent housing (range high of 65% max of 10, 55% 7, 45% 4, 35% is 1)
4. Maintained or Increased Income
5. Was the Annual Homeless Assessment Report (AHAR) completed by the HMIS Lead and accepted by HUD as accurate and complete information from HMIS?
6. Has the info available in HMIS and reported to HUD on the annual Housing Inventory Chart (HIC) been accurate to meet the needs of the NOFA and COC?
7. Is the HMIS system available 365 days a year 24/7 with the ability to produce updates minimally 2 times a day

Possible Pts.

10	
10	
10	
1	
10	
10	
10	

**6. Project/ Program Performance**

Results of Monitoring from the Monitoring Template Review sheet (performance Score)

- Monitoring resulted in performance score of 90% or higher  
 Monitoring resulted in performance score of 80-89%  
 Monitoring resulted in performance score of 70-79%  
 Monitoring Resulted in performance Score under 70%

Possible Pts.

15	
10	
5	
0	

**7. MCoC Performance/Monitoring Compliance ( Pts.) From Monitoring Threshold Form**

Please evaluate the project's monitoring compliance:

- High - Met all deadlines for information. Resulted in no APR correction or resubmission.  
 Low - Timely info but review resulted in APR revision  
 Minimal/None - Provided info late and or resulted in Incomplete monitoring or multiple APR Revisions

Possible Pts.

10	
5	
0	

**8. Coordinated Entry**

Participation in Coordinated Entry, CE Partner, Development of CE, or planning for implementation before 1/23/2018

20

**9. Cost Effectiveness**

Project Provides budget in accordance with application template	2	
Budget staffing and expenses are adequate to support the proposed project	5	
Matched resources account for atleast 25% of amount requested	5	
Quarterly drawdowns ("yes," 1 pt; "no," 0 pts)	1	
Money recaptured by HUD at end of contract year ("yes," 0 pts; "no," 1 pt)	1	

**10. Transition Points**

Low performing projects that transition to a new project.

20

Score from page two:

Score from page one:

Total Score:

## **Ranking and Selection Procedure for Projects submitted for the Continuum of Care Application**

Each year the Continuum of Care Application asks Continuums of Care to rank renewal projects based on objective criteria. The charge is to ensure that the most effective projects are renewed and address housing gaps in the system. Ranking criteria is approved by the Continuum of Care. Priorities (rank order based on program component) are established in the NOFA and ranking of individual projects is determined by the criteria below and input from the Continuum of Care. Ranking will begin after the renewal project applications are accepted.

### **The process for application rankings is as follows for: RENEWALS**

Data from project monitoring forms and submitted APRs is reviewed to gauge the effectiveness of the project based on the following criteria:

1. Average bed utilization rate
2. % of participants employed at program exit
3. % of leavers with maintained/increased income
4. % of leavers with maintained/increased mainstream benefits
5. % of leavers who moved from TH to PH
6. % of participants who are still in permanent housing or left for a permanent housing destination
7. Length of stay in PSH
8. Housing First Approach
9. Participation in COC meetings (voting record maintained)
10. HMIS data completeness and data quality
11. Successful and timely submission of APRs

Information from the submitted Project Application to be reviewed:

1. Project type
2. Populations/subpopulations served
3. Project goals and performance
4. Prioritization of Chronically Homeless individuals to fill vacancies.
5. Match and leverage documentation meets requirements (and letter(s) documenting match and leverage are attached to the application).
6. Housing First

Capacity of project applicants will be determine through the following criteria:

1. Monitoring Threshold results
2. Data quality
3. Timeliness of APR submission
4. Timeliness of drawdown requests
5. Match/leverage percentage and documentation

### **The process for application rankings is as follows for: NEW PROJECTS:**

1. HUD Priorities
2. COC Priorities
3. Project/Program Performance
4. CoC Standards and compliance
5. Performance/Monitoring compliance
6. Geography and Population (targeted subpopulations)
7. CoC Participation

**From the MCOC Governance:**

**Article 9. Selection Process**

- A. MCOC shall provide information and materials to all committee members to familiarize them with the purpose and responsibilities of the committee.
- B. Applications, Scoring Templates, and all other relevant materials will be given to the Selection Committee members for review prior to scoring.
- C. All projects shall be scored using the appropriate approved Scoring Template.
- D. Ranking of applications will be based on scoring results and adjusted as appropriate to address MCOC and HUD priorities and to maximize potential funding.
- E. The Selection Committee shall draw up a slate of project applications in ranked order of prioritization to be recommended to MCOC for inclusion in the Application.



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MCOC Call for New and Renewal Projects

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MCOC CALL FOR NEW AND RENEWAL PROJECT APPLICATIONS!

🕒 JULY 6, 2018 👤 SCOTT TIBBITTS

The Maine Continuum of Care is pleased to announce that it will be accepting New and Renewal Project Applications in response to HUD's FY2018 Continuum of Care Program Competition NOFA (Notice of Funding Availability), released on June 20, 2018.

MCOC was able to bring \$12,306,167 to Maine through last year's application. This funding supports projects throughout the state that provide housing and related services to those in our communities who have experienced homelessness.

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Please follow the links, below, for more details, including links to the NOFA announcement, HUD websites, important documents, and information specific to the Maine Continuum of Care application process. More information will be posted in the coming weeks, but if you intend to submit a New or Renewal Project Application, do not delay – start now!

[Maine-Summary-of-FY-2018-Continuum-of-Care-Program-Competition](#)

[FY-2018-CoC-Program-Competition-NOFA](#)

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Reminder: MCOC Meeting 8-16-18

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🔒 [www.mainehomelessplanning.org/reminder-mcoc-meeting-8-16-18/](http://www.mainehomelessplanning.org/reminder-mcoc-meeting-8-16-18/)

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# REMINDER: MCOC MEETING 8-16-18

🕒 AUGUST 14, 2018

👤 SCOTT TIBBITTS

This is a reminder that the Maine Continuum of Care will be meeting Thursday, August 16, 2018 from 1:00 to 3:00 PM. Please see the agenda for details, including video conferencing locations and a call in number. The links below provide information and documents that will be covered at this meeting.

[MCOC-Agenda-8-16-18](#)

[DRAFT 7-19-18 MCOC Minutes](#)

[State and Federal Legislation Update 8.1.18](#)

[Summary of Public Comments on the 2019 Annual Action Plan](#)

[Selection Committee schedule a potential volunteers](#)

[MCOC Governance Code of Conflict](#)

[FINAL New project scorecard 08022018](#)

[FINAL Renewal Scorecard 080218](#)

[Appeals Process Step 1 and 2 edited from MCOC Gov 2018](#)

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From the MCOC Governance:

### **Article 11. Reallocation Procedure**

HUD expects communities to use the reallocation process to ensure that funding for the CoC program remains as competitive as possible. The goals include helping communities progress toward HUD-identified priority areas, ensuring high standards for performance outcomes, and ensuring effective use of limited funding. CoC's are scored overall each year through the CoC Consolidated Application, and this score determines the CoC's competitiveness for renewal and new funding. Part of the score has historically included the CoC's use of the reallocation process.

HUD encourages communities to analyze their portfolio of grants to determine if there is the right mix of housing and services, and whether funding for some projects, in whole or in part, should be reallocated to make resources available for new efforts.

The MCoc is responsible for decisions regarding the reallocation process each year. This includes consideration for voluntary and involuntary reallocations.

Voluntary reallocations are initiated by a renewal project applicant by choice. There are different reasons a renewal project applicant might choose reallocation. An applicant might see a greater need in the community for a different type of project from the one they are currently operating. They might also recognize that a different type of project will better meet HUD's priorities for the CoC program, possibly making the CoC overall more competitive for additional funds for new projects. Or, an applicant may be prompted to consider changes to their project if they scored very low during the most recent CoC renewal competition.

Renewal applicants may voluntarily reallocate their project(s) at any point in time, up to and including during the annual NOFA process. Renewal applicants may choose to voluntarily reallocate funding for their project(s) and instead submit a new application for funding, based upon eligibility outlined in the HUD's NOFA. Based on the score and ranking approved by the CoC, renewal applicants may choose to resubmit their application as a voluntary reallocation (in whole or in part) to a new type of project, according to HUD's final rules published with the NOFA. Any new projects submitted in this way will be re-scored, which may result in a change of rankings for all projects.

Involuntary reallocations include any renewal projects that are entirely eliminated by the CoC, 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 recent MCOC renewal competition.

In addition to the two general postings below each project was also emailed individually.



Thu 8/30/2018 3:05 PM  
Scott Tibbitts  
MCOC Selection Results!

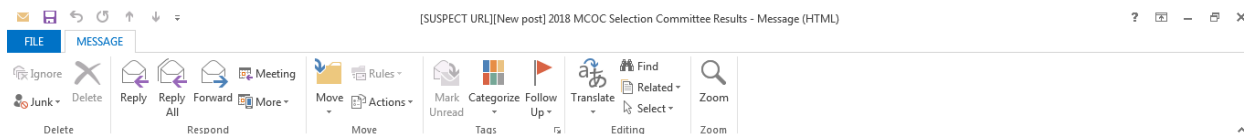
To: Amy Grommes Pulek; "Ann Giguey"; awa.cortez@bangormaine.gov; bleavitt@ohmaine.org; "Brenda Perry"; ceo@pochbangor.org; "Chester Barnes"; Chris Bicknell; Cindy Namer; "Craig Phillips"; "Cullen Ryan"; "Donna Kelley"; Fiona Mason; "Gail Garrow"; "giff@edforhousing.org"; Heather Blackwell; Joni Klayman (jklayman@prebstreet.org); Joshua D'Alessio; Kathy Belsie; "Kathy Smith"; Mary Wade; "Mr. Michael Mooney"; "Mr. Tom McAdam"; "Ms. Kira Walker"; msawam@prebstreet.org; "Orinda Fogler"; "Patricia Hamilton"; "Poble Street Grants"; Robert Parritt; Sheldon Wheeler@maine.gov; "Vickery Rand"; "Virginia Gil"

#### Congratulations Maine Continuum of Care Applicants!

This is to inform everyone that the Maine Continuum of Care Selection Committee has reviewed all New and Renewal applications requesting funding through MCOC in the 2018 NOFA competition and there were **NO** project applications rejected.

**ALL** Project Applications are being recommended for inclusion in the MCOC Project Priority Listing that will be submitted to HUD along with the Continuum's full Application. All Project Applicants have been contacted by email and informed of their individual results.

Further details regarding scoring and ranking results will be provided at the next full MCOC Meeting on September 13, 2018 (one week earlier than usual).



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## New post on Maine Homeless Planning

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by [Scott Tibbitts](#)

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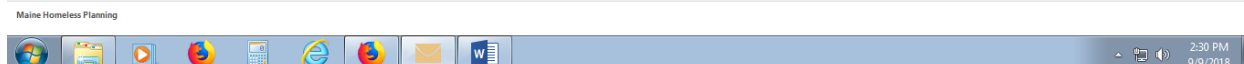
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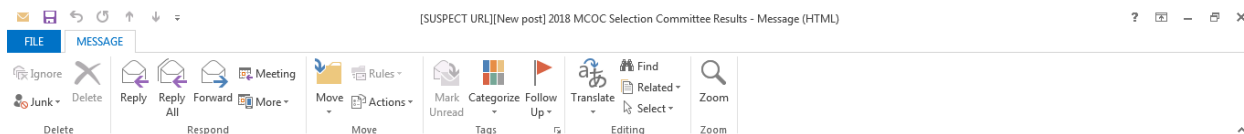


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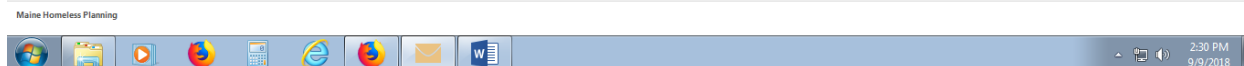
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📅 JULY 6, 2018 👤 SCOTT TIBBITTS

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### Maine CoC Accepting New and Renewal Project Applications

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[Maine Summary of FY 2018 Continuum of Care Program Competition](#)

[FY 2018 CoC Program Competition NOFA](#)

[FY 2018 COC Program Competition NOFA - New, Changes and Highlights.](#)

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# FY 2018 CoC NOFA Summary for Maine

**This summary provides highlights of some important information regarding the FY 2018 CoC NOFA but all potential applicants must read the full NOFA and all HUD and esnaps guidance for additional details.**

**Funding Opportunity Title:** Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2018 Continuum of Care Program Competition

**Announcement Type:** Initial

**Funding Opportunity Number:** FR-6000-N-25

**Primary CFDA Number:** 14.267

**Due Date for Applications:** **Full CoC Application Due 9/18/2018.**  
**MCOC Project Applications Due 8/17/18.**

A link to the full NOFA announcement and other related information is available via the link below:

[Notice of Funding Availability \(NOFA\) for the Fiscal Year \(FY\) 2018 Continuum of Care \(CoC\) Program Competition](#)

Applicants are required to complete and submit their applications in *e-snaps* via the [e-snaps page](#).

**Training and Resources:** CoC Program interim rule (24 CFR part 578 published July 31, 2012 at 77 CFR 45422), training materials, detailed instructions, and program resources are available via the HUD Exchange at [www.hudexchange.info/homelessness-assistance/](http://www.hudexchange.info/homelessness-assistance/)

**The HUD Exchange Ask A Question (AAQ).** HUD Exchange AAQ is accessible 24 hours each day at [www.hudexchange.info/get-assistance/](http://www.hudexchange.info/get-assistance/) for questions regarding regulatory or programmatic requirements, or access to/functionality of esnaps.

**HUD Homeless Assistance Listserv:** To join the HUD Listserv visit: [www.hudexchange.info/maillinglist](http://www.hudexchange.info/maillinglist)

**For Further Information:** Questions regarding CoC specific requirements should be directed to MaineHousing at [cochelpdesk@mainehousing.org](mailto:cochelpdesk@mainehousing.org) HUD or Programmatic questions may be directed to the regional HUD Field Offices in Manchester NH, and/or Boston MA: [Lynn.Morrow@hud.gov](mailto:Lynn.Morrow@hud.gov), or [Robert.D.Shumeyko@hud.gov](mailto:Robert.D.Shumeyko@hud.gov) (Please understand that HUD staff's ability to answer questions is severely restricted during the NOFA.)

**General Section:** The General Section to HUD's Fiscal Year Notice(s) of Funding Availability for Discretionary Programs is no longer a separate NOFA issued by HUD. Information previously found in the General Section, as it applies to the CoC Program, has been incorporated into this NOFA.

**Available Funds:** HUD is once again using the Tier 1, Tier 2 funding methodology. Tier 1 is equal to 94% of the CoC's FY 2018 Annual Renewal Demand (ARD – the amount required to fund all eligible Renewal Grants). For Maine, our 2018 ARD is \$12,306,167 making our Tier 1 amount \$11,567,797. Tier 2 is the difference between Tier 1 and the CoC's ARD plus a 6% ARD Bonus of \$738,370 for one or more eligible bonus projects that meet the project eligibility and threshold requirements established by HUD in Sections V.C.3.b and V.C.3.c of the NOFA. In addition, there is a DV Bonus of \$574,912 based on 10% of our Preliminary Pro-Rata Need, described in Section III.C.3.g of the NOFA, and Planning Grant funding of \$369,185 (only the Collaborative Applicant can apply for Planning Grant funds).

**Eligible Applicants:** Eligible applicants for the CoC Program are identified in Section V.A. of the NOFA.

**Eligible Costs:** 24 CFR 578.37 through 578.63 identify the eligible costs for which funding may be requested under the CoC Program. HUD will reject any requests for ineligible costs.

**Local Competition Deadlines:** All Project Applications must be submitted to the CoC no later than 30 days before the CoC Application deadline of September 18, 2018. The CoC must notify all Project Applicants no later than 15 days before the FY 2018 CoC Application deadline whether their Project Applications will be accepted and ranked, rejected, or reduced as part of the CoC Consolidated Application submission.

**For Maine: Projects must submit applications in esnaps no later than August 17, 2018.**

**They will be notified of the CoC's Scoring and Ranking results no later than August 31, 2018.**

**MCOC Request for Renewal Project Applications:** Renewal Projects will be reviewed based primarily on their annual Monitoring results, as well as on any new information provided in their 2018 Renewal Applications. While the Application is not required to be submitted in esnaps until August 17, 2018, MCOC requests that each Renewal Applicant provide the following information to [stibbitts@mainehousing.org](mailto:stibbitts@mainehousing.org) for each eligible Renewal Project listed under their agency on the 2018 GIW ([CoC GIW CoC ME-500-2018](#)), no later than 4:00 PM on **Friday JULY 13, 2018:**

1. Does your agency intend to Renew the Grant(s)? If NO, will the funds be available for Reallocation?
2. Does your agency intend to Expand the Grant(s)? If yes, please see the New Project section, below.
3. Does your agency intend to Transition the Grant(s)? If yes, please see New Project section, below.
4. Does your agency intend to Consolidate 2 or more Grants? If yes, please indicate which Grants.

**MCOC Request for New Project Applications, Expansion Applications, and Transition Applications:** New, Expansion, and Transition Project proposals will be reviewed based primarily on their 2018 Project Applications submitted via esnaps no later than August 17, 2018. However, in order to better plan and coordinate resources, MCOC requests that all agencies intending to submit a New, Expansion, or Transition Project Application provide the following information to [stibbitts@mainehousing.org](mailto:stibbitts@mainehousing.org) for each Project, no later than 4:00 PM on **Friday JULY 13, 2018:**

1. Description of the proposed new/expansion/transition activities, services, staffing or capacity.
2. Description of the community's need for the proposed activities.
3. Description of the target population to be served.
4. Description of your agency's understanding of or experience working with this population.
5. Description of how the project activities will assist clients to access mainstream resources, increase incomes, rapidly access safe, affordable housing that meets their needs, and maximize their ability to live independently.
6. If the proposal includes development of new housing, describe the type, size, number, and location(s) of the housing units.

**CoC Program Implementation.** The following list highlights important information and concepts, including new program types. This is not an exhaustive list of considerations or requirements. All applicants and CoC stakeholders should carefully review 24 CFR part 578, the FY 2018 CoC NOFA, and other HUD instructions and guidance for comprehensive information.

#### **HUD's Homeless Policy Priorities**

- ***Ending homelessness for all persons.***
- ***Create a systemic response to homelessness.***
- ***Strategically allocating and using resources.***
- ***Using a Housing First approach.***

1. **Performance-Based Decisions.** Consistent with the requirements of the FY 2018 Appropriations Act: CoCs cannot receive grants for new projects, other than through reallocation, unless the CoC competitively ranks projects based on how they improve system performance; HUD is increasing the share of the CoC score that is based on performance criteria; and HUD will prioritize funding for CoCs that have demonstrated the ability to reallocate resources to higher performing projects.

2. **Bonus Project.** A CoC is eligible to apply for up to 6 percent of its Final Pro Rata Need (FPRN) and may apply for more than one bonus project, provided it has demonstrated the ability to reallocate lower performing projects to create new higher performing projects as outlined in Section VII.B.2.c of this NOFA. New projects created through the bonus process must meet the project eligibility and threshold requirements established by HUD in Sections V.C.3.b and V.C.3.c of this NOFA.

3. **Reallocation.** Reallocation is a process that CoCs use to shift funds in whole or part from existing eligible renewal projects to create one or more new projects without decreasing the CoC's ARD. New projects created through reallocation must meet the requirements set forth in Section II.B.1 of this NOFA and the project eligibility and project quality thresholds established by HUD in Sections V.C.3.b and V.C.3.c of this NOFA. CoCs may only reallocate eligible renewal projects that have previously been renewed under the CoC Program. To create a Transition Grant (see Section II.B.2 of this NOFA), the CoC must wholly eliminate one or more projects and use those funds to create the single, new transition grant.

4. **Domestic Violence (DV) Bonus.** The FY 2018 HUD Appropriations Act provides up to \$50 million for "rapid re-housing projects and supportive service projects providing coordinated entry and for eligible activities that the Secretary determines are critical in order to assist survivors of domestic violence, dating violence, and stalking." In the FY 2018 CoC Program Competition, a CoC may apply for up to 10 percent of its Preliminary Pro Rata Need (PPRN) to create up to three DV Bonus projects.

A CoC may apply for one of each of the following types of projects as DV Bonus Projects:

- (1) Rapid Re-housing (PH-RRH) projects that must follow a housing first approach.
- (2) Joint TH and PH-RRH component projects as defined in Section II.C.3.m of this NOFA that must follow a housing first approach.
- (3) SSO Projects for Coordinated Entry (SSO-CE) to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking (e.g., to implement policies and procedures that are trauma-informed, client-centered or to better coordinate referrals between the CoC's coordinated entry and the victim service providers coordinated entry system where they are different).

Regardless of the type of project the CoC applies for, the grant term must be 1-year.

CoCs are required to rank all DV Bonus projects on the New Project Listing of the CoC Priority Listing with a unique rank number. If a project application designated as DV Bonus is conditionally selected by HUD with DV Bonus funds, HUD will remove the ranked DV Bonus project from the New Project Listing and all other project applications ranked below the DV Bonus project will slide up one rank position (e.g., if the conditionally selected DV Bonus project is ranked #5, HUD will remove the DV Bonus project and each project below #5 will move up one ranked position). If the DV Bonus project application is not conditionally selected with DV Bonus funds, the project application will remain in its ranked position and will be considered for funding as a bonus project with available CoC Program funds provided the CoC meets the requirements of Section II.B.1. of this NOFA.

A CoC can only be awarded one DV Bonus project application for each project type. If a CoC submits more than one project application for a

project type, HUD will only consider the highest ranked project that passes eligibility and quality threshold review for the DV Bonus; e.g., if a CoC submits 2 PH-RRH project applications under the DV Bonus, HUD will consider the highest ranked PH-RRH project application that passed eligibility and quality threshold for the DV Bonus and the lowest ranked PH-RRH project will be considered under the regular bonus project criteria (see Section III.C.3.c of this NOFA).

A CoC may apply to expand an existing renewal project in accordance with Section III.C.3.i of this NOFA, that is not dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that meet the definition of homeless in paragraph (4) of 24 CFR 578.3 to dedicate additional units, beds, persons served, or services provided to existing program participants to this population.

5. **Joint TH and PH-RRH Component Project.** The Joint TH and PH-RRH component project combines two existing program components—transitional housing and permanent housing-rapid rehousing—in a single project to serve individuals and families experiencing homelessness. HUD will require the recipient to adopt a Housing First approach (see Section II.A.4 of this NOFA) across the entire project and program participants may only receive up to 24-months of total assistance. For more information about Joint TH and PH-RRH component projects, see Section V.C.3 of this NOFA for additional information.

When a program participant is enrolled in a Joint TH and PH-RRH component project, the recipient or subrecipient must be able to provide both components, including the units supported by the transitional housing component and the tenant-based rental assistance and services provided through the PH-RRH component, to all participants. A program participant may choose to receive only the transitional housing unit, or the assistance provided through the PH-RRH component, but the recipient or subrecipient must make both types of assistance available. Additionally, if CoC Program funds are not being requested for both TH and PH-RRH units, the project application must still describe the number of TH and PH-RRH units that will be utilized by the project, if selected for conditional award, and provide details in the project description of how TH and PH-RRH assistance will be provided.

6. **Transition Grants.** See Section III.C.3.r & q of the NOFA for information on the transition grant concept. HUD is implementing this concept in the FY 2018 CoC Program Competition as follows: No more than 50 percent of each transition grant may be used for costs of eligible activities of the program component being eliminated; All remaining funds awarded must be used for eligible activities awarded under the new component for the project. Transition grants conditionally awarded in the FY 2018 CoC Program Competition will have one year to fully transition from the original component to the new component and this will take place during the transition grants normal operating year. By the end of the FY 2018 operating year, the transition grant must be operating under the new component and will be eligible to apply for renewal in the next CoC Program Competition under the component to which it transitioned. To be eligible to receive a transition grant, the renewal project applicant must have the consent of its Continuum of Care.

For a new project to be considered a transition grant, the applicant for the new project must be the same recipient for the eligible renewal grant(s) being eliminated, and the applicant must provide the grant number(s) of the projects being eliminated to create the new project and attach a copy of the most recently awarded project application (e.g., if the project was last funded in the FY 2017 CoC Program Competition, a copy of the FY 2017 CoC Program Competition project application must be attached to the project application). If HUD determines that a new project that applied to be a transition grant does not qualify to be a transition grant, but meets all other new project requirements, then HUD may award the project as a new project that is not a transition grant. In these instances, the recipient will not be permitted to expend any FY 2018 funds on activities not included in the new project application.

7. **Expansion Project.** The process by which a renewal project applicant submits a new project application to expand its current operations by

adding units, beds, persons served, services provided to existing program participants, or in the case of HMIS, increase the current HMIS grant activities within the CoC's geographic area. There are two types of expansion:

*Expanding CoC Program Projects.* Expansion in which a project applicant submits a new project application to expand the current operations of an eligible renewal project for which it is the recipient by adding additional CoC Program funds. Under this type of expansion, for the new expansion project to be selected for conditional award the renewal project application must also be selected for conditional award.

*Expanding a non-CoC Program funded project.* Expansion in which a project applicant submits a new project application that requests CoC Program funds to add to a current homeless project that is funded from sources other than CoC Program funds. However, as stated in Section 426 of the Act, project applicants are prohibited from using CoC Program funds to replace state and local funds.

8. **Consolidated Project.** New in FY 2018, eligible renewal project applicants will have the ability to consolidate two or more eligible renewal projects (but no more than four projects) into one project application during the application process. To apply for a consolidated grant, applicants must submit separate renewal project applications for each of the grants that are proposed to be consolidated, and an application for the new consolidated grant with the combined budget and information of all grants proposed for consolidation. Project applications for the grants that are proposed to be consolidated will be ranked, and if all those grants are selected, HUD will award the single consolidated grant. If one of the grants proposed to be consolidated is found to be ineligible for consolidation or is not selected, HUD will award all grants that are eligible for renewal and selected as separate grants. See Sections II.B.4, V.B.2.b.(2) and Section V.B.3.a.(7) of this NOFA for additional requirements.

# Maine Continuum of Care (MCoC)

## **HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) GOVERNANCE CHARTER**

Approved and Adopted by the MCoC Board of Directors

Date: September 7, 2017

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## 1. Purpose

The Maine Continuum of Care (MCoC) operates a Homeless Management Information System (HMIS) to record and store client-level information about the numbers, characteristics, and needs of (1) persons who use homeless housing and supportive services and (2) persons who receive assistance for persons at risk of homelessness. Laws, regulations, and U.S. Department of Housing and Urban Development (HUD) notices governing HMIS can be accessed at <https://www.onecpd.info/hmis/hmis-regulations-and-notices/>.

HMIS is used to aggregate data about the extent of homelessness over time, produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless assistance projects and programs.

This MCoC Governance Charter (Governance Charter) works in conjunction with the Maine HMIS Governance Model adopted September 7, 2017 and is formally adopted by the MCoC and agreed to by the HMIS Lead Agency.

Capitalized terms that are not otherwise defined in this Governance Charter have the meanings set forth in the Maine HMIS Glossary attached hereto.

## 2. Maine Continuum of Care

The Maine Continuum of Care is responsible for:

- Designating a single information system as the official HMIS software for the geographic area. The MCoC designates ServicePoint© HMIS software supplied by Mediware as the official HMIS software for the MCoC.
- Designating an HMIS Lead to operate HMIS. The MCoC designates MaineHousing as the HMIS Lead Agency (Lead Agency) to operate the MCoC's HMIS System.
- Maintaining documentation evidencing compliance with this Governance Charter and federal regulations governing HMIS
- Reviewing, revising, and approving the policies and plans required by federal regulations governing HMIS and any notices issued by HUD regarding HMIS

## 3. Responsibilities of the Lead Agency

The Lead Agency is responsible for:

- Ensuring the operation of and consistent participation by recipients of CoC and Emergency Solutions Grant (ESG) funds, including oversight of the HMIS and any necessary corrective action to ensure that the HMIS is compliant with federal requirements
- Adopting written HMIS policies and procedures that apply to the Lead Agency, the Participating Agencies, and the MCoC in accordance with federal regulations governing HMIS
- Executing a written HMIS Participation Agreement with each Participating Agency, which includes the obligations and authority of the Lead Agency and Participating Agency, the



sanctions for violating the HMIS Participation Agreement, and an agreement that the Lead Agency and the Participating Agency will process Protected Identifying Information (PII) consistent with the agreement

- Serving as the applicant to HUD for CoC grant funds to be used for HMIS activities for the MCoC's geographic area, as directed by the MCoC, and entering into agreements with HUD to carry out the HUD-approved HMIS activities
- Monitoring and enforcing compliance by all Participating Agencies with HUD requirements and reporting on compliance to the MCoC and HUD
- Monitoring data quality and taking necessary actions to maintain input of high quality data from Participating Agencies
- Submitting a security plan, a data quality plan, and a privacy policy to the MCoC for approval within 6 months after the effective date of the final HMIS rule, or as otherwise directed by HUD. The Lead Agency must review and update the security plan, a data quality plan, and a privacy policy at least annually. During this process, the Lead Agency must seek and incorporate feedback from the MCoC and Participating Agencies. The Lead Agency must implement the security plan, a data quality plan, and a privacy policy within 6 months of the date of approval by the MCoC.
- Submitting to the MCoC an unduplicated count of clients served at least once annually and upon request from HUD.
- Submitting the following reports to HUD or the MCoC to meet HUD requirements including the following reports:
  - Sheltered point-in-time count
  - Housing Inventory Chart
  - Annual Homeless Assessment Report (AHAR)
  - Annual Performance Reports (APRs) for HMIS projects
  - HUD System Performance Measures
- Entering into a contract with vendor of ServicePoint© HMIS software that requires the vendor to comply with federal regulations governing HMIS and other HUD requirements concerning HMIS
- Charging no more than \$1,500 as the annual per user cost for participation in HMIS, which fee may be waived or reduced at the discretion of the Lead Agency
- Along each Participating Agency ensuring that HMIS processing capabilities remain consistent with the privacy obligations of the Participating Agency

#### 4. Responsibilities of the Data Committee

The MCoC Data Committee (Data Committee) is comprised of Participating Agencies and the Lead Agency. The Data Committee is responsible for:

- Reviewing data analysis, systems mapping, the PIT, and other data-related issues within the MCoC
- Oversees the quality of the data that is put into HMIS and developing and implementing an ongoing data quality plan

- Reviewing and revising the privacy plan, security plan, and data quality plan for HMIS as well as any other HMIS policies and procedures required by HUD, at least annually
- Coordinating the resolution of data issues
- Recommending community level data quality plans and standards
- Recommending policy and procedures for Maine HMIS relating to the data, including software application, data elements to be collected, and intervals for data gathering
- Considering the effectiveness, and what improvements can be made, to the intake process
- Working with Participating Agencies to identify training needs to improve data quality
- Reviewing Participating Agency data quality reports for compliance with the data quality benchmarks
- Providing regular reports on the quality of the MCoC's data to the MCoC board of directors

## 5. Responsibilities of the HMIS Advisory Council

The Maine HMIS Advisory Council (Advisory Council) is comprised of Participating Agencies from the MCoC and the Lead Agency. The Advisory Council is responsible for:

- Ensuring that activities related to HMIS growth and use are developed, reviewed regularly, and are in accordance with the MCoC's goals
- Identifying general milestones for project management including training and expanded system functionality
- Managing and maintaining mechanisms for soliciting, collecting, and analyzing feedback from end users (such as satisfaction surveys, questionnaires, or focus groups), program managers, agency executive directors, and homeless persons. Feedback includes impressions of operational milestones and progress, system functionality, and general HMIS operations.
- Ensuring that the HMIS is managed in accordance with MCoC policies, procedures, and goals
- Developing and enforcing community level data quality plan and standards
- Ensuring the collection of each data variable and corresponding response category required for each client of Participating Agencies served by HUD, other federally funded partners, the State of Maine, and non-funded participating project.
- Regularly reviewing data quality reports at community planning level for data entry completion, consistency with program model, and timeliness as compared to the community data quality standards
- Ensuring the existence and use of HMIS policies and procedures
- Ensuring at least one homeless person or formerly homeless person participates in policymaking. Participation can include but is not limited to Advisory Council leadership, advisory committees, staff positions, and sub-committee positions.

## 6. Responsibilities of the Participating Agency

Participating Agencies are responsible for:



- Ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission, and destruction of data and the maintenance privacy, security, and confidentiality protections are in place for their individual programs and projects. A Participating Agency will include both an HMIS Agency Administrator and HMIS End Users.
- Complying with federal regulations regarding HMIS
- Complying with Federal, state, and local laws that require additional privacy or confidentiality protections. When privacy or security standards conflict with other federal, state, and local laws to which the Participating Agency must adhere, the Participating Agency must contact the HMIS Lead and collaboratively update the applicable policies for the Participating Agency to accurately reflect the additional protections.
- Implementing procedures to ensure and monitor its compliance with applicable agreements and requirements, including enforcing sanctions for noncompliance
- Along with the Lead Agency, ensuring that HMIS processing capabilities remain consistent with the privacy obligations of the Participating Agency

**IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:**

All parties will demonstrate a commitment to work together and support each other to achieve stated project goals.

The MCoC agrees to provide representation to the HMIS Advisory Group, for the purpose of ensuring HMIS policy and practice that is both consistent with federal and state requirements, and with the local needs of the MCoC.

The Lead Agency and Participating Agencies agree to respond to recommendations by the MCoC as provided by them through the HMIS Advisory Group.

The Governance Charter will be renewed on an annual basis to confirm that the Governance Charter continues to be relevant and in compliance with HUD requirements.

This Governance Charter shall be effective upon ratification by the MCoC as evidenced by a vote of acceptance by the MCoC in accordance with its ratification and voting policies, formal acknowledgement of the ratification in the MCoC minutes, and by signature below of representatives duly authorized by the MCoC and the HMIS Lead Agency respectively.

This HMIS Governance Charter was ratified by the Maine Continuum of Care membership on September 7, 2017.



\_\_\_\_\_  
Signature of MCoC Representative

9/21/2017

\_\_\_\_\_  
Date

The HMIS Lead Agency accepts and agrees to this HMIS Governance Charter.



\_\_\_\_\_  
Signature of Maine HMIS Lead Agency Representative

9/25/17

\_\_\_\_\_  
Date





**HMIS**

**The Data Does Matter!**

# Maine Homeless Management Information System (Maine HMIS)

## Policies and Procedures Manual

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July 2017

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## 2 About this Document

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In 2004, the Department of Housing and Urban Development (HUD) put forth rules regarding requirements for recipients of HUD related funding and other providers of services for the homeless to collect electronic data on their homeless clients through the Homeless Management Information Systems (HMIS). The State of Maine Homeless Management Information System (Maine HMIS) is a collaborative effort between MaineHousing, the dedicated lead agency, and the Maine Continuum of Care (MCoC). The MCoC has an ongoing role in ensuring the success of Maine's HMIS by giving input into HMIS policy decisions within the parameters established by HUD.

MaineHousing is also part of the New England Regional Homeless Management Information System (NERHMIS). By being a member in NERHMIS the Maine HMIS benefits from shared knowledge of the various New England members.

This manual contains information and procedures related to the Maine HMIS. The purpose of this document is to provide for uniform technical requirements of HMIS, for proper collection of data and maintenance of the database, and to ensure the confidentiality of the information in the database. HMIS Governance Standards (§ 580.31)

The importance of the integrity and security of HMIS cannot be overstated. Given such importance, it is equally important that HMIS is administered and operated under high standards of data quality and security. To strive to meet this objective, this section requires the HMIS Lead to adopt policies and procedures for the operation of its HMIS. These policies and procedures must not only meet HUD standards, but policies and procedures must meet applicable state or local governmental requirements

In addition to the Policies and Procedures listed here, all Maine HMIS Participating Agencies must make themselves knowledgeable of, and adhere to, all of the requirements and directives outlined in the following documents if applicable to their agency:

- The Agency Participation Agreement;
- User Policy and Agreement;
- The Maine HMIS Governance Model;
- The Maine HMIS Data Quality Plan and Best Practices Guide;
- The Maine HMIS Data Sharing Agreements;
- The HUD HMIS Data Standards Manual (<https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual-2017.pdf>);
- The HMIS Data Dictionary (<https://www.hudexchange.info/resources/documents/HMIS-Data-Dictionary-2016.pdf>);
- and the HUD 12/09/2011 Proposed Rule of Homeless Management Information Systems Requirements (<https://www.federalregister.gov/documents/2011/12/09/2011-31634/homeless-management-information-systems-requirements>). Note: The mandates within the Final Rule of the Homeless Management Information System Requirements will need to be in place within six months of the rule being finalized.

Additional resources and information pertaining to Maine HMIS, and the above mentioned documents, can be found at <https://mainehmis.org>.

For more information regarding HMIS policies and procedures, please contact [HMIShelp@mainehousing.org](mailto:HMIShelp@mainehousing.org).

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## 3 Roles and Responsibilities

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### 3.1 Maine Continuum of Care (MCoC)

A CoC is a group composed of representatives from organizations including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, participating agency districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans, and homeless and formerly homeless persons organized to carry out the responsibilities of a Continuum of Care established under 24 CFR part 578.

The MCoC is responsible for ensuring that the HMIS for the CoC is operated in accordance with any current regulations and applicable Federal, state, and local laws and ordinances.

COCs can apply to HUD for McKinney-Vento funding. Local agencies wishing to access these funds must do so through their local CoC's application for funding. HUD requires that every CoC work together to implement a shared data system designed to provide an un-duplicated count of homeless individuals, provide information on the number of people who are homeless, related demographics, and their needs over time. In Maine, this work is accomplished by the MCoC. For additional information and detail please refer to [www.mainehomelessplanning.org](http://www.mainehomelessplanning.org). This site assists with the year round planning process for the MCoC, the Point in Time Annual Count (PIT), ongoing Data Analysis and Performance Measures, and captures details about the outcomes of Maine's Plan to End and Prevent Homelessness.

***To be in compliance with the Proposed HMIS Requirements (24 CFR Part 91) the MCoC must:***

- (a) Designate a single information system as the official HMIS software for the geographic area. The software must comply with federal requirements.
- (b) Designate an HMIS Lead, which may be itself, to operate the HMIS. The HMIS Lead must be a state or local government, an instrumentality of state or local government, or a private nonprofit organization.
- (c) Develop a governance charter, which at a minimum includes:
  - (i) A requirement that the HMIS Lead enter into written HMIS Participation Agreements with each Participating Agency requiring the Participating Agency to comply with this part and imposing sanctions for failure to comply;
  - (ii) The participation fee charged by the HMIS; and
  - (iii) Such additional requirements as may be issued by notice from time to time.
- (d) Maintain documentation evidencing compliance with this part and with the governance charter; and

(e) Review, revise and approve the policies and plans (required by this part and by any notices issued from time to time.

***MCoC Key responsibilities, as detailed in the Maine HMIS Governance Model include:***

- Ensures that activities related to HMIS growth and use are developed, reviewed regularly, and are in accordance with the CoC's goals.
- Identifies general milestones for project management, including training, expanded system functionality, etc.
- Ensures the HMIS generates other client served, utilization summary, and demographic reports both at the system and program levels for purposes of understanding the nature and extent of homelessness in the CoC.
- Regularly monitors the HMIS Lead/Grantee on adherence to the agreement.
- Ensures membership of the HMIS Advisory Council is inclusive of decision makers representing the CoC.
- Ensures that the HMIS is managed in accordance to CoC policies, procedures, and goals.
- Regularly monitors program and agency-level participation in HMIS
- Ensures participation in the NOFA (Notice of Funding Availability), AHAR (Annual Homeless Assessment Report), PIT (Point in Time), and HIC (Housing Inventory Chart).
- Develops and enforces community level data quality plan and standards.
- Ensures the collection of each data variable and corresponding response categories on all clients served by HUD, other federally funded partners, the State of ME, and non-funded participating projects.
- Ensures the collection of each data variable and corresponding response categories specific to their program type on all clients served by HUD, other federally funded partners, the State of ME, and non-funded participating programs.
- Regularly reviews data quality reports at community planning level on data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.
- Provides training and regularly reviews the progress of the Community Planning Goals and Objectives.
- Ensures the HMIS Lead has adopted a drug-free workplace policy. The policy is posted and available for review.
- Participation can include but is not limited to Advisory Council leadership, advisory committees, staff positions, and sub-committee positions.
- The HMIS Grantee has adopted a conflict of interest policy for board members, staff, and volunteers.
- The HMIS Grantee has adopted an equal opportunity and non-discrimination policy.

### **3.1.1 Advisory Council**

The Maine HMIS Advisory Council (Advisory Council) is made up of Participating Agencies from the MCoC, and the Lead Agency.

***Advisory Council key responsibilities as detailed in the Maine HMIS Governance Model include:***

- Ensures that activities related to HMIS growth and use are developed, reviewed regularly, and are in accordance with the CoC's goals;
- Identifies general milestones for project management, including training, expanded system functionality, etc.;

- Ensures a HMIS governance model is developed and formally documented between the HMIS Lead Agency/grantee and the community planning body(ies). Ensures that a formal agreement that outlines management processes, responsibilities, decision-making structures, and oversight of the HMIS projects has been executed;
- Manages and maintains mechanisms for soliciting, collecting, and analyzing feedback from end users, program managers, agency executive directors, and homeless persons. Feedback includes impressions of operational milestones and progress, system functionality, and general HMIS operations. Examples of feedback include satisfaction surveys, questionnaires, and focus groups;
- Ensures that the HMIS is managed in accordance to CoC policies, procedures, and goals;
- Develops and enforces community level data quality plan and standards;
- Ensures the collection of each data variable and corresponding response categories on all clients served by HUD, other federally funded partners, the State of ME, and non-funded participating projects;
- Ensures the collection of each data variable and corresponding response categories specific to their program type on all clients served by HUD, other federally funded partners, the State of ME, and non-funded participating programs;
- Regularly reviews data quality reports at community planning level on data entry completion, consistency with program model, and timeliness as compared to the community data quality standards;
- Provides training and guidance on business practices to support CoC and HMIS policies (CoC-specific protocols, ethics, strategies for communication, etc.);
- Ensures the existence and use of HMIS Policies and Procedures;
- And ensures at least one homeless person or formerly homeless person participates in policymaking. Participation can include but is not limited to Advisory Council leadership, advisory committees, staff positions, and sub-committee positions.

### **3.1.2 Data Committee**

The MCoC Data Committee (Data Committee) is comprised of Participating Agencies, and the Lead Agency. The Data Committee reviews data analysis, systems mapping, the PIT, and other data-related issues and topics within the MCoC. The Data Committee also oversees the quality of the data that is put into HMIS and is responsible for developing and implementing an ongoing data quality plan.

***Key CoC Data Committee responsibilities as detailed in the Maine HMIS Governance Model include;***

- Coordinate the resolution of data issues;
- Recommend community level data quality plans and standards;
- Recommends policy and procedures for Maine HMIS as it relates to the data, including software application, data elements to be collected, and intervals for data gathering;
- Consider the effectiveness, and what improvements can be made, to the intake process;
- Work with Participating Agencies to identify training needs to improve data quality;
- Review Participating Agency data quality reports for compliance with the data quality benchmarks;
- And provides regular data quality reports to the CoC Board on the quality of the MCoC's data.

### **3.2 Lead Agency**

HMIS Lead means an entity designated by the CoC to operate the Continuum's HMIS on its behalf.

HUD requires that every CoC work together to implement a shared data system designed to provide an un-duplicated count of homeless individuals, information on the number of people who are homeless, related demographics, and their needs over time. The HMIS Lead works with the Participating Agencies to meet this goal. MaineHousing is the designated Lead Agency.

***To be in compliance with the Proposed HMIS Requirements (24 CFR Part 91) the HMIS Lead shall:***

- (a) Ensure the operation of and consistent participation by recipients of funds from the Emergency Solutions Grants Program and from the other programs authorized by Title IV of the McKinney-Vento Act. Duties include establishing the HMIS; conducting oversight of the HMIS; and taking corrective action, if needed, to ensure that the HMIS is compliant with the requirements of this part;
- (b) Develop written HMIS policies and procedures in accordance with § 580.31 for all Participating Agencies;
- (c) Execute a written HMIS Participation Agreement with each PARTICIPATING AGENCY, which includes the obligations and authority of the HMIS Lead and PARTICIPATING AGENCY, the requirements of the security plan with which the PARTICIPATING AGENCY must abide, the requirements of the privacy policy with which the PARTICIPATING AGENCY must abide, the sanctions for violating the HMIS Participation Agreement (e.g., imposing a financial penalty, requiring completion of standardized or specialized training, suspending or revoking user licenses, suspending or revoking system privileges, or pursuing criminal prosecution), and an agreement that the HMIS Lead and the PARTICIPATING AGENCY will process Protected Identifying Information consistent with the agreement. The HMIS Participation Agreement may address other activities to meet local needs;
- (d) Serve as the applicant to HUD for grant funds to be used for HMIS activities for the Continuum of Care's geographic area, as directed by the Continuum, and, if selected for an award by HUD, enter into a grant agreement with HUD to carry out the HUD-approved activities;
- (e) Monitor and enforce compliance by all Participating Agencies with the requirements of this part and report on compliance to the Continuum of Care and HUD;
- (f) The HMIS Lead must submit a security plan (see § 580.35), a data quality plan (see § 580.37), and a privacy policy (see § 580.31(g)) to the Continuum of Care for approval within [the date that is 6 months after the effective date of the final rule to be inserted at final rule stage] and within 6 months after the date that any change is made to the local HMIS. The HMIS Lead must review and update the plans and policy at least annually. During this process, the HMIS Lead must seek and incorporate feedback from the Continuum of Care and Participating Agencies. The HMIS Lead must implement the plans and policy within 6 months of the date of approval by the Continuum of Care.

***According to the Proposed HMIS Requirements (24 CFR Part 91) only the HMIS Lead may carry out the following activities:***

- (a) Host and maintain HMIS software or data;
- (b) Backup, recovery, and repair of the HMIS software or data;
- (c) Upgrade, customize, and enhance the HMIS;
- (d) Integrate and warehouse data, including development of a data warehouse for use in aggregating data from subrecipients using multiple software systems;

- (e) System administration;
- (f) Report to providers, the Continuum, and HUD;
- (g) Conduct training for recipients on the use of the system, including the reasonable cost of travel to the training; and
- (h) Such additional activities as may be authorized by HUD in notice.

***Additionally noted in the Proposed HMIS rule;***

- (a) An HMIS Lead must develop a privacy policy. At a minimum, the privacy policy must include data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; protections for victims of domestic violence, dating violence, sexual assault, and stalking; and such additional information and standards as may be established by HUD in notice.
- (b) Every organization with access to protected identifying information must implement procedures to ensure and monitor its compliance with applicable agreements and the requirements of this part, including enforcement of sanctions for noncompliance.
- (c) An HMIS Lead or PARTICIPATING AGENCY that contracts with an HMIS vendor must, as part of its contract with an HMIS vendor, require the HMIS vendor and the software to comply with HMIS standards issued by HUD.

The HMIS Lead must implement the plans and policy within 6 months of the date of approval by the Continuum of Care.

***Key Lead Agency Responsibilities as detailed in the Maine HMIS Governance Model:***

- Ensures that activities related to HMIS growth and use are developed, reviewed regularly, and are in accordance with the CoC's goals.
- Identifies general milestones for project management, including training, expanded system functionality, etc.
- Ensures that the HMIS is able to manage the collection of each data element and corresponding response categories for the Universal Data Elements as outlined in the Current HMIS Data Standard.
- Ensures that the HMIS is able to manage the collection of each data variable and corresponding response categories for the Project-specific data elements as outlined in the Current HMIS Data Standard..
- Ensures the HMIS is able to generate a summary report of the number of unduplicated client records that have been entered into the HMIS.
- Ensures the HMIS is consistently able to produce a reliable required federal reports.
- Ensures the HMIS generates other client served, utilization summary, and demographic reports both at the system and program levels for purposes of understanding the nature and extent of homelessness in the CoC.
- Provides technical expertise commensurate with the general HMIS program oversight; provides timely support on high level technical matters; reviews and authorizes HMIS software changes in response to the changing requirements of participating Agencies; and, generally reviews and authorizes special issues brought to it by participating Agencies.
- Provides technical expertise commensurate with the requirements of the HMIS software and/or system; provides timely support on software technical matters; is responsible for implementation of authorized changes to the HMIS software and processes; and, generally implements resolutions to any special issues authorized by the HMIS Technical Support Entity within the software and/or overall system.

- Maintains a regularly updated list of HMIS system service requests, activities, deliverables, and resolutions.
- Regularly reviews HMIS System service requests, activities, deliverables and resolutions. Provides authoritative support when necessary to expedite IT issue resolution.
- Maintains a current and accurate organization chart that clearly identifies all team members, roles and responsibilities, and general work activities/functions. Organization chart is available for review (see Appendix B: Organization Chart).
- Provides regular training on software usage, software and data security, and data entry techniques to participating Agencies. Develops, updates, and disseminates data entry tools and training materials, includes train the trainer. Monitors and ensures system and data security.
- Manages and maintains mechanisms for soliciting, collecting, and analyzing feedback from end users, program managers, agency executive directors, and homeless persons. Feedback includes impressions of operational milestones and progress, system functionality, and general HMIS operations. Examples of feedback include satisfaction surveys, questionnaires, and focus groups.
- Responsible for the day-to-day operation and maintains the HMIS System.
- Ensures that the HMIS is managed in accordance to CoC policies, procedures, and goals.
- Regularly monitors program and agency-level participation in HMIS
- Ensures the completion and documentation of Authorization for Disclosure of Health and/or Personal Information, as appropriate with the CoC's Authorization for Disclosure of Health and/or Personal Information Policies and Protocols.
- Ensures adherence by agency staff with the HMIS data and system security protocols as outlined by the CoC and the Current HMIS Data Standard.
- Develops and enforces community level data quality plan and standards.
- Ensures the collection of each data variable and corresponding response categories on all clients served by HUD, other federally funded partners, the State of ME, and non-funded participating projects.
- Ensures the collection of each data variable and corresponding response categories specific to their program type on all clients served by HUD, other federally funded partners, the State of ME, and non-funded participating programs.
- Regularly runs and disseminates data quality reports to participating programs that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.
- Provides technical assistance and training in response to data quality reports disseminated to participating programs that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality
- Regularly runs and disseminates data quality reports to the community planning entity that indicate cross program levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.
- Regularly reviews data quality reports at community planning level on data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.
- Provides regular training on client confidentiality and privacy requirements to intake staff, data entry staff and reporting staff at participating Agencies. Ensures all Agencies have sufficient privacy policies and protocols in place.



- Provides regular training and guidance on program performance measurement.
- Provides training and regularly reviews the progress of the Community Planning Goals and Objectives.
- Provides training and guidance on business practices to support CoC and HMIS policies (CoC-specific protocols, ethics, strategies for communication, etc.).
- Maintains documentation of the number of participating Agencies (utilizing the HMIS system) is up-to-date. A comparative analysis of planned versus actual deployments at the project level is highly desired but not compulsory.
- Provides regular reports on HMIS participation rates to CoC Data Subcommittee. An analysis of agency-specific barriers with potential solutions is highly desired but not compulsory.
- Ensures the existence and use of HMIS Policies and Procedures.
- Ensures and maintains written agreements with participating Agencies that describes the protocols for participation in the HMIS.
- Ensures and maintains written agreements with participating Agencies who share client level data that describes the level of data element or program information sharing among the data sharing HMIS Agencies.
- Ensures and maintains a written agreement with each authorized user of the HMIS that defines participation protocols, including training criteria, consent protocols, system use, and privacy and security standards.
- Ensures that the CoC has a defined and documented client Acknowledgement protocol for use as a baseline practice among all participating HMIS users.
- Ensures that the CoC has a defined and documented HMIS data release protocol that governs release of all data from the HMIS.
- Ensures At least one homeless person or formerly homeless person participates in policymaking. Participation can include but is not limited to Advisory Council leadership, advisory committees, staff positions, and sub-committee positions.

### **3.3 PARTICIPATING AGENCY**

Participating Agencies are responsible for ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission, and destruction of data and the maintenance privacy, security, and confidentiality protections are in place for their individual programs and projects. A Participating Agency will include both an Agency Admin and End Users.

***To be in compliance with the Proposed HMIS Requirements (24 CFR Part 91) the HMIS Lead shall:***

- (a)Purchase, lease, or license computer hardware and software;
- (b)Purchase or lease equipment, including telephones, faxes, and furniture;
- (c)Pay for technical support;
- (d)Lease office space;
- (e)Pay for electricity, gas, water, phone service, and high-speed data transmission costs necessary to operate and participate in the HMIS;

(f) Pay salaries for operating HMIS,

which includes:

(i) Data entry;

(ii) Monitor and review data quality;

(iii) Data analysis;

(iv) Report to the HMIS Lead;

(v) Attend HUD-sponsored and HUD- approved training on HMIS and programs authorized by Title IV of the McKinney-Vento Act;

(vi) Conduct training for PARTICIPATING AGENCYs on the HMIS or comparable database;

(vii) Travel to conduct intake and to attend training;

(viii) Implement and comply with HMIS requirements; and

(g) Pay the participation fee to the HMIS Lead that is established by the Continuum of Care in the governance

(h) If the PARTICIPATING AGENCY is a victim services provider, as defined under 24 CFR 580.3, or a legal services provider, establish and operate a comparable database that complies with 24 CFR 580.25; and

(i) Such other activities as authorized by HUD in notice.

***Key Participating Agency Responsibilities as detailed in the Maine HMIS Governance Model:***

- Ensures the completion and documentation of Authorization for Disclosure of Health and/or Personal Information, as appropriate with the CoC's Authorization for Disclosure of Health and/or Personal Information Policies and Protocols.
- Ensures adherence by agency staff with the HMIS data and system security protocols as outlined by the CoC and the Current HMIS Data Standard.
- Ensures the collection of each data variable and corresponding response categories on all clients served by HUD, other federally funded partners, the State of ME, and non-funded participating projects.
- Ensures the collection of each data variable and corresponding response categories specific to their program type on all clients served by HUD, other federally funded partners, the State of ME, and non-funded participating programs.
- Regularly runs and disseminates data quality reports to participating programs that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.
- Provides regular training on client confidentiality and privacy requirements to intake staff, data entry staff and reporting staff at participating Agencies. Ensures all Agencies have sufficient privacy policies and protocols in place.

- Ensures and maintains a written agreement with each authorized user of the HMIS that defines participation protocols, including training criteria, consent protocols, system use, and privacy and security standards.
- Ensures that the CoC has a defined and documented client Acknowledgement protocol for use as a baseline practice among all participating HMIS users.
- Ensures that the CoC has a defined and documented HMIS data release protocol that governs release of all data from the HMIS.

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## 4 The Maine HMIS Participation Policy

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### 4.1 Participation Requirements

Participation in HMIS. The recipient must ensure that data on all persons served and all activities assisted under ESG are entered into the applicable HMIS for the geographic area in which those persons and activities are located, or a comparable database, as provided under 24 CFR part 580. The entry, storage, and use of this data are subject to the HMIS requirements at 24 CFR part 580.

#### 4.1.1 Mandated Participation

All designated agencies that are funded to provide homeless services by MaineHousing, State of Maine Department of Health and Human Services (DHHS), Office of Child and Family Services (OFCS), Runaway and Homeless Youth (RHY), Projects for Assistance in Transition from Homelessness (PATH), Supportive Services for Veteran Families (SSVF), Veterans Affairs Supportive Housing (VASH) and/or HUD in the State of Maine, must meet the minimum Maine HMIS participation standards as defined by this Policy and Procedures Manual. The proposed HUD Rule found at 24 CFR Parts 91, detailing HMIS Requirements states; “With respect to scope, this rule clarifies that all recipients of financial assistance under the Continuum of Care program, the Emergency Solutions Grant program, the Rural Housing Stability Assistance (RHS) program, as well as HUD programs previously funded under the McKinney-Vento Act (the Supportive Housing Program, the Shelter Plus Care program, and the Section 8 Single Room Occupancy Moderate Rehabilitation program) are required to use HMIS to collect client- level data on persons served.” Or for *victims service providers* a comparable database is to be used. A comparable database must have the ability to collect client-level data over time and generates unduplicated aggregate reports based on the data.

#### 4.1.2 Voluntary Participation

While the MCoC cannot require non-funded providers to participate in the Maine HMIS, and the MCoC works closely with non-funded agencies to articulate the benefits of HMIS, and to strongly encourage their participation. Full participation in Maine HMIS ensures a comprehensive and accurate understanding of homelessness in the State of Maine. Non-funded agencies may voluntarily agree to participate but will need to meet minimum participation standards.

### 4.2 Participating Agency Standards

Participating Agencies are responsible for ensuring that a minimum set of data elements, referred to as the HUD Universal Data Elements (UDEs) as defined by the most current *HUD HMIS Data Standards Manual*, are collected and/or verified from all clients at their initial program enrollment, or as soon as possible thereafter (with the exception of those serving domestic violence victims). Participating Agencies must report client-level detail in the “Required Response Categories” for the UDE’s that are shown in the most current *HUD HMIS Data Standards Manual*.

HUD Universal Data Elements		
Name	Social Security Number	Date of Birth
Race	Ethnicity	Gender
Veteran Status	Disabling Condition	Project Start Date
Project End Date	Destination	Relationship to Head of Household
Client Location	Housing Move-In Date	Living Situation

A separate set of Program-Specific Data Elements for client level data are required for all programs funded by State or Federal programs, including but not limited to SSVF, VASH, OFCS, DHHS, PATH, RHY, and ESHAP. These elements are defined by the most current HUD *HMIS Data Standards Manual* and are collected from all clients that are served by applicable HUD-funded programs.

HUD APR Program-Specific Data Elements	
Income and Sources	Substance Abuse
Non-Cash Benefits	Domestic Violence
Physical Disability	Services Received
Developmental Disability	Destination
HIV / AIDS	Reason for leaving
Mental Health	Substance Abuse

These standards are already incorporated into the Maine HMIS, and can be accessed from the Maine HMIS website at: <http://maine.thehmis.org/>. Data entry must be completed within a specific timeframe, depending on the type of program (see the attached Maine Data Quality Plan and Best Practices Guide). The Maine HMIS uses all submitted data for analytic and administrative purposes, including the preparation of all Federal and State required reports.

#### 4.2.1 Authorized Agency Users/ End Users

- Authorized Agency Users, also referred to as End Users, must enter client-level data directly into the HMIS database. End Users have rights to access data for clients served by their Agency and use the HMIS functionality based on their user level privileges. The Agency's data is stored in the HMIS central database server, which is protected by several levels of security to prevent access from unauthorized users.
- An End User has an active license to HMIS and uses ServicePoint as their primary tool for client intake, and reporting. An End User is expected to do the following;
- Adhere to all of the policy and procedures outlined in the Maine HMIS Policies & Procedures;
- At intake, gather the most complete and accurate information about each client and the services they need according to the workflow provided at HMIS training;
- **Enter quality client data into HMIS in a timely and accurate manner and using the appropriate required work flow;**

- Adhere to the data requirements set by the HMIS staff and the HMIS Participating Agency;
- After HMIS training, pass the certification test with a score of 80% or better.
- Meet and follow the expectations of the Agency Admins.
- An End User has an active license to HMIS and uses ServicePoint as their primary tool for client intake, and reporting. An End User is expected to do the following;
- Regularly reviews data quality reports at community planning level on data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.
- At intake, gather the most complete and accurate information about each client and the services they need according to the workflow provided at HMIS training;
- Enter quality client data into HMIS in a timely and accurate manner and using the appropriate required work flow;
- After HMIS training, pass the certification test with a score of 80% or better;
- Meet and follow the expectations of the Agency Admins;
- And adhere to all of the policy and procedures outlined in the Maine HMIS Policies & Procedures.

#### **4.2.2 Agency Administrator**

Each Agency must designate at least one Agency Administrator (Agency Admin) who is the point person and specialist regarding the Maine HMIS for their agency. Some of the key roles of the Agency Admin are;

- Running HUD Universal Data Elements, Data Incongruities Reports, and other data quality reports in ART at least monthly and upon request of the Maine HMIS staff and/or the CoCs to check client data.
- Completing the Agency Administrator training.
- Informing the Maine HMIS Staff of all program changes at least 5 business days prior to the change.
- Communicate and authorize personnel and security changes for End Users to the Maine HMIS Staff within 24 hours of a change; inactivating end users account when an End User leaves the agency
- Ensure that end-users are using the correct HMIS-related forms and are following the most current Maine HMIS procedures and work flow.
- Correct any data quality issues as soon as possible and notify the HMIS Staff of findings and timelines for correction.
- Provide technical support by troubleshooting data and escalating unresolved issues to the Maine HMIS Staff.
- Review and update HIC information in the HMIS annually
- Attend the Maine HMIS-required meetings and conference calls.
- Adhere to all of the policy and procedures outlined in the Maine HMIS Policies & Procedures

Each Agency must designate at least one Agency Administrator (Agency Admin) who is the point person and specialist regarding the Maine HMIS. The Agency Administrator is responsible for:

- Completing the Agency Administrator training.
- Informing the Maine HMIS Staff of all program changes at least 5 business days prior to the change.

- Running HUD Universal Data Elements, Data Incongruities Reports, and other data quality reports in ART at least monthly and upon request of the Maine HMIS staff and/or the CoCs to check client data.
- Correct any data quality issues as soon as possible and notify the HMIS Staff of findings and timelines for correction.
- Provide technical support by troubleshooting data and escalating unresolved issues to the Maine HMIS Staff.
- Review and update HIC information in the HMIS annually.
- Communicate and authorize personnel and security changes for End Users to the Maine HMIS Staff within 24 hours of a change. Inactivating end users account when an End User leaves the agency;
- Ensure that end-users are using the correct HMIS-related forms and are following the most current Maine HMIS procedures and work flow.
- Attend the Maine HMIS-required meetings and conference calls.
- Resetting End Users accounts when they are locked out.

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## 5 Hardware, Connectivity and Computer Security Requirements

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*To be in compliance with the Proposed HMIS Requirements (24 CFR Part 91) the HMIS Lead shall:*

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## 6 Technical Standards

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§ 580.33 HMIS technical standards.

(a) In general. HMIS Leads and HMIS vendors are jointly responsible for ensuring compliance with the technical standards applicable to HMIS, as provided in this document and any supplemental notices, and for addressing any identified system or operating deficiencies promptly. Grant funds must be used only for software that meets the requirements of this part.

(b) Required functionality. The HMIS must meet all required functionality established by HUD in notice.

(c) Un-duplication requirements. An HMIS must be capable of un-duplicating client records as established by HUD in notice.

(d) Data collection requirements.

(i) Collection of all data elements. An HMIS must contain fields for collection of all data elements established by HUD in notice. For fields that contain response categories, the response categories in the HMIS must either directly match or map to the response categories defined by HUD.

(ii) Maintaining historical data. An HMIS must be able to record data from a theoretically limitless number of service transactions and historical observations for data analysis over time and assessment of client outcomes, while following Federal, state, territorial, or local data retention laws and ordinances.

(e) Reporting requirements.

(i) Standard HUD reports. An HMIS must be able to generate the report outputs specified by HUD. The reporting feature must be able to represent dates in the past for all historical and transactional data elements.

(ii) Data quality reports. An HMIS must be capable of producing reports that enable the PARTICIPATING AGENCYs and the HMIS Lead to assess compliance with local data quality benchmarks and any HUD-established data quality benchmarks.

(iii) Audit reports. An HMIS must be capable of generating audit reports to allow the HMIS Lead to review the audit logs on demand, including minimum data requirements established by HUD in notice.

## **6.1 Workstation Specifications**

### **6.1.1 Monitor**

Screen Display - 1024 x 768 (XGA)

### **6.1.2 Processor**

A Dual-Core processor is recommended. Avoid machines with single core processors, which are usually much older computers.

### **6.1.3 Browser**

ServicePoint is designed to be compatible with the newest versions of Google Chrome, Mozilla Firefox, and Apple Safari

*Browser Performance:* In the context of ServicePoint 5, there are three factors that outweigh all others: data transfer efficiency, memory management, and machine speed.

### **6.1.4 Memory Management**

Some browsers handle memory differently than others. The best practice for determining the best browser is to see if you experience any of the following issues.

*Effects of poor memory management:*

Your overall system performance may degrade.

Your browser may suddenly seem to completely stop working. Blank pages may appear or certain page components won't work.

Your browser may run more and more slowly.

What to do:

If you suspect that you may have poor browser memory management, try updating your browser to a more recent version before switching to a different brand of browser. More than likely, any major issue will have been fixed with a more current release. If you still have issues, try switching to one of the other 3 major browsers. If you need help updating your browser, contact your IT Department.

### **6.1.5 Machine Speed**

Avoid machines with single core processors, which are usually much older computers. If your computer is a single-core machine operating at less than 2 GHZ, and you are not content with its performance:

Switch to one of the fastest browsers. Chrome is recommended, Firefox is a good alternate; Internet Explorer versions 8, 9 and 10 are acceptable (see below for information regarding Internet Explorer version 11).

Run no unnecessary programs while using ServicePoint.

Monitor your CPU usage in Task Manager. If it is frequently at 100%, you need a more capable machine.

Think about getting more RAM. But before you buy enough RAM to max out your computer, consider replacing your old computer with a new or used dual-core machine. Even an old dual core tends to outperform a fully-upgraded, single-core in ServicePoint 5. Buying a used computer may actually cost less than buying a gigabyte or two of obsolete RAM for an older machine.

### **6.1.6 Art Users**

ART only supports Java 7 release 7 (32 bit). Any higher versions of Java are not currently supported. We do not recommend the 64 bit version of Java because Chrome is a 32 bit only browser and the 64 bit version of Java does not function in Chrome.

### **6.1.7 Internet Connectivity**

Participating Program must have Internet connectivity for each workstation accessing the HMIS. To optimize performance, all agencies are encouraged to secure a high speed Internet connection with a cable modem, DSL, FiOS, or T1 line.

### **6.1.8 Security Hardware/Software**

All workstations accessing the HMIS need to be protected by a Firewall. If the workstations are part of an Agency computer network, the Firewall may be installed at a point between the network and the Internet or other systems rather than at each workstation. Each workstation also needs to have anti-virus and anti-spyware programs in use and properly maintained with automatic installation of all critical software updates.

Good examples of anti-virus software include McAfee and Symantec (Norton) Security systems, among others.

### **6.1.9 Agency Workstation Access Control**

Access to the HMIS will be allowed only from computers specifically identified by the Participating Agency's Executive Director or authorized designee and THE HMIS Agency Administrator. Laptop computers will require an additional security statement indicating that they will not be used for unauthorized purposes from unauthorized locations. Access to these workstations will be controlled through both physical security measures and a password. Each Agency's THE HMIS Agency Administrator will determine the physical access controls appropriate for their organizational setting based on THE HMIS security policies, standards and guidelines.



Each workstation, including laptops used off-site, should have appropriate and current firewall, and virus protection as specified above, see *Section 5 (c) Security Hardware/Software*. Devices must only access secured, password-protected wi-fi with non-public access.

#### **6.1.9.1 Access to Maine HMIS ServicePoint from an authorized Home Office**

MaineHousing and other participants in the Maine HMIS who have written and enforced work-at-home policies may authorize home office locations as authorized agency location for Maine HMIS ServicePoint use given the home office location is structured to assure that viewing of client information by unauthorized persons does not happen. A signed copy of work at home authorization and the related work at home policy should be on file at the MaineHousing HMIS office for anyone who works with ServicePoint from a home office setting.

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## **7 The Maine HMIS Training Requirements**

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### **7.1 Eligible Users**

Each Participating Agency shall authorize use of the HMIS only to users who need access to the system for data entry, editing of client records, viewing of client records, report writing, administration or other **essential** activity associated with carrying out Participant Agency responsibilities.

#### **7.1.1 Setting up a New HMIS End User**

It is the responsibility of the Agency Administrator to contact the HMIS Staff when a new user starts and training is required.

The agency will email A “New User Agreement” to the HMIS HelpDesk at [theHMIShelp@mainehousing.org](mailto:theHMIShelp@mainehousing.org), requesting access to THE HMIS/ServicesPoint. The HelpDesk will acknowledge receiving the “New User Agreement” that can be found here [https://mainetheHMIS.org/new\\_user\\_training/](https://mainetheHMIS.org/new_user_training/).

##### **7.1.1.1 New End User Training Requirements**

All Agency Admins and End Users will be trained, either in person, or using the online training center. After training, users will be required to pass the Maine HMIS certification test. When the Maine HMIS verify the user has passed the test (with a grade of 80% or above), they will be given a password so they can access ServicePoint.

The HMIS Lead Agency shall authorize use of the HMIS only to users who need access to the system for technical administration of the system, report writing, data analysis and report generation, back-up administration or other essential activity associated with carrying out central server responsibilities.

The HMIS HelpDesk will assist in creating a Canvas account. Canvas is the platform HMIS will be using for online new user and program specific trainings found at <https://canvas.instructure.com/>. Agencies should be aware that Canvas emails may be filtered to spam or junk folders. Canvas will notify the HelpDesk and new user once training modules have been completed.

Once new user and program specific training has been completed the HelpDesk will create the new user’s account in the HMIS and contact the new user to set up a time to review training that has been completed along with account credentials.

Each end user of the HMIS system must complete at least one session of training and pass the certification test with a grade of 80% above before being given THE HMIS login credentials.

## 7.2 Agency Administrator Training

After completing End-User training, each new Agency Administrator must complete an additional Admin training session. This session will include how to configure and manage an Agency's programs and users in the HMIS. Agency Administrators will participate in subsequent training sessions as designated by the Maine THE HMIS Lead Agency, such as running the CoC APR, AHAR, HIC, CAPER and/or other project reports.

## 7.3 Reports Training

Reports training for Agency Administrators and other interested users will be made available as needed. This training will include how to use existing canned reports in ServicePoint and may include opportunities for training on the Advanced Reporting Tool (ART).

Maine THE HMIS staff strongly encourages Participating Agencies to run their own data quality reports and APR report monthly so that Participating Agencies can monitor their own data quality and become more effective in serving clients across the Continuum.

### 7.3.1 Agency Admins & End User Requirements

Prior to being trained and granted a username and password, users must sign the HMIS User Policy Agreement. This agreement acknowledges receipt of a copy of as well as a pledge to comply with the Agency's Privacy Notice.

**Agency Admins and End Users must be aware of the sensitivity of client-level data and must take appropriate measures to prevent its unauthorized disclosure. Administrators and End Users are responsible for protecting institutional information to which they have access and for reporting security violations.**

Agency Admins and End Users must comply with all policies and standards described in the following documents:

- The Agency Participation Agreement;
- User Policy and Agreement;
- The Maine HMIS Governance Model;
- The Maine HMIS Data Quality Plan and Best Practices Guide;
- HUD HMIS Data Standards Manual
- and the Data Sharing Agreements;

**Users are accountable for their actions and for any actions undertaken with their username and password.**

Agency Admins must ensure that users have received adequate training prior to being given access to the HMIS database. If any user leaves the Agency or no longer needs access to the HMIS, the Agency Administrator is responsible for *immediately notifying the HMIS Team at [HMIShelp@mainehousing.org](mailto:HMIShelp@mainehousing.org)* so that the user's access can be terminated.

Volunteers have the same user requirements as paid staff. They must have an individual user account, go through the same training, and have the same confidentiality and privacy documents signed and on file with the Participating Agency they are serving.

The Executive Director or authorized designee is responsible for ensuring that the Agency Admin and End Users understands and comply with all applicable THE HMIS policies and procedures.

### **7.3.2 User Licenses**

User licenses are provided to Participant Agencies as determined by the Lead Agency.

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## **8 THE HMIS Agency Implementation**

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### **8.1.1 Setting up a New HMIS Agency**

If your agency would like to participate in the Maine HMIS, the Agency Participation Agreement is the first form you will need to complete. The agreement covers the areas of: terms of use, training and technical assistance, confidentiality, security, and access to data. This agreement should be signed by an official who is authorized to enter into contractual agreements on your agency's behalf.

After your agency has agreed to participate in Maine HMIS you will need to complete the Agency Information Form. This form tells us about the types of housing and services that your agency provides. This will assist the Maine HMIS administrators when configuring your agency in HMIS.

Your agency will also need to complete a Maine Annual Homeless Housing Inventory Form. It will be pre-filled with the information currently on record regarding projects who are already on the Housing Inventory.

Once your agency is set up in HMIS All users must read, acknowledge and sign the HMIS/ServicePoint User Policy, Responsibilities Statement, and Code of Ethics before they are allowed access to the HMIS system. This form was updated on 11/23/2009 to clarify the signature lines. The form was updated again on 7/15/2010 to clarify which program type(s) the user needs to be trained for data entry and reporting.

It is recommended that agencies retain a copy of this Maine HMIS Policies and Procedures Manual for reference.

Agencies that share client level data between or among multiple agencies must fill out and submit a Maine HMIS Coordinated Services Agreement.

Agencies must additionally complete a Qualified Organization Business Associate Agreement (HIPPA) to share information entered into Maine Statewide Homeless Management Information System (Maine HMIS) for the general purpose of managing the System. MaineHousing provides training, administration, coordination, and report generation to agencies, programs and Continuum of Care participating in Maine Statewide Homeless Management Information System. Acknowledges that in transmitting, receiving, storing, processing or otherwise dealing with any consumer protected information, they are fully bound by state and federal regulations governing confidentiality of patient records, including the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 ('HIPAA', 45 CFR, Parts 160 & 164), and cannot use or disclose the information except as permitted or required by this agreement or by law.

The Agency Admin must verify that appropriate and sufficient training has been successfully completed

## 8.2 Enforcement Mechanisms

The Lead Agency will investigate all potential violations of any security protocols. Any Agency Admin or End User found to be in violation of security protocols will be sanctioned.

Sanctions may include, but are not limited to:

- A formal letter of reprimand to the MaineHousing Security Compliance Auditor, CoC Board, and the Agency Executive Director
- Suspension or Revocation of Agency Access if serious or repeated violation(s) of Maine HMIS Policies and Procedures occur by Agency Admins and/or End Users.

Prior to setting up a new Participant Agency within the Maine HMIS database, the Maine HMIS Lead Agency will:

Verify that the required documentation has been correctly executed and submitted or viewed on site, including:

- Agency Participation Agreement
- Admin Agency/Program Configuration/ HIC Worksheet
- Maine HMIS Policies and Procedures Manual
- Maine HMIS Governance Model document

Request and receive approval from the HMIS Lead Agency to set up a new Agency.

Work with the Agency Administrator to input applicable Agency and program information.

Work with the HMIS Lead to migrate legacy data, if applicable, and within the scope of normal HMIS functions. Data needing additional HMIS or third party vendor intervention will be addressed on a case-by-case basis.

Follow the HMIS naming conventions (Agency name: Project).

When completing your COC Application budget for a new project, keep in mind that funds may be needed to cover increased HMIS costs to cover HMIS-related tasks and staffing for stability of HMIS operations.

## 8.3 Agency Information Security Protocol Requirements

At a minimum, Participating Agencies must develop rules, protocols or procedures to address the following:

- Policies in the event of a HIPPA breach\*
- Internal Agency procedures for complying with the HMIS confidentiality requirements and provisions of other HMIS client and Agency agreements
- Posting a sign in the areas of client intake that explains generally the reasons
  - for collecting personal information
- Appropriate assignment of user accounts
- Preventing user account sharing
- Protection of unattended workstations
- Protection of physical access to workstations where employees are accessing the HMIS

- Safe storage and protected access to hardcopy and digitally generated client records and reports with identifiable client information
- Proper cleansing of equipment prior to transfer or disposal (i.e. disk shredding)
- Procedures for regularly auditing compliance with the Participating Agency's information security protocol

**NOTE: If an Agency is not in compliance with this policy, they risk losing funding.**

#### 8.4 User Access Levels

All the HMIS users must be assigned a designated user access level that controls the level and type of access the user will have within the system. Each user will only have access to client-level data that is collected by their own Agency unless they participate in Data Sharing groups.

#### 8.5 Security Standards

To be in compliance with the Proposed HMIS Requirements (24 CFR Part 91) the HMIS Lead shall:

580.35 HMIS security standards.

(a) In general. Security standards, as provided in this section, are directed to ensure the confidentiality, integrity, and availability of all HMIS information; protect against any reasonably anticipated threats or hazards to security; and ensure compliance by end users. Written policies and procedures must comply with all applicable Federal law and regulations, and applicable state or local governmental requirements.

(b) System applicability. All HMIS Leads, PARTICIPATING AGENCYs, and HMIS vendors must follow the security standards established by HUD in notice.

(c) Security management.

(i) Security plan. All HMIS Leads must develop a HMIS security plan, which meets the minimum requirements for a security plan as established by HUD in notice, and which must be approved by the Continuum of Care.

(ii) Timeline for implementation. The HMIS Lead must submit the security plan to the Continuum of Care for approval within 6 months of [effective date of final rule to be inserted at final rule stage]. The HMIS Lead and PARTICIPATING AGENCYs must implement all administrative, physical, and technical safeguards within 6 months of the initial approval of the security plan. If one or more of these standards cannot be implemented, the HMIS Lead must justify the implementation delay and produce a plan of action for mitigating the shortfall, and develop milestones to eliminate the shortfall over time.

(d) Administrative safeguards. The administrative actions, policies, and procedures required to manage the selection, development, implementation, and maintenance of security measures to protect HMIS information must, at a minimum, meet the following:

(e) Security officer. Each HMIS Lead and each PARTICIPATING AGENCY must designate an HMIS security officer to be responsible for ensuring compliance with applicable security standards. The HMIS Lead must designate one staff member as the HMIS security officer.

- (f) Workforce security. The HMIS Lead must ensure that each PARTICIPATING AGENCY conduct criminal background checks on the HMIS security officer and on all administrative users. Unless otherwise required by HUD, background checks may be conducted only once for administrative users.
- (g) Security awareness training and follow-up. The HMIS Lead must ensure that all users receive security training prior to being given access to the HMIS, and that the training curriculum reflects the policies of the Continuum of Care and the requirements of this part. HMIS security training is required at least annually.
- (h) Reporting security incidents. Each HMIS Lead must implement a policy and chain of communication for reporting and responding to security incidents, including a HUD-determined predefined threshold when reporting is mandatory, as established by HUD in notice.
- (i) Disaster recovery plan. The HMIS Lead must develop a disaster recovery plan, which must include at a minimum, protocols for communication with staff, the Continuum of Care, and PARTICIPATING AGENCYs and other requirements established by HUD in notice.
- (j) Annual security review. Each HMIS Lead must complete an annual security review to ensure the implementation of the security requirements for itself and PARTICIPATING AGENCYs. This security review must include completion of a security checklist ensuring that each of the security standards is implemented in accordance with the HMIS security plan.
- (k) Contracts and other arrangements. The HMIS Lead must retain copies of all contracts and agreements executed as part of the administration and management of the HMIS or required to comply with the requirements of this part.
- (l) Physical safeguards. The HMIS Lead must implement physical measures, policies, and procedures to protect the HMIS.
- (m) Technical safeguards. The HMIS Lead must implement security standards establishing the technology that protects and controls access to protected electronic HMIS information, and outline the policy and procedures for its use.

## **8.6 Data Quality Standards**

### **§ 580.37 Data quality standards and management.**

To be in compliance with the Proposed HMIS Requirements (24 CFR Part 91) the HMIS Lead shall:

- (a) In general. The data quality standards ensure the completeness, accuracy, and consistency of the data in the HMIS. The Continuum of Care is responsible for the quality of the data produced.
- (b) Definitions. For the purpose of this section, the term:
- (i) HMIS participating bed means a bed on which required information is collected in an HMIS and is disclosed at least once annually to the HMIS Lead in accordance with the requirements of this part.
  - (ii) Lodging project means a project that provides overnight accommodations.
  - (iii) Nonlodging project means a project that does not provide overnight accommodations.

(c) Data quality benchmarks. HMIS Leads must set data quality benchmarks for PARTICIPATING AGENCYs. Benchmarks must include separate benchmarks for lodging and nonlodging projects. HMIS Leads must establish data quality benchmarks, including minimum bed coverage rates and service-volume coverage rates, for the Continuum(s) of Care. HMIS Leads may establish different benchmarks for different types of projects (e.g., emergency shelter projects, permanent housing projects) based on population.

(i) For the purpose of data quality, the bed coverage rate measures the level of lodging project providers' participation in a Continuum of Care's HMIS.

(ii) The bed coverage rate is calculated by dividing the number of HMIS participating by the total number of year-round beds in the geographic area covered by the Continuum of Care.

(iii) Bed coverage rates must be calculated separately for emergency shelter, safe haven, transitional housing, and permanent housing.

(iv) Bed coverage rates must be calculated for each comparable database.

(d) For the purpose of data quality, the service-volume coverage rate measures the level of nonlodging project participation in a Continuum of Care's HMIS.

(i) Service-volume coverage is calculated for each HUD-defined category of dedicated homeless nonlodging projects, such as street outreach projects, based on population.

(ii) The service-volume coverage rate is equal to the number of persons served annually by the projects that participate in the HMIS divided by the number of persons served annually by all Continuum of Care projects within the HUD-defined category.

(iii) Service-volume rates must be calculated for each comparable database.

(e) Data quality management. (1) Data quality plan. All HMIS Leads must develop and implement a data quality plan, as established by HUD in notice.

(f) The HMIS must be capable of producing reports required by HUD to assist HMIS Leads in monitoring data quality.

## **8.7 Maintaining and Archiving**

To be in compliance with the Proposed HMIS Requirements (24 CFR Part 91) the HMIS Lead shall:

### **580.41 Maintaining and archiving data.**

(a) Maintaining data. Applicable program regulations establish the length of time that records must be maintained for inspection and monitoring to determine that the recipient has met the requirements of the program regulations.

(b) Archiving data. Archiving data means the removal of data from an active transactional database for storage in another database for historical, analytical, and reporting purposes. The HMIS Lead must follow archiving data standards established by HUD in notice, as well as any applicable Federal, state, territorial, local, or data retention laws or ordinances.



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## 9 HMIS Client Data Policies and Procedures

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### 9.1 Client Notification Policies and Procedures

The Maine HMIS has prepared standard documents for the HMIS release of information Maine HMIS Authorization for Disclosure of Health/ and or Personal Information. All written consent forms must be stored in a client's file for record keeping and auditing purposes. Forms are located on the HMIS website <http://maineHMIS.org/>

By participating in the Maine HMIS, agencies and users agree to high standards of confidentiality and to seek explicit authority and permission from clients for release of any identifiable client information.

The client has the right to have access to their own data.

A Release of Information form must be signed by a client (even to low-barrier shelters) before any protected personal information can be shared.

Written interagency data sharing agreements (if any) between particular agencies (i.e., Memoranda of Agreement) will have to be in place and on file at MaineHousing prior to sharing of information within Maine HMIS ServicePoint across agencies.

All agencies participating in HMIS will be required to follow all current data security practices detailed in this document, and adhere to ethical data use standards, regardless of the location where agency users connect to the HMIS.

The client will have access to view, or keep a printed copy of, his or her own records contained in the HMIS.

The participating agencies and MaineHousing reserve the right, granted under federal and state statutes, to charge a fee to cover reasonable costs for the retrieval and printing of such client information.

A privacy notice shall be prominently displayed in the program offices where intake occurs. The content of this privacy notice shall be in accordance with the HMIS Privacy Standards in: Federal Register / Vol. 69, No. 146 / Friday, July 30, 2004 and any other applicable standards

### 9.2 Accountability for the Maine HMIS Policy

Participating Agencies must establish a regular process of training users on the Maine HMIS policies and procedures outlined in this manual, regularly auditing that the policy is being followed by Agency staff (including employees, volunteers, affiliates, contractors and associates), and receiving and reviewing complaints about potential violations of the policy.

### 9.3 HMIS Data Quality Policies and Procedures

The Maine HMIS has prepared the following data quality document that outlines the data quality policies and procedures, Maine Data Quality Plan and Best Practices Guide this document is available at [www.mainehmis.org](http://www.mainehmis.org).



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## 10 THE HMIS Data Access Control Policies

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### 10.1 User Accounts

Agency Administrators are responsible for managing user accounts for their Agency. They must follow the procedures documented in *Section 6*, for user account set-up including verification of eligibility, the appropriate training, and the establishment of appropriate user type. The assigned user type will determine each user's individual access level to data, and Agency Administrators must regularly review user access privileges.

The Agency Administrator is responsible for inactivating users in the system. They should inactivate the user immediately upon that user's departure from any position with access to the HMIS. Agency Administrators are required to notify the HMIS team immediately upon inactivation.

### 10.2 User Passwords

Each user will be assigned a unique identification code (User ID), preferably the first initial and last name of the user.

A temporary password will be automatically generated by the system when a new user is created. The Maine HMIS Lead Agency will communicate the system-generated password to the user. The user will be required to establish a new password upon their initial login. This password will need to be changed every 45 days. A password cannot be used again until another password has expired. Passwords should be between 8 and 50 characters long, contain at least two numbers, and should not be easily guessed or found in a dictionary. The password format is alphanumeric and is case-sensitive. Users are prohibited from sharing passwords, even with supervisors.

### 10.3 Password Reset

Except when prompted by ServicePoint to change an expired password, users cannot reset their own password. The Agency Administrator and the Maine HMIS Lead Agency have the ability to temporarily reset a password. If an Agency Administrator needs to have his/her password set, they will need to email the HMIS Lead at [HMIShelp@mainehousing.org](mailto:HMIShelp@mainehousing.org).

### 10.4 System Inactivity

Users must log off from the HMIS application and their workstation if they leave their workstation. Also, HUD requires password-protected screen-savers on each workstation. If the user is logged onto a workstation and the period of inactivity on that workstation exceeds 30 minutes, the user will be logged off the system automatically.

### 10.5 Unsuccessful Login

If a user unsuccessfully attempts to log in three times, the User ID will be "locked out", their access permission will be revoked. They will be unable to regain access until their User ID is reactivated by the Agency Administrator or Maine HMIS Lead Agency. They will need to email the HMIS Lead at [HMIShelp@mainehousing.org](mailto:HMIShelp@mainehousing.org).

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## 11 THE HMIS Data Ownership Policies

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The client has the right to view and have corrections made on their own data. In the event that the relationship between the Maine HMIS and a Participating Agency is terminated, Participating Agency access is terminated. If another program is assuming the program administration then the data migrates to the new program (fees may apply).

### **11.1 The HMIS Data Use and Disclosure Policies and Procedures**

Each of the HMIS Participating Programs must comply with uses and disclosure standards, as outlined in the *HUD HMIS Data Standards Manual*. The most current HUD data standards document can be found on the Maine HMIS website <http://mainetheHMIS.org/>

### **11.2 The HMIS Data Release Policies and Procedures**

#### **11.2.1 Data Release Criteria**

The HMIS client data will be released only in aggregate, for any purpose beyond those specified in *Section 12 (c) THE HMIS Data Use and Disclosure Policies and Procedures*, according to the criteria specified below.

#### **11.2.2 Aggregate Data Release Criteria**

All released data must be anonymous, either by removal of all identifiers and/or all information that could be used to infer an individual or household identity.

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## **12 THE HMIS Technical Support Policies and Procedures**

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### **12.1 The HMIS Application Support**

As unanticipated technical support questions on the use of the HMIS application arise, users will follow these procedures to resolve those questions:

During the normal Maine HMIS business hours: (8:00-4:00)

Review the on-line help in ServicePoint and/or training materials on the HMIS website at <http://maineHMIS.org/> or the Maine HMIS Learning Academy

Direct the technical support question to the Agency Administrator.

If the question is still unresolved, the Agency Administrator/user can direct the question to the Maine HMIS team by sending an email to [HMIShelp@mainehousing.org](mailto:HMIShelp@mainehousing.org)

After the normal Maine HMIS business hours:

Review the on-line help in ServicePoint and/or training materials on the HMIS website at <http://maineHMIS.org/> or the Maine HMIS Learning Academy.

If the question can wait to be addressed during the following business day, wait and follow the normal business hours procedure outlined above.

If the question cannot wait, direct the technical support question to the Agency Administrator, if available.

## 12.2 THE HMIS System Availability Policies

The Maine HMIS ServicePoint data entry web site will be available to participating agencies 24 hours a day, 7 days a week. In the case there is a planned outage or issues impacting availability users will be notified through <http://maineHMIS.org/> in advance if at all possible.

Every Wednesday from 10:00PM-11:00PM Eastern (EST) time, ServicePoint is unavailable because Mediware is performing necessary backup and maintenance of the HMIS database when as few people as possible need access to the system. However, when the Maine HMIS receives notice of a planned interruption of service for other reasons or for an abnormal amount of time, the HMIS Lead Agency will notify Agency Administrators and End-Users via email. If there is an unplanned interruption to service, the Maine THE HMIS System Administrator will communicate with Mediware, and Agency Administrators will be notified of any information regarding the interruption as it is made available.

If you have any questions about policies and procedures, contact the [HMIS Lead](#), your CoC Data group, or the HMIS Advisory Council.

## 12.3 Standards for a Comparable Database

(a) Standards for a comparable database.

- (i) The comparable database must meet the standards of this part and comply with all HMIS data information, security, and processing standards, as established by HUD in notice.
- (ii) The comparable database must meet the standards for security, data quality, and privacy of the HMIS within the Continuum of Care. The comparable database may use more stringent standards than the Continuum of Care's HMIS.

(b) Victim service providers and legal service providers may suppress aggregate data on specific client characteristics if the characteristics meet the requirements of this part and any conditions as may be established by HUD in notice.

## 13 Appendix A: Maine HMIS Glossary

## MAINE HMIS GLOSSARY

<b>Term</b>	<b>Definition</b>
Accuracy	The degree to which HMIS data correctly reflects the client situation or episode as self-reported by the client.
Advanced Reporting Tool (ART)	A comprehensive reporting option in the HMIS that allows HMIS Users to create reports using a custom report building interface.
Annual Homeless Assessment Report (AHAR)	A report to the U.S. Congress on the extent and nature of homelessness in America. The report is prepared by the Department of Housing and Urban Development (HUD) and provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons. The report is based primarily on Homeless Management Information Systems (HMIS) data about persons who experience homelessness during a 12-month period.
Annual Performance Report (APR)	A report that tracks program progress and accomplishments in HUD's competitive homeless assistance programs. The APR provides the grantee and HUD with information necessary to assess each grantee's performance.
ART Report	A report created with the Advanced Reporting Tool in the HMIS.
Authorization for Disclosure of Health and/or Personal Information	This Acknowledgement embodies the element of informed Acknowledgement in a written form. A client completes and signs a document acknowledging that they have an understanding of the options and risks of participating or sharing data in an HMIS system. The signed document is then kept on file at the agency.
Bed Utilization	An indicator of whether shelter beds are occupied on a particular night or over a period of time.
Central Intake Coordinated Assessment	A centralized or coordinated process designed to make program participant intake, assessment, and provision of referrals more efficient.
Completeness	The level at which an HMIS field has been answered in whole or in its entirety.
Consolidated Annual Performance and	Analysis of need within a community and identification of HUD-sponsored grants – Community Development Block Grant (CDBG),

Evaluation Report (CAPER)	The HOME Investment Partnerships Program (HOME), the Emergency Solutions Grant (ESG), and the Housing Opportunities for Persons with AIDS Grant (HOPWA) -- which will best meet those needs.
Chronically Homeless	<p>HUD defines a chronically homeless person as</p> <p>(1) A “homeless individual with a disability,” as defined in the Act, who:</p> <p>(i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and</p> <p>(ii) Has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months. Occasions separated by a break of at least seven nights. Stays in institution of fewer than 90 days do not constitute a break</p> <p>(2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or</p> <p>(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.</p>
CoC Program Interim Rule (24 CFR Part 578)	Part of the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) that focuses on regulatory implementation of the Continuum of Care program, including the Continuum of Care planning process.
Comparable Database	A comparable database means a database used by a victim service provider or a legal service provider that collects client-level data over time and generates unduplicated aggregate reports based on the data, in accordance with the requirements of this part. Information entered into a comparable database must not be entered directly into or provided to an HMIS.
Continuum of Care (CoC)	A group organized to assist individuals and families experiencing homelessness by helping homeless individuals and families move into transitional and permanent housing.

	Composed of representatives from organizations including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans, and homeless and formerly homeless persons organized to carry out the responsibilities of a Continuum of Care established under 24 CFR part 578
CoC Board	The Executive Board for the local CoC
Coverage	A term commonly used by CoCs or homeless providers that refers to the number of beds represented in an HMIS divided by the total number of beds available.
Data Committee	A committee of the MCoC that reviews data analysis, systems mapping, the Point in Time Count, and other data-related issues and topics within the Continuum of Care.
Data Quality	The accuracy and completeness of all information collected and reported to the HMIS.
Data Recipient	A person who obtains personally identifying information from an HMIS Lead or from a CHO for research or other purposes not directly related to the operation of the HMIS, Continuum of Care, HMIS Lead, or CHO.
Data Standards	See the current HUD HMIS Data Standard.
Disabling Condition	A condition in reference to chronic homelessness is defined by HUD as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.
Emergency Shelter	Any facility whose primary purpose is to provide temporary shelter for the homeless in general, or for specific populations of the homeless.
Emergency Solutions Grant (ESG)	Federal grants to support homelessness prevention, emergency shelter, and related services.
Family Youth Services Bureau (FYSB)	A federal program under HHS that supports organizations and communities that work to put an end to youth homelessness, adolescent pregnancy and domestic violence.

HEARTH Act: Homeless Emergency Assistance and Rapid Transition to Housing Act	The HEARTH Act consolidates and amends three of the homeless assistance programs authorized by title IV of the McKinney-Vento Act (42 U.S.C. 11371 et seq) into a single grant program. Also, the HEARTH Act revised the Emergency Shelter Grants program to broaden its existing emergency shelter and homelessness prevention activities, to add new activities to rapidly rehouse homeless families and individuals, and to change the program's name to the Emergency Solutions Grant program.
Homeless Management Information System (HMIS)	The information system designated by the Continuum of Care to comply with 24 CFR part 580 and used to record, analyze, and transmit client and activity data in regard to the provision of shelter, housing, and services to individuals and families who are homeless or at risk of homelessness. Computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness. HMIS is a software application used to collect demographic information on people served. The purpose of HMIS is to record and store client-level information about the numbers, characteristics and needs of persons who use homeless housing and supportive services and about persons who receive assistance for persons at risk of homelessness over time, to produce an unduplicated count of homeless persons for each Continuum of Care; to understand the extent and nature of homelessness locally, regionally and nationally; and to understand patterns of service use and measure the effectiveness of programs.
HMIS Agency Administrator	The primary contact between the Participating Agency and the HMIS Lead Agency on matters outlined in the HMIS Policies and Procedures; also an HMIS User role.
HMIS Data Standards	This document describes the Project Description Data Elements, Universal Data Elements, and Project-Specific Data Elements that are used in the HMIS electronic data collection system.
HMIS Data Standards Manual	Serves as a reference document and provides basic guidance on HMIS data elements for CoCs, HMIS Lead Agencies, HMIS System Administrators, and HMIS Users.
HMIS End-Users	Users of the HMIS at the Participating Agency level.
HMIS Federal Partners	The group of federal agencies that use the HMIS in the effort to end homelessness, which include U.S. Department of Health and Human Services (HHS), U.S. Department of Housing and Urban Development (HUD), and U.S. Department of Veterans Affairs.



HMIS Fee Structure	Outlines the fees required to access the HMIS; an attachment to the HMIS Participation Agreement.
HMIS Lead Agency	The entity designated by the Continuum of Care in accordance with 24 CFR part 580 to operate the Continuum's HMIS on the Continuum's behalf. The party responsible for managing and administering the HMIS at the local level.
HMIS Participating Agency (Contributing HMIS Organization or CHO)	Agencies that agree to participate in the HMIS and have signed HMIS Agency Participation Agreements.  An organization that operates a project that contributes data to an HMIS.
HMIS Security Officer	The person responsible for ensuring compliance with the security standards in the HMIS Policies and Procedures, at both the HMIS Lead Agency and the HMIS Participating Agency levels.
HMIS System Administrator	A member of the HMIS Lead Agency who manages the HMIS in accordance with HUD and other federal guidelines.
HMIS User	Any person who uses the HMIS.
HMIS User Agreement	An individual who uses or enters data in an HMIS or another administrative database from which data is periodically provided to an HMIS.  Documentation to be signed by HMIS End-Users that covers Client Confidentiality, Ethics, User and Responsibilities; Appendix B of the HMIS Policies and Procedures.
HMIS Vendor	A contractor who provides materials or services for the operation of an HMIS. An HMIS vendor includes an HMIS software provider, web server host, data warehouse provider, as well as a provider of other information technology or support.
Housing Inventory Chart (HIC)	An inventory of housing conducted on a single night during the last ten days in January. It reflects the number of beds and units available on the night designated for the count that are dedicated to serve persons who are homeless. Categorized by five Program Types: Emergency Shelter; Transitional Housing; Rapid Re-housing; Safe Haven; and Permanent Supportive Housing.
Inferred Acknowledgement	Once clients receive a verbal explanation of HMIS, acknowledgement is assumed for data entry into HMIS.



Informed Acknowledgement	A client is informed of participating in an HMIS system and then specifically asked to acknowledge and sign the Authorization for Disclosure of Health and/or Personal Information form.
Maine Continuum of Care (Maine CoC)	A community-based association focused on ending homelessness in Maine and charged with overseeing millions of dollars in federal funding under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act through the
McKinney-Vento Act	An Act to provide urgently needed assistance to protect and improve the lives and safety of the homeless, with special emphasis on elderly persons, handicapped persons, and families with children.
NERHMIS	New England Regional Homeless Management Information System (NERHMIS).
NOFA	Notice of Funding Availability (NOFA) establishes the funding criteria for the Continuum of Care (CoC) Programs.
Participating Agency	An agency that uses HMIS to collect data.
Participation Fee	A fee the HMIS Lead charges CHOs for participating in the HMIS to cover the HMIS Lead's actual expenditures, without profit to the HMIS Lead, for software licenses, software annual support, training, data entry, data analysis, reporting, hardware, connectivity, and administering the HMIS.
Point In Time (PIT)	A count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that Continuums of Care conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. Continuums of Care also must conduct a count of unsheltered homeless persons every other year (odd numbered years). Each count is planned, coordinated, and carried out locally.
Program-Specific Data Elements (PSDE)	Data elements cooperatively developed by the HMIS Federal Partners that provide information about the characteristics of clients, the services that are provided, and client outcomes.
Protected Identifying Information (PII)	Information about a program participant that can be used to distinguish or trace a program participant's identity, either alone or when combined with other personal or identifying information, using methods reasonably likely to be used, which is linkable to the program participant.

Real-Time	The actual time during which an HMIS process takes place or an event occurs.
Timeliness	An important measure to evaluate daily bed utilization rates and current client system trends.
Unduplicated Count	The number of people who are homeless within a specified location and time period. An unduplicated count ensures that individuals are counted only once regardless of the number of times they entered or exited the homeless system or the number of programs in which they participated. Congress directed HUD to develop a strategy for data collection on homelessness so that an unduplicated count of the homeless at the local level could be produced.
Universal Data Elements (UDE)	Data required to be collected from all clients serviced by homeless assistance programs using an HMIS. These data elements include date of birth, gender, race, ethnicity, veteran's status, and Social Security Number (SSN). These elements are needed for CoCs to understand the basic dynamics of homelessness in their community and for HUD to meet the Congressional mandate.
U.S. Department of Health and Human Services (HHS)	A cabinet-level department of the U.S. federal government with the goal of protecting the health of all Americans and providing essential human services; one of the HMIS Federal Partners.
U.S. Department of Housing and Urban Development (HUD)	A Cabinet department in the Executive branch of the United States federal government that develops and executes policies on housing and metropolises; one of the HMIS Federal Partners.
Victim Service Providers	Consistent with section 401(32) of the McKinney-Vento Act, the term victim service provider Refers to a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs

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## 2018 HDX Competition Report

### PIT Count Data for ME-500 - Maine Statewide CoC

#### Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	1482	2280	2516
Emergency Shelter Total	628	993	1,012
Safe Haven Total	0	15	15
Transitional Housing Total	787	1,092	1,391
Total Sheltered Count	1415	2100	2418
Total Unsheltered Count	67	180	98

#### Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	87	201	215
Sheltered Count of Chronically Homeless Persons	67	201	214
Unsheltered Count of Chronically Homeless Persons	20	0	1

## 2018 HDX Competition Report

### PIT Count Data for ME-500 - Maine Statewide CoC

#### Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	228	307	341
Sheltered Count of Homeless Households with Children	223	286	339
Unsheltered Count of Homeless Households with Children	5	21	2

#### Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	69	104	131	119
Sheltered Count of Homeless Veterans	63	90	120	106
Unsheltered Count of Homeless Veterans	6	14	11	13

## 2018 HDX Competition Report

### HIC Data for ME-500 - Maine Statewide CoC

#### HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	1225	154	924	86.27%
Safe Haven (SH) Beds	15	0	15	100.00%
Transitional Housing (TH) Beds	1494	152	1304	97.17%
Rapid Re-Housing (RRH) Beds	298	0	298	100.00%
Permanent Supportive Housing (PSH) Beds	2360	26	2320	99.40%
Other Permanent Housing (OPH) Beds	89	50	39	100.00%
Total Beds	5,481	382	4900	96.10%

## 2018 HDX Competition Report

### HIC Data for ME-500 - Maine Statewide CoC

#### PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	298	328	281

#### Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	33	102	68

#### Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	79	369	298

# 2018 HDX Competition Report

## FY2017 - Performance Measurement Module (Sys PM)

### Summary Report for ME-500 - Maine Statewide CoC

#### Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

**Metric 1.1:** Change in the average and median length of time persons are homeless in ES and SH projects.

**Metric 1.2:** Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	5579	5524	68	68	0	38	38	0
1.2 Persons in ES, SH, and TH	6746	6794	178	171	-7	62	60	-2

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	5649	5650	241	265	24	69	92	23
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	6863	7017	335	363	28	122	138	16



# 2018 HDX Competition Report

## FY2017 - Performance Measurement Module (Sys PM)

### Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	235	27	11%	11	5%	20	9%	58	25%
Exit was from ES	2114	340	16%	89	4%	101	5%	530	25%
Exit was from TH	423	37	9%	18	4%	16	4%	71	17%
Exit was from SH	2	0	0%	0	0%	0	0%	0	0%
Exit was from PH	540	32	6%	16	3%	20	4%	68	13%
TOTAL Returns to Homelessness	3314	436	13%	134	4%	157	5%	727	22%

# 2018 HDX Competition Report

## FY2017 - Performance Measurement Module (Sys PM)

### Measure 3: Number of Homeless Persons

#### Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1482	2280	798
Emergency Shelter Total	628	993	365
Safe Haven Total	0	15	15
Transitional Housing Total	787	1092	305
Total Sheltered Count	1415	2100	685
Unsheltered Count	67	180	113

#### Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	6984	7053	69
Emergency Shelter Total	5662	5671	9
Safe Haven Total	16	21	5
Transitional Housing Total	1673	1789	116

### Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

#### Metric 4.1 – Change in earned income for adult system stayers during the reporting period

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	1164	1011	-153
Number of adults with increased earned income	80	92	12
Percentage of adults who increased earned income	7%	9%	2%

#### Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	1164	1011	-153
Number of adults with increased non-employment cash income	267	402	135
Percentage of adults who increased non-employment cash income	23%	40%	17%

#### Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	1164	1011	-153
Number of adults with increased total income	335	459	124
Percentage of adults who increased total income	29%	45%	16%

#### Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	424	353	-71
Number of adults who exited with increased earned income	58	38	-20
Percentage of adults who increased earned income	14%	11%	-3%

#### Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	424	353	-71
Number of adults who exited with increased non-employment cash income	145	119	-26
Percentage of adults who increased non-employment cash income	34%	34%	0%

# 2018 HDX Competition Report

## FY2017 - Performance Measurement Module (Sys PM)

### Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	424	353	-71
Number of adults who exited with increased total income	185	149	-36
Percentage of adults who increased total income	44%	42%	-2%

### Measure 5: Number of persons who become homeless for the 1st time

#### Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	5516	5954	438
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1953	1835	-118
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3563	4119	556

#### Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	6165	6487	322
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2150	2037	-113
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	4015	4450	435

## 2018 HDX Competition Report

### **FY2017 - Performance Measurement Module (Sys PM)**

#### **Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects**

This Measure is not applicable to CoCs in FY2017 (10/1/2016 - 9/30/2017) reporting period.

# 2018 HDX Competition Report

## FY2017 - Performance Measurement Module (Sys PM)

### Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH(Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

The construction of measure 7b.1 has been updated per HUD's specifications to include persons in any PH project type who exited without moving into housing(i.e.had a project start date, but no housing move -in date).HUD is aware that this may impact the change between these two years.

#### Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	834	449	-385
Of persons above, those who exited to temporary & some institutional destinations	227	112	-115
Of the persons above, those who exited to permanent housing destinations	289	193	-96
% Successful exits	62%	68%	6%

#### Metric 7b.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	5512	5135	-377
Of the persons above, those who exited to permanent housing destinations	2431	2082	-349
% Successful exits	44%	41%	-3%

#### Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	2846	2576	-270
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	2655	2430	-225
% Successful exits/retention	93%	94%	1%

## 2018 HDX Competition Report

### **FY2017 - SysPM Data Quality**

#### **ME-500 - Maine Statewide CoC**

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

## 2018 HDX Competition Report

### FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	1026	1046	1098	1046	1329	1167	1011	1059	2432	2729	2676	2474	60	173	79	369				
2. Number of HMIS Beds	911	931	931	896	1283	1105	949	1011	2314	2657	2589	2441	60	173	79	369				
3. HMIS Participation Rate from HIC ( % )	88.79	89.01	84.79	85.66	96.54	94.69	93.87	95.47	95.15	97.36	96.75	98.67	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	6943	6529	5675	5619	1945	1799	1627	1686	2881	3030	2898	2565	279	530	663	905	169	182	154	114
5. Total Leavers (HMIS)	6032	5659	4881	4801	964	715	822	488	532	573	594	478	123	299	387	532	82	113	91	63
6. Destination of Don't Know, Refused, or Missing (HMIS)	374	401	639	553	111	70	55	46	73	20	10	23	39	52	90	25	14	22	9	13
7. Destination Error Rate (%)	6.20	7.09	13.09	11.52	11.51	9.79	6.69	9.43	13.72	3.49	1.68	4.81	31.71	17.39	23.26	4.70	17.07	19.47	9.89	20.63



## 2018 HDX Competition Report

### Submission and Count Dates for ME-500 - Maine Statewide CoC

#### Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/23/2018	

#### Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/30/2018	Yes
2018 HIC Count Submittal Date	4/30/2018	Yes
2017 System PM Submittal Date	5/30/2018	Yes

## Appendix H: Order of Priority in CoC Permanent Supportive Housing

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

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

### Order of Priority in CoC ProgramL-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

<p><b>1<sup>st</sup> Priority: Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.</b></p>	<p>A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:</p> <ol style="list-style-type: none"> <li>1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and</li> <li>2. The CoC Program has identified the chronically homeless individual or head of household as having severe service needs.</li> </ol>
<p><b>2<sup>nd</sup> Priority: Chronically Homeless Individuals and Families with the Longest History of Homelessness.</b></p>	<p>A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for whom both of the following are true:</p> <ol style="list-style-type: none"> <li>1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and</li> <li>2. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.</li> </ol>
<p><b>3<sup>rd</sup> Priority: Chronically Homeless Individuals and Families with the Most Severe Service Needs.</b></p>	<p>A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:</p> <ol style="list-style-type: none"> <li>1. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and</li> <li>2. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.</li> </ol>

<b>4<sup>th</sup> Priority: All Other Chronically Homeless Individuals and Families.</b>	<p>A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:</p> <ol style="list-style-type: none"> <li>1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; and</li> <li>2. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.</li> </ol>

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

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

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

<b>1<sup>st</sup> Priority: Homeless Individuals and Families with a Disability with the Most Severe Service Needs.</b>	An individual or family that is eligible for CoC ProgramL-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and has been identified as having the most severe service needs.
<b>2<sup>nd</sup> Priority: Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.</b>	An individual or family that is eligible for CoC ProgramL-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

<b>3<sup>rd</sup> Priority: Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.</b>	An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.
<b>4<sup>th</sup> Priority: Homeless Individuals and Families with a Disability Coming from Transitional Housing.</b>	An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing – all are eligible for PSH even if they did not live on the streets, emergency shelters, or in a safe haven.