Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:
 - Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
 - Using the CoC Application Detailed Instructions while completing the application in e-snaps.
 - Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

 - This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
 - For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
 - Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

  For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: ME-502 - Portland 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 form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings.
Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board.
Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	No
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	No	Yes
School Administrators/Homeless Liaisons	No	No	No
CoC Funded Victim Service Providers	Not Applicable	No	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Veterans Services Organizations	Yes	Yes	Yes
State Government	Yes	Yes	Yes
HOPWA (AIDS/HIV Service Organizations)	Yes	Yes	No

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The PCoC encourages the engagement of joint Maine CoC & Portland CoC leadership; Emergency Shelter Assessment Committee (ESAC); the business community; housing developers; Homeless Voices for Justice (HVJ); Statewide & Regional Homeless Councils; City Council oversight through the Public Safety, Health & Human Services Committee; CDBG/ESG entitlement jurisdiction; & ESAC's Long Term Stayers subcommittee. There is an open invitation posted on the City of Portland website, & emails are circulated advising of upcoming meetings with minutes included from the previous one. Examples: 1) HVJ members are homeless & formerly homeless individuals who advocate for & provide information about issues & needs of homeless/formerly homeless attend PCoC's regular & ad hoc meetings. 2) Portland Housing Authority prioritizes HCV for CH in the PCoC & its staff participate in regular PCoC meetings & the Scoring Committee.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Preble Street	Yes	Yes	Yes
The Opportunity Alliance	No	Yes	Yes
Day One	No	No	No
Portland Adult Education	No	No	No
City of Portland Health & Human Services Dept.	No	Yes	Yes
Portland Outright	No	No	No
Maine Youth Leadership Advisory Team	No	No	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member

or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Family Crisis Services	Yes	No
Sexual Assault Response Services	No	No
Preble Street	Yes	Yes
The Opportunity Alliance	Yes	Yes

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

The PCoC posts notices on the City of Portland website http://www.portlandmaine.gov/1049/Continuum-of-Care of the NOFA release, availability of potential new funding, application deadlines & requirements & an open invitation to apply for funds. The website also provides links to upcoming meeting agendas, past meeting minutes, ranking procedures, & CoC application submissions from previous years. Anyone may sign up for the PCoC email listserv to receive these notices & other PCoC related information. PCoC also posts this & other information on the www.mainehomelessplanning.org website, which is publicly available & currently has over 340 subscribers from across the state. The PCoC has recently revised its ranking procedures & scoring tools for both new & renewal projects. Scoring incorporates HUD-established priorities including Opening Doors as well as priorities from the PCoC, local and state, & federal agencies.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

A City of Portland Social Services Division (SSD) staff member co-chairs the PCoC. The City of Portland also receives CDBG, HOME & ESG funds & is responsible for coordinating and writing the Consolidated Plan. Staff the City's Housing & Community Development Division leads the Consolidated Planning process. The City holds weekly department head meetings tho discuss upcoming projects, issues, & collaboration opportunities. Staff from the HCD Division participate in PCoC meetings & are members of the PCoC Scoring Committee. They also bring Consolidated Plan information & draft sections to the PCoC for review, comment, & feedback. The PCoC reviews allocations of CDBG & must approve allocation of ESG funding for the Consolidated Plan.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

The City of Portland (COP)is the ESG recipient for Portland & staffs the Portland CoC. ESG subrecipients are active year-round in the PCoC. This collaboration contributes to the coordination of planning on allocation of ESG funds. COP ESG-RRH funds can pay for security deposits & utility deposits, & 1.5 outreach case managers. MaineHousing's ESHAP program has a RRH focus & supports Navigators at ESG funded shelters. The COP's Social Service Division is coordinating ESHAP with its Family & Oxford St. Shelters, & with Milestone & Preble Street. Family Crisis Services (DV shelter) also receives ESG funding. The City of Portland consults/collaborates with PCoC to prioritize ESG funding & to develop performance measures. Annually PCoC provides input to the Con Plan Annual Performance Report. The COC also continues to monitor Long Term Stayers report. PCOC & MCOC Jointly requested & have received HUD TA to help develop new ESG Monitoring tools that will be utilized starting in 2017.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

PCoC encourages attendance at monthly meetings by victim & non-victim service providers to coordinate planning & provide updates re: available housing & services, both PCoC-funded & through other sources. DV providers & PCoC members also attend monthly ESAC meetings to share info &

coordinate planning. DV victims can choose to stay in DV or non-DV shelters & all shelters have 24-hour staffing & prohibit the use of drugs/alcohol, weapons, etc. for safety purposes. A PCoC member, Family Crisis Services (FCS), operates a DV shelter & TH as well as a statewide 24 hour toll-free helpline that can help connect DV victims to shelter/services statewide. Trained staff/volunteers process options; provide safety planning & emotional support/specialized advocacy including referrals & information; & link victims based on their needs to emergency shelter/TH /PH/PSH & housing subsidies, court advocacy & support groups, etc. FCS provides consultation & training to non-DV shelters.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Portland Housing Authority	21.00%	Yes-HCV

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

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)

Other housing resources for people experiencing homelessness in PCoC include: BRAP (TH subsidy for people with mental illness); STEP (RRH vouchers from MaineHousing); VASH, SSVF assistance funds; units with a homeless preference developed through the LIHTC program; & projects for homeless populations developed through the MaineHousing's Supported Housing RFP. General Assistance (GA) can also provide temporary rental assistance; TANF can provide limited rent help for those facing eviction. PCoC members encourage housing developers to do set-asides for homeless preferences. The John T. Gorman Foundation is currently subsidizing a transition-in-place program for CH youth, subsidizing their rents until they receive a voucher from another source. PCoC advocated for & influenced

MaineHousing's final allocation plan for the National Housing Trust Fund to include points for a preference for homeless housing.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	X
No strategies have been implemented	
Other:(limit 1000 characters)	
Low Barrier Shelters/ Harm Reduction	X
Mayor's Initiative on Substance Abuse	X
Healthcare Taskforce	X

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

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

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

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

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

N/A

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)

Maine's Coordinated Entry System's (CES) written standards establish that persons experiencing homelessness will have access to assistance no matter where/how they present & assistance will be allocated as effectively as possible. The Maine CES is designed to provide quick & seamless entry into homelessness services; to refer clients to the most appropriate resources; prevent duplication of services; & reduce the overall length of time homeless. An evaluation tool will be used to gather client data & prioritize them for housing & services based upon HUD & local priorities, including vulnerability & length of time homeless. The tool is web-based & will be available to 2-1-1, VA, existing street outreach programs, & private/ public agencies for referrals. Clients will be connected to a comprehensive network of service providers to help them find housing placement & appropriate services.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Does not Participate	Does not Exist
Local Government Staff/Officials	X	X	X	X	X		
CDBG/HOME/Entitlement Jurisdiction	X	X	X	X	X		
Law Enforcement	X	X	X		X		
Local Jail(s)		X			X		
Hospital(s)		X	X		X		
EMT/Crisis Response Team(s)	X	X	X	X	X		
Mental Health Service Organizations	X	X	X	X	X		
Substance Abuse Service Organizations	X	X	X	X	X		
Affordable Housing Developer(s)	X	X	X		X		
Public Housing Authorities	X	X	X		X		
Non-CoC Funded Youth Homeless Organizations	X	X	X	X	X		
School Administrators/Homeless Liaisons	X	X	X	X	X		
Non-CoC Funded Victim Service Organizations	X	X	X	X	X		
Street Outreach Team(s)	X	X	X	X	X		
Homeless or Formerly Homeless Persons	X	X	X		X		
HOPWA HIV/AIDS serving organization	X	X	X	X	X		
State Government- especially Dept. of Health & Human Services	X	X	X	X	X		
Veterans Services	X	X	X	X	X		

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	10

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	2

How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	8

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	X
% increases in income	X

Monitoring criteria:	
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services:	

Youth	X
Victims of Domestic Violence	X
Families with Children	X
Persons Experiencing Chronic Homelessness	X
Veterans	X

None:	

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority.
(limit 1000 characters)

PCoC prioritizes housing & services to homeless individuals with the most severe needs. PCoC revised the ranking/scoring policies, procedures, & tools based on special subpopulations with specific vulnerabilities including CH, disabilities, families/young parents, unaccompanied youth & young adults, DV, & Veterans. Project applications received additional points during the scoring process for serving these vulnerable populations. Additionally, projects received points if they indicated in their applications that they adopted a Housing First approach. The PCOC also scored renewal projects based on their past performance on serving those with severe needs & vulnerabilities. All PSH projects have beds dedicated to or prioritized for CH. PCoC included HUD's notice CPD-14-012 for prioritizing CH in our Written Standards (attached).

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached.
(limit 750 characters)

Attached to this application is a screenshot of the post to the website portlandmaine.gov and the date it was posted (July 15, 2016 identified by arrows), followed by the full text of post including the Ranking & Selection criteria. This information was also reviewed in detail at the full PCOC meeting on July 15, 2016. Meetings are open to the public. Additionally this information was posted on www.mainehomelessplanning.org which is publicly available & currently has over 340 subscribers. Another post was made to this website on July 26, 2016 with additional details regarding the competition from both the HUD & COC levels.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 09/12/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) No

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
(limit 1000 characters)

The PCoC's monitoring forms are based on the HEARTH Act performance measures, HUD's CoC priorities, & Portland's & the State of Maine's strategies to end and prevent homelessness. The Monitoring Form asks how the project helps participants achieve self-sufficiency/stability, & evaluates the policies & record keeping, per 24 CFR 578.103(a)(3); 24 CFR 576.500(b); 24 CFR 578.37(a)(1)(i); 24 CFR 578.75(b); 24 CFR 578.103(a)(8); 24 CFR 578.23(c)(4)(iv). The Monitoring Committee also reviews projects' submitted APRs & HMIS data quality/completeness reports to gauge project effectiveness & their success in serving vulnerable populations & meeting HUD benchmarks. The PCoC Monitoring Committee includes funded & non-funded CoC members & reviews all materials to complete the Monitoring Threshold Tool for each project. The tool provides threshold scores for each project, helping determine recommendation for renewal, which are shared with the scoring committee.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?

Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit.

Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.

Joint Governance Charter MCOC & PCOC pgs 4-8

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.

Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?

Yes

2A-4. What is the name of the HMIS software

ServicePoint

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?   Bowman Systems, LLC

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$0
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$0

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding

City	$0
County	$0
State	$0
State and Local - Total Amount	$0

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$0
Private - Total Amount	$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$26,639
Other - Total Amount	$26,639

2B-2.6 Total Budget for Operating Year	$26,639

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy):   04/28/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	384	16	368	100.00%
Safe Haven (SH) beds	15	0	15	100.00%
Transitional Housing (TH) beds	214	0	214	100.00%
Rapid Re-Housing (RRH) beds	79	0	79	100.00%
Permanent Supportive Housing (PSH) beds	500	0	500	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months.
(limit 1000 characters)

N/A

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	☐
VASH:	☐

Faith-Based projects/Rescue mission:	☐
Youth focused projects:	☐
Voucher beds (non-permanent housing):	☐
HOPWA projects:	☐
Not Applicable:	X

2C-4. How often does the CoC review or assess its HMIS bed coverage?   Annually

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	1%	9%
3.3 Date of birth	0%	0%
3.4 Race	1%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	2%	0%
3.15 Relationship to Head of Household	2%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	2%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

None	☐

2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?   12

2D-4. How frequently does the CoC review data quality in the HMIS?   Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both.   Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	X
VA Grant and Per Diem (GPD):	☐
Runaway and Homeless Youth (RHY):	X
Projects for Assistance in Transition from Homelessness (PATH):	X
	☐
None:	☐

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date.
(limit 750 characters)

N/A

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congressand the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 01/27/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy) 04/28/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	X
HMIS plus extrapolation:	X
Interview of sheltered persons:	X
Sample of PIT interviews plus extrapolation:	

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)

The Complete Census Count methodology was used for the 2016 PCOC Sheltered PIT Count. This methodology has been successfully used historically in PCOC because it provides a complete enumeration of all sheltered homeless

persons in the CoC - All Emergency Shelters, Safe Havens, & Transitional Housing projects in PCOC participate in the PIT. For projects that regularly enter data into HMIS the PIT data collection is automatically completed as part of their nightly census and the necessary information can be extracted from HMIS. For projects that do not use HMIS a provider level survey is used to collect all required information. The HUD Extrapolation Worksheet was used to extrapolate demographics where response categories were either "Client Doesn't Know", "Client Refused", or "Data Not Collected".

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count).
(limit 1000 characters)

No change from 2015.

**2F-5. Did your CoC change its provider   No
coverage in the 2016 sheltered count?**

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count.
(limit 750 characters)

N/A

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	X
Follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

No change from 2015.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/27/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 04/28/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	X
Night of the count - known locations:	
Night of the count - random sample:	
Service-based count:	X
HMIS:	

2I-2. Provide a brief descripton of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology.
(limit 1000 characters)

PCoC used a combination of "Night of Count - Complete Census" & "Service-based Count" methodologies to identify unsheltered homeless for the 2016 PIT. On the night of the count PCoC sent teams throughout the geography searching for & interviewing (when possible) all unsheltered homeless persons encountered. The Service-based Count methodology allowed for information to be collected from unsheltered homeless at shelters & other service provider locations for up to two additional days after the night of the PIT. Homeless persons were asked where they were staying on the night of the actual PIT count, and if they reported not being in a shelter, & in a situation that met the definition of unsheltered, they were recorded as unsheltered. Responses were de-duplicated by MaineHousing through HMIS. PCoC decided to use both counting approaches to ensure a more accurate count of unsheltered homeless, & as noted in Section 3 we did find more than in 2015 using just the Complete Census approach.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count).
(limit 1000 characters)

Historically, PCOC had used only the "Night of Count Complete Census" methodology, but it was felt that the true scope of the unsheltered population of the area was not being accurately captured by this methodology alone. The addition of the Service Based Count methodology allowed for information to be collected at shelters and other service provider locations for up to two additional days after the night of the PIT, so long as the information collected was specifically in regard to the situations where the persons were staying on the night of the actual PIT count & met the definition of being unsheltered.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth.
(limit 1000 characters)

N/A

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	X
"Blitz" count:	
Unique identifier:	X
Survey questions:	X
Enumerator observation:	
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method).
(limit 1000 characters)

No significant changes were required to the training regarding use of the PIT survey questionnaire or the unsheltered outreach approach & protocols on the night of the PIT. However, new additional trainings were provided for the agencies & volunteers participating in the Service-Based Count in order to ensure data quality, consistency & accuracy. Both in-person and webinar trainings were provided for those conducting the Service-Based portion of the count on the correct way to complete the survey questionnaire. The training included very specific instructions including strategies, definitions, time frames,

& examples.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons
Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	740	759	19
Emergency Shelter Total	472	432	-40
Safe Haven Total	13	12	-1
Transitional Housing Total	255	262	7
Total Sheltered Count	740	706	-34
Total Unsheltered Count	0	53	53

3A-1b. Number of Sheltered Persons Homeless - HMIS.
Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	3,662
Emergency Shelter Total	3,325
Safe Haven Total	17
Transitional Housing Total	420

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

The Portland CoC (PCoC) monitors the number of individuals who are first-time homeless to identify risk factors. Portland's General Assistance program (GA), Homeless Voices for Justice & shelters track reasons for & history of homelessness. Shelter staff help divert those seeking shelter to other housing options including family & community resources. GA provides rental assistance that helps prevent eviction. The City of Portland's CDBG-funded TBRA program pays rental & utility arrears to keep people housed. SSVF does outreach & prevention for homeless & at-risk homeless veterans & their families. Pine Tree Legal attends Portland's Eviction Court to help prevent evictions. Preble Street is studying what brings unaccompanied youth to Portland from elsewhere. MaineHousing's ESHAP program uses ESG, HCV, & other funds to help the homeless create & implement a housing stability plan. The City of Portland's family & adult shelters & Preble Street administer the ESHAP program in Portland.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)

In 2013 PCoC launched the Long Term Stayer (LTS) initiative, which focuses housing subsidies (S+C, Section 8, BRAP) & services on homeless individuals & families with lengths of stay (LOS) in shelters or long-term unsheltered exceeding 180 days in a 365 day period, as measured by HMIS data. Prioritizing LTS decreases the overall length of time homeless for the CoC & frees shelter beds for those with short-term housing emergencies; these reduce the average time homeless. PCoC reduced LTS for individuals 44% between 2015 & 2016 (from 99 to 55); statewide LTS families were reduced 71% (from 59 to 17). PCoC reviews LTS from HMIS reports monthly. On a weekly basis a LTS subcommittee reviews reports that include reduction in length of time homeless. Shelters receive incentive funding for reducing LOS. The ESHAP program also works to rapidly house people thus reducing LOS. PATH funds outreach & engagement services to literally homeless youth & adults who are the hardest to reach & engage.

* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	67
Of the persons in the Universe above, how many of those exited to permanent destinations?	43
% Successful Exits	64.18%

3A-4b. Exit To or Retention Of Permanent Housing:
In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	591
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	551
% Successful Retentions/Exits	93.23%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.
(limit 1000 characters)

Shelters rapidly rehouse individuals/families who return to homelessness using: 1) TBRA- provides funds for security deposits & unpaid utilities to help them secure housing; 2) ESHAP Navigators- follow individuals/families for up to 1 year from shelter exit to help them stay housed; 3) Community mental health providers- work with LTS participants to help them retain housing. These strategies strengthen housing stability & significantly reduce returns to homelessness. PCoC shelters use HMIS to identify & track individuals/families exiting PH-RRH, TH, & PSH & re-entering homelessness. All shelters receive incentive funding for reducing returns to homelessness to 25% or less. Portland has a 0% vacancy rate due to gentrification, short-term rentals (e.g., Airbnb) which has increased no-cause evictions; affecting some formerly homeless. PCOC members intervene in these & are taking a lead role with the City Council to advocate for policies preventing no-cause evictions.

3A-6. Performance Measure: Job and Income Growth.
Performance Measure: Job and Income Growth. Describe the CoC's

specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources.
(limit 1000 characters)

PCoC shelter & outreach/diversion workers assess homeless persons' income, employability, & disability & refer to programs/services such as GA, SSI, TANF, Food Stamps, etc. Preble Street's employment case managers help homeless persons find work. Goodwill Industries offers skills training, OJT, job placement, & support services to help youth & adults with barriers find employment. Preble Street provides Employment Caseworkers to help clients prepare for job hunting and employment. Maine CA$H helps eligible individuals with EITC. SOAR-trained staff are at all shelters & to youth to help with SSI/SSDI applications. The City of Portland GA dedicates 3 FTE staff to its Helping Individuals Regain Employment (HIRE) program to help non-citizen GA recipients find jobs. The Greater Portland Workforce Initiative (GPWI) helps homeless, New Mainers, & ex-offenders access jobs & training in health care, a growth sector.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)

The Portland Career Center provides access to computers for job searches, skills assessments & job training. Goodwill Industries has a robust training program that coordinates with both adult & youth homeless programs to connect people to available jobs, with a special focus on the hospitality & health sectors. The Southern Maine Community College & employers offer training & work placement for homeless individuals. The Portland Chamber of Commerce houses a Coordinator for the GPWI which strengthens employment & training for disadvantaged populations including the homeless. GPWI targets health care, a growth sector. CoC homeless providers work with mainstream employment organizations around program design, resource development, & job placement. Portland Adult Ed (PAE) provides on-site workshops and 1:1 assistance to Florence House (which is PSH) residents to help them prepare for job hunts & employment.

3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)

N/A (no specific areas were excluded).

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g.   No

disasters)?

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)

No.

3A-8. Enter the date the CoC submitted the   08/15/2016
system performance measure data into HDX.
The System Performance Report generated
by HDX must be attached.
(mm/dd/yyyy)

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.
(limit 1500 characters)

N/A

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

 1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing; 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
 3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

		2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		111	127	16
Sheltered Count of chronically homeless persons		111	104	-7
Unsheltered Count of chronically homeless persons		0	23	23

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
(limit 1000 characters)

The LTS Initiative helped decrease the shelter count by moving LTS into PSH. Reasons for increased unsheltered include: 1) Up to 2015 the PCoC did the unsheltered PIT in 1 night but in 2016 the PCoC changed to include a "service-based count;" for 2 days following the 1 night PIT workers reached out to the unsheltered & asked where they stayed the night of the count. Thus, more unsheltered were counted. 2) Cold, stormy weather the night of the 2015 PIT drove homeless into shelters; in contrast, in January 2016 it was very mild so more people were outside. 3) IV opiate users refuse shelters when they're actively using, & some homeless are afraid to go to shelters because they fear violent & unpredictable addicts. Maine is seeing an epidemic of opiate use. A zero % rental vacancy rate in Portland drives up rents & limits housing options especially for those with poor rental histories.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	107	64	-43

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count.
(limit 1000 characters)

There were data entry errors on the 2015 PCoC HIC that were not detected until the data was reviewed for the 2015 PCoC application. There should have been 171 CH beds listed on the 2015 PCOC HIC; instead there were just 107 listed. Missing were 25 CH Beds at Florence House, 30 CH Beds at Logan Place, & 9 CH Beds at three S+C projects were not listed as CH. Staffing changes across several key entities meant that cross-checking to ensure data quality didn't occur & these errors remained on the 2016 PCoC HIC. PCOC will ensure that additional HIC data quality measures are enacted to prevent this from happening in 2017. In 2016 Preble Street's Residential Support Program added 30 CH Beds to the HIC & S+C Portland 8 added 2 CH Beds. However, Portland HA changed the designation of their VASH vouchers to being prioritized, but no longer 'dedicated' to CH, resulting in a loss of 75 CH dedicated beds. The final corrected figure for the 2016 PCoC HIC should be 128, not 64 as appears on the HIC.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Yes

Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?

3B-1.3a. If "Yes" was selected for question 3B-1.3, attach a copy of the CoC's written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.   11, 25-28

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?   Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was "Yes" what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If "No" was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017?
(limit 1000 characters)

PCoC has adopted the orders of priority as described in HUD Notice CPD- 14-012 for all CoC-funded PSH. New applications for PSH bonus projects are dedicated to CH. PS is planning a new Housing First project & this will be prioritized for CH. Portland Housing Authority has established set-asides/preferences for CH & LTS for 40 of its Section 8 HCVs. MaineHousing's SHP (rental production program) helps create additional PSH w/in Portland. PCOC is also working to create supportive housing units within larger affordable housing projects, for example those funded with the LIHTC. The LTS Initiative targets housing & services to individuals who have stayed outside or in shelters 180+ days within a 12 month period; within the time period all of the LTS served met HUD's criteria for CH. LTS also helps prevent individuals & families from being homeless long enough to meet CH criteria.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	
Bad credit or rental history (including not having been a leaseholder):	
Head of household has mental/physical disabilities:	X
N/A:	

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless.
(limit 1000 characters)

PCoC prioritizes families who have the longest shelter stays & highest vulnerability. ESHAP Navigators meet with clients upon entry into the shelters to create housing stability plans. They complete a VI-SPDAT to determine the best course of action for RRH with specific focus on those most vulnerable. ESHAP also has an allocation of HCV vouchers & STEP (TBRA) coupons available for families prioritized on the VI-SPDAT. SSVF & VASH vouchers help veterans' families find & retain housing. The LOS for the City of Portland Family Shelter in 2015 was 77 days due to the tight rental market & an influx of asylum seekers, who use GA for rental assistance. Portland's rental vacancy rate is functionally zero & high rents often exceed GA's rent limits. Homeless families are placed in towns outside Portland where rents are lower & units more plentiful, & services provided to help them retain housing. PCoC members encourage landlords to notify shelters of openings.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	22	33	11

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	X
There is a method for clients to alert CoC when involuntarily separated:	
CoC holds trainings on preventing involuntary family separation, at least once a year:	
Shelter policies and procedures prohibit involuntary separation	X
Maine Homeless Rule governing shelter funding prohibits involuntary separation	X
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count,		

	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	68	69	1
Sheltered Count of homeless households with children:	68	69	1
Unsheltered Count of homeless households with children:	0	0	0

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Despite the addition of the Service-Based count that included greater outreach there were no unsheltered families once again in 2016. There was virtually no change (one more) in sheltered families. A vacancy rate approaching zero & escalating rental costs make housing placement more difficult, extending LOS in family shelters. This is particularly true for larger families typical among the asylum seekers who are still arriving in Portland in large numbers; many of these turn to the family shelter for help. Until authorized to work they must rely on GA for food; GA can also pay rent but high market rents often exceed GA's limits. The higher shelter count is also due in part to the tight housing market, which has led to many "no-cause evictions" when properties are sold, existing tenants evicted, & the units renovated & rented to higher income households.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ 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
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	X
Increase housing and service options for youth fleeing or attempting to flee trafficking:	X

Specific sampling methodology for enumerating and characterizing local youth trafficking:	X
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	X
Community awareness training concerning youth trafficking:	X
New org developing survivor leaders, advocacy, planning, supporting	X
N/A:	

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
N/A:	

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	330	283	-47

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing

program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why.
(limit 1000 characters)

Reductions were due to increased outreach & engagement through PATH & veterans' programs, which target the hardest to reach & engage. The LTS initiative helped identify young adults staying outside & get them housed. MaineHousing's ESHAP program uses ESG, HCV, & other funds to help the homeless create & implement a housing stability plan. TOA's Homeless Youth Services provide intensive case management for youth who are homeless or at risk. This program provides advocacy, case management, monitoring & safety assessments to boys & girls ages 6-21, & links youth & their families to needed services, such as mental health or substance abuse treatment. PS launched the First Place Program funded by JTG Foundation that supports CH youth apartments & incentives for participating in groups & activities teaching critical independent living skills. Last fall DHHS workers began coming on-site at PS Teen Center x2/week to check in with youth in their custody & help resolve challenges.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$1,878,896.00	$1,982,193.00	$103,297.00
CoC Program funding for youth homelessness dedicated projects:	$47,827.00	$181,089.00	$133,262.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$1,831,069.00	$1,801,104.00	($29,965.00)

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	2
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	7
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	25

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts.
(limit 1000 characters)

Portland Dept. of Education coordinates closely with PCoC family/youth programs. The Street Academy (SA), the Portland Public School's alternative

education program, is housed at Preble Street Teen Center & provides tutoring, credits & HISET (GED) preparation. Teen Center & SA staff meet daily during the school year to address student needs. SA coordinates directly with local/regional schools/liaisons for unaccompanied youth who wish to stay enrolled in the schools they came from. Shelter staff consult with Liaisons from Portland & other school districts to ensure that children in shelters can stay enrolled in their local schools, & to arrange any testing/educational/homeless services needed to help keep them in school. School liaisons & social workers refer to CoC service providers if children or youth enrolled in school appear homeless or at risk. TOA alerts the Family Shelter re: available Head Start slots.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)

PCOC-Education Referral Process Policy
•All homeless children entering a Portland emergency shelter will be connected directly to the Homeless Liaison for enrollment in school. If a child enters an emergency shelter & the child is already enrolled in a Portland school, the Homeless Liaison must still be notified.
•When a refugee homeless family enters a Portland emergency shelter both the Homeless Liaison & the Multi-Lingual Center must be contacted. All new refugee children must be tested prior to enrolling in school.
•All unaccompanied homeless youth who enter an emergency shelter in Portland or access Teen Center services are connected directly to Portland Public School's Street Academy. The Street Academy will work with student & assess educational needs. Street Academy will navigate enrollment process with student, connecting with district's homeless liaison & transportation director as needed.
•All homeless shelters in the PCoC are required to enter into HMIS whether the children were connected to the Homeless Liaison. All programs serving families & unaccompanied youth have participated in CoC planning & efforts to ensure that participants eligible for CoC or ESG programs are identified.
•The Opportunity Alliance & Preble Street coordinate with liaisons & school counselors & social workers so that youth at risk or in the streets are referred by schools for appropriate services.
•The State Office of Family & Children's Services has liaisons & workers at the Teen Center twice a week to ensure connections with homeless providers & school programs.
•Meetings between school & youth/family providers regarding challenging situations involving education & homelessness occur daily, & may involve other community planning/resources as well.
•Coordination between jail, juvenile facility, & local community police occurs regularly; jail/prison/youth center re-entry planning meetings include CoC providers.

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have

any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)

A PCoC member (TOA) operates CoC-funded housing (22 Park Ave.) & also administers Head Start, Early Head Start, & Maine Families, a home visiting program to expectant parents & parents of babies & toddlers. TOA's staff collaborate closely but because they work for the same organization they don't have written agreements. They alert the Family Shelter when Head Start slots are available. Head Start also works collaboratively with the Portland & Westbrook Public Schools' Public Pre-K program. The Districts provide referrals & transportation. Through its Maine Families program TOA also provides home visiting to expectant parents & parents of babies & toddlers at the Family shelter, the DV shelter, & to 22 Park Ave., a CoC-funded TH program for young families.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	43	42	-1
Sheltered count of homeless veterans:	43	35	-8
Unsheltered count of homeless veterans:	0	7	7

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count.
(limit 1000 characters)

The increase in unsheltered veterans is likely due to the PCoC changing to a "service-based count" for the 2016 PIT which did a more thorough job counting unsheltered homeless. Cold, stormy weather the night of the 2015 PIT drove homeless into shelters; in contrast, January 2016 was very mild so more people camped outside. Finally, IV opiate users prefer camping to shelters when they're actively using, & some homeless are afraid to go to shelters because they fear violent & unpredictable addicts. Maine is seeing an epidemic of opiate use. However, the overall number of homeless veterans in the PCoC has decreased dramatically in the last year due to better outreach efforts funded through SSVF & PATH, & better collaboration & coordination among service providers.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF.
(limit 1000 characters)

SSVF & PATH conduct regular outreach to identify sheltered & unsheltered homeless veterans. HMIS entry forms ask about veteran status. All veterans are referred to SSVF for assessment; the VISPDAT is used to identify the most vulnerable. CH Veterans are also targeted for assistance through the HMIS CH/LTS Stayer Reports. All veterans are screened for eligibility for VA benefits & services including: SSVF, HUD VASH, medical services, pension, service-connected disability, & assisting with the DD-214. A joint PCoC/MCOC Homeless Veterans Action Committee works with a by-name list of veterans to plan & provide services. Preble Street employs 1 FTE staff dedicated to assisting homeless/formerly homeless veterans with enrollment in the ACA exchange. PCoC participates in the bi-annual VA homeless summit for information sharing & identifying additional resources. A VA staff attends PCoC meetings & PCoC provides input regarding resource allocation.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	30	42	40.00%
Unsheltered Count of homeless veterans:	0	7	0.00%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.   Yes

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016?
(limit 1000 characters)

PCoC providers have identified all veterans experiencing homelessness. There is a master list that combines data from shelters, outreach teams, & SSVF grantees; a joint PCoC/MCoC Homeless Veterans Action Committee works with this by-name list to plan & coordinate services. The local VAMC is fully engaged

in our efforts. PCoC has the capacity to help veterans move quickly into PH/PSH using VASH, SSVF, & other resources. SSVF partners with Legal Aid providers to get help for veterans with issues that threaten tenancies. Resources still needed to end veteran's homelessness include flexible funding that can be used to help vets with serious barriers to stability, such as sex offenders & those with criminal histories who may not qualify for other programs or need extra services or assistance.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients?   Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	11
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	10
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	91%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits.
(limit 1000 characters)

In 2016 ME DHHS enrolled 344 clients in PATH statewide. Of those, 319 (93%) were then enrolled in MaineCare. The Mayor's Taskforce on Healthcare & CoP Public Health, with support from ME Health Access Foundation (MEHAF), prioritized outreach & enrollment in health insurance across all populations including those who are homeless. Healthcare for the Homeless at Portland Community Health Center enrolled more than 400 people. ME Med Center Care Partners embedded care coordinators in the day shelter & had 1954 encounters, referring several dozen for treatment & enrollment. The Opportunity

Alliance navigators enrolled 60 individuals. MEHAF funded Veteran's ACA outreach, education & referral had 300 contacts in PCOC & referred dozens to navigators, CMs, or VA. Planning for the ACA in PCOC resulted in hundreds of disabled individuals receiving MaineCare benefits & needed health & behavioral health services, many were among the 70,000 individuals who lost benefits during ACA implementation.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
Outreach and engagement including SAMSA funded Care Coordination	X
Onsite Health Providers including a Teen Clinic	X
Onsite Health Care Coordinators to enroll clients in eligible services	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	11
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	11
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	11
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	10
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	91%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	X

Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	X
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	77	79	2

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons 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? (limit 1000 characters)

N/A

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 2500 characters)

N/A

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistant Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition?

No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)

N/A

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application.

Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	
CoC Systems Performance Measurement:	X
Coordinated Entry:	
Data reporting and data analysis:	
HMIS:	

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	
Maximizing the use of mainstream resources:	X
Retooling transitional housing:	
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	
ESG Monitoring and Written Standards (Jointly w/ MCOC)	X
Not applicable:	

4B-9b. Indicate the type(s) of Technical Aassistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
TA Workplan Review	03/23/2016	3
ESG 101 Presentation	05/09/2016	3
Monitoring 101 Presentation	05/26/2016	3
Old Monitoring Tool Review	06/17/2016	3
New Monitoring Tool Review	08/22/2016	3

4C. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Notice to Applica...	09/08/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	PCOC 2016 Public ...	09/12/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	Competition Notic...	08/31/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	PCOC Public Posti...	09/08/2016
05. CoCs Process for Reallocating	Yes	PCOC Reallocation...	09/09/2016
06. CoC's Governance Charter	Yes	PCOC Governance	09/09/2016
07. HMIS Policy and Procedures Manual	Yes	Maine HMIS Polici...	09/12/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	Portland HA Admin...	09/03/2016
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No	HMIS Joint CoC Go...	09/12/2016
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	08/31/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	PCOC HDX Sys PM R...	09/08/2016
14. Other	No	Maine HUD CoC Boa...	09/12/2016
15. Other	No		

Attachment Details

Document Description: Notice to Applicants 083016

Attachment Details

Document Description: PCOC 2016 Public Posting Application and Project Listing

Attachment Details

Document Description: Competition Notice, Rating & Review Procedure

Attachment Details

Document Description: PCOC Public Posting 071516

Attachment Details

Document Description: PCOC Reallocation Process

Attachment Details

Document Description: PCOC Governance

Attachment Details

Document Description: Maine HMIS Policies and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: Portland HA Admin Plan Excerpt

Attachment Details

Document Description: HMIS Joint CoC Governance

Attachment Details

Document Description: CoC Written Standards

Attachment Details

Document Description:

Attachment Details

Document Description: PCOC HDX Sys PM Reports

Attachment Details

Document Description: Maine HUD CoC Board of Directors Bylaws

Attachment Details

Document Description: Scoring Template PCOC New and Renewal

Submission Summary

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

Page	Last Updated
1A. Identification	08/11/2016
1B. CoC Engagement	09/08/2016
1C. Coordination	09/12/2016

1D. CoC Discharge Planning	08/26/2016
1E. Coordinated Assessment	09/07/2016
1F. Project Review	09/11/2016
1G. Addressing Project Capacity	09/08/2016
2A. HMIS Implementation	08/28/2016
2B. HMIS Funding Sources	09/08/2016
2C. HMIS Beds	08/30/2016
2D. HMIS Data Quality	09/04/2016
2E. Sheltered PIT	08/30/2016
2F. Sheltered Data - Methods	08/31/2016
2G. Sheltered Data - Quality	08/28/2016
2H. Unsheltered PIT	08/31/2016
2I. Unsheltered Data - Methods	09/11/2016
2J. Unsheltered Data - Quality	09/11/2016
3A. System Performance	09/11/2016
3B. Objective 1	09/11/2016
3B. Objective 2	09/11/2016
3B. Objective 3	09/11/2016
4A. Benefits	09/11/2016
4B. Additional Policies	09/08/2016
4C. Attachments	09/12/2016
Submission Summary	No Input Required

From: **Scott Tibbitts** <stibbitts@mainehousing.org>
Date: Mon, Aug 29, 2016 at 4:11 PM
Subject: MCOC Application Selection
To: Amy Grommes Pulaski <amy@grommespulaski.com>, 'Ann Giggey <agiggey@pchc.com>, Anne Gass <agass@maine.rr.com>, "awa.conteh@bangormaine.gov" <'awa.conteh@bangormaine.gov'>, "bleavitt@ohimaine.org" <'bleavitt@ohimaine.org'>, "bobd@ycspi.org" <bobd@ycspi.org>, 'Brenda Perry <brenda@chomhousing.org>, 'Catherine Sullivan <csullivan@pchcbangor.org>, "ceo@pchcbangor.org" <'ceo@pchcbangor.org'>, 'Chester Barnes <Chester.Barnes@maine.gov>, Cindy Namer <cnamer@mainehousing.org>, Craig Phillips <craig@tedfordhousing.org>, Cullen Ryan <cullen@chomhousing.org>, David Beseda <dbeseda@aol.com>, 'Donna Kelley <DKelley@kbhmaine.org>, "'Fitch, Melody" <melodyf@familyviolenceproject.org>, Gail Garrow <ggarrow@ohimaine.org>, "giff@tedfordhousing.org" <'giff@tedfordhousing.org'>, "housing@mainebreadoflife.org" <housing@mainebreadoflife.org>, John Richardson <executivedirector@mainebreadoflife.org>, 'Kathy Belisle <kbelisle@pchcbangor.org>, 'Kathy Smith <ksmith@ohimaine.org>, Kelly Watson <kwatson@mainehousing.org>, Mary Ruchinskas <mary@newbeginmaine.org>, Mary Wade <mwade@mainehousing.org>, "'Mr. Michael Mooney" <mmooney@newbeginmaine.org>, "'Mr. Tom McAdam" <tmcadam@kbhmaine.org>, "'Ms. Kyra Walker" <kyra@chomhousing.org>, 'Orinda Fogler <rindy.fogler@bangormaine.gov>, 'Patricia Hamilton <patty.hamilton@bangormaine.gov>, 'Sally Tardiff <sally@shawhouse.us>, Sharon Dean <sdean@sun-rise.tv>, Sheena Curry <SheenaCurry@shawhouse.us>, "Sheldon.Wheeler@maine.gov" <'Sheldon.Wheeler@maine.gov'>, tom michaud <tmichaud@sun-rise.tv>, 'Vickey Rand <vickey@chomhousing.org>, Virginia Dill <VDill@shalomhouseinc.org>

Good day!
Congratulations! This is to inform you that the MCoC Steering committee met today and reviewed the summary of applications requesting funding. The full list of applications will be submitted for approval by the MCOC at the next meeting. There are **no** project applications that were rejected in this year's competition and **all** projects will be included in the Project Priority Listing submission to HUD.
At a specially scheduled full MCoC meeting on Wednesday, September 7 at 10:00, the MCoC will vote on the Project Priority Listing. You are encouraged to attend and participate in this meeting which will run from 10:00-12:00 pm and be held at the various Tandberg Locations outlined in the meeting's agenda which will posted on www.mainehomelessplanning.org prior to the meeting.

 Thank you.

Maine Homeless Planning

MAINE HOMELESS PLANNING   NEWS   REGISTER   EVENTS CALENDAR   HELP

Planning for ending
homelessness in Maine

LOG IN

Username   stibbitts

Password   ••••••••

LOG IN   ☐ Remember Me
Lost your pass-
word?

RECENT POSTS

Portland Continuum of Care
HUD Application and Project
Listing

DRAFT MCOC NOFA Applica-
tion

There is a Special Maine CoC
Meeting Tomorrow September
7 at 10:00am

Portland Continuum of Care
meeting summaries

Open House at New Begin-
nings – September 7, 2016

Continuum of Care Applica-
tion Selection

MaineHousing is looking for an
HMIS Application Support
Specialist!

HUD Seeks Comments on Pos-
sible New PPRN Formulas

DRAFT NOFA Applications

Access to Federally Funded
Life-Saving Services and Hous-
ing for Immigrants

CATEGORIES

MAINE COC, MAINE HOMELESS COUNCIL, NEWS, PORTLAND COC

PORTLAND CONTINUUM OF CARE HUD APPLICATION AND PROJECT LISTING

🕑 SEPTEMBER 12, 2016   👤 SCOTT TIBBITTS

The following links will access the FINAL PCOC FY2016 HUD COC
Application and the accompanying 2016 PCOC Project Priority List-
ing. Once HUD announces their Scoring and Awards information, it
will be posted here on the Maine Homeless Planning site. Thank you
to everyone involved in this year's process – your input, feedback,
dedication, and attention to detail made this all possible.

final-2016-pcoc-me-502-hud-application

final-2016-pcoc-me-502-project-priority-listing

PREVIOUS POST
DRAFT MCOC NOFA Application

FORUMS

Data Sharing; Bangor and beyond
HMIS Advisory Committee
Maine CoC Discussion
Portland CoC discussion
Region One Discussion
Region Three Discussion
Region Two Discussion
Statewide Homeless Council

SUBSCRIBE VIA EMAIL

Enter your email address to subscribe to receive
notifications of new posts by email.

Join 455 other subscribers

Email Address

SUBSCRIBE

NEED HELP?

The Basics – How to use this site

HELP Form ask questions about using this Site

MaineHousing Continuum of Care Help Desk

COC WEBSITE

FY2016 HUD NOFA COMPETITION PROJECT DUE DATE OF AUGUST 15, 2016

Important: The following information applies to both the Portland Continuum of Care and the Maine Continuum of Care. Due Date for New and Renewal Project Applications for the Application in Response to HUD's FY2016 NOFA CoC Competition is August 15, 2016. There is approximately $161,000 for the Portland Continuum of Care and approximately $397,000 for the Maine Continuum of Care.

To All Continuum of Care Members Agencies:

On Wednesday, June 29th, 2016, HUD announced the Notice of Funding Availability for the 2016 Continuum of Care Program Competition. In addition to renewal projects, CoC's may submit new projects created through reallocation, permanent housing bonus projects, CoC Planning, and UFA Costs (if eligible).

The full Consolidated Application is due to HUD on September 14, 2016 and includes all new and renewal project applications. HUD requires that ALL project applications much be submitted to the CoC no later than 30 days before the application deadline of September 14, 2016.

Therefore, all project applications (including new and renewal projects) must be submitted no later than Monday, August 15, 2016 at 4:00 pm. All applications must be submitted through HUD's e-snaps electronic application system in order to be considered in the FY2016 Maine Consolidated Continuum of Care Application for funding.

HUD also requires that CoC's notify project applications no later than 15 days before the 2016 application deadline regarding whether their project applications will be included as part of the CoC Consolidated Application submission. **This means that projects will be scored and placed in Tiers 1 and 2 and all projects will be notified in writing by Tuesday, August 30, 2016.** Project applicants that are not selected will be provided with an explanation for the decision to reject the project(s). Applicants that are not selected for submission will be able to appeal the decision as described in the NOFA announcement.

In the FY 2016 CoC Program Competition, in addition to requests for renewal projects and CoC planning and UFA Costs project requests, CoC's may submit requests for new projects through the process of reallocation or the permanent housing bonus.

1. Through the reallocation process CoC's may create the following type of new projects:
   a. CoC's may create new permanent supportive housing projects where all beds will be dedicated for use by chronically homeless individuals and families, as defined in 24 CFR 578.3.
   b. CoC's may create new rapid re-housing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons who meet the criteria of paragraph (4) of the definition of homeless.
   c. CoC's may create a new Supportive Services Only (SSO) project specifically for a centralized or coordinated assessment system.
   d. CoC's may create a new dedicated Homeless Management Information System (HMIS) project for the costs at 24 CFR 578.37 that must be carried out by the HMIS Lead.
2. CoC's may create new projects through the permanent housing bonus up to 5 percent of the CoC's FPRN for the following types of new projects:
   a. CoC's may create new permanent supportive housing projects that will serve 100 percent chronically homeless families and individuals, and
   b. CoC's may create new rapid re-housing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and includes persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homeless.

HUD will continue the Tier 1 and Tier 2 funding process; however the process in the FY 2016 Program Competition is completely different from the past CoC competitions, so applicants are strongly encouraged to thoroughly review the information provided in the NOFA. A report that lists each CoC's Annual Renewal Demand (ARD) Tier 1 amount, Tier 2 amounts, and permanent housing bonus amount available will be posted to the HUD Exchange website no earlier than August 5, 2016.

Please note that the HUD is requiring that grant agreements for FY2015 funds must be executed by December 31, 2016 in order to be eligible for renewal. In addition, HUD is requiring that all attachments that correspond to the attachment list in e-snaps must contain accurate and complete information and must be dated between May 1, 2016 and September 14, 2016. This includes updated Form 50070 (Drug Free Work Place) and HUD-2880 (Applicant/Recipient Disclosure).

To access e-snaps, training materials, and other helpful information please go to: https://www.hudexchange.info/e-snaps/fy-2016-coc-program-nofa-coc-program-competition/

Portland Continuum of Care

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 raking 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. PCOC Priorities
3. Project/Program Performance
4. CoC Standards and compliance
5. Performance/Monitoring compliance
6. Geography and Population (targeted subpopulations)
7. CoC Participation

Portland
Maine

Yes, Life's good here.

My Portland   Community Voice   Site Tools   Share   Online Services   Public Records

Search

Continuum of Care

Emergency Shelter
Assessment Committee

Fair Hearing Officer

General Assistance

Representative Payee
Program

Home To Stay - Tenant
Based Rental
Assistance

Homeless and Shelter
Data

Home › Government › Standing Committees › Continuum of Care

Continuum of Care

Meetings

- 10:30 a.m. - 12:00 p.m.
- Day before Emergency Shelter Assessment Committee (ESAC)
  - Social Services Division Office
    190 Lancaster St.
    Portland, ME 04101

Agendas & Minutes

Agendas are available prior to the meetings. Minutes are available following approval.

Most Recent Agenda | View All Agendas and Minutes

About the Committee

The mission of the Portland CoC is to plan and coordinate a system that helps individuals in the greater Portland area avoid or exit from homelessness, and to address the underlying causes of homelessness. Portland CofC shall accomplish this mission by conducting the following activities:

- Prevention;
- Outreach services;
- Emergency shelters and supportive services;
- Permanent housing and permanent housing with supportive services; and
- Linkages to mainstream and community resources

Meetings are open to the public and all are welcome to attend.

Joining the Committee

Any person or agency who has an interest in ending homelessness within our geographic area is encouraged to contact the CoC chair.

The Portland Continuum of Care (CoC) is announcing their annual solicitation for New Project Proposals for the 2015 Department of Housing & Urban Development (HUD) Continuum of Care Homeless Assistance Program. The deadline for applications is October 20, 2015.

Current Application Materials
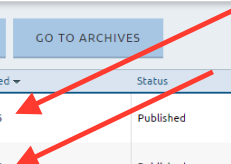
- FY2016 HUD NOFA COMPETITION PROJECT DUE DATE 8-15-16
- PCOC Draft Ranking Procedures 7.13.16
- PCOC FY 15 Collaborative Application Submission 11.18.15

Homeless Data and Reports

Contact Us

Aaron Geyer
Program Coordinator
Home To Stay Program
Social Services Division
Health and Human Services
Department

Ph: (207) 482-5131

HOMEPAGE   DASHBOARD   MODULES ⌄

ADAM H ⌄   HELP ⌄

MODIFY FOLDER	ADD FOLDER	ADD DOCUMENT(S)	COPY FOLDER LINK	UNPUBLISH FOLDER	GO TO ARCHIVES

Folder tree (left panel):
- Home
  - Assessor's Office
  - Barron
  - Boards & Committees
  - Calendar and News Items
  - CDBG
  - City Clerk
  - City Code
  - City Council
  - City Manager
  - CityFit!
  - CP-Training [DRAFT]
  - Donations
  - DragAndDropFiles
  - Economic Development
  - Finance
  - Fire Department
  - Health & Human Services
    - Data & Reports
    - Elder Services
    - Public Health
    - Social Services Division
      - Continuum of Care
  - Housing & Community Development
  - Housing Safety
  - Human Resources
  - Information Technology
  - Intranet
  - Maps
  - Mayor's Office

	ID	Display Name	Last Modified ▾	Status	Actions
☐	13242	FY2016 HUD NOFA COMPETITION PROJECT DUE DATE 8-15-16	Jul 15, 2016	Published	⚙ ACTIONS
☐	13241	PCOC Draft Ranking Procedures 7.13.16	Jul 15, 2016	Published	⚙ ACTIONS
☐	11097	PCOC FY 15 Collaborative Application Submission 11.18.15	Nov 18, 2015	Published	⚙ ACTIONS
☐	11083	PCOC FY 15 Project Priority Listing 11.17.15	Nov 17, 2015	Published	⚙ ACTIONS
☐	11081	PCOC FY 15 Collaborative Application Submission 11.17.15	Nov 17, 2015	Published	⚙ ACTIONS
☐	10344	Final Monitoring threshhold PCOC 10.22.15	Oct 23, 2015	Published	⚙ ACTIONS
☐	10266	FY2015 HUD CoC NOFA Timeline for PCoC	Oct 19, 2015	Published	⚙ ACTIONS
☐	10258	PCoC Project Review Ranking and Selection Checklist additional Questions	Oct 16, 2015	Published	⚙ ACTIONS
☐	10259	PCoC Monitoring Form 2015.10.09	Oct 16, 2015	Published	⚙ ACTIONS
☐	10252	PCoC Scoring template for FY15	Oct 16, 2015	Published	⚙ ACTIONS
☐	10253	Proposed Joint CoC Board Officers	Oct 16, 2015	Published	⚙ ACTIONS
☐	10254	FINAL Maine Written Standards for Coordinated Entry 2015.10.05	Oct 16, 2015	Published	⚙ ACTIONS

FY2016 HUD NOFA COMPETITION PROJECT DUE DATE OF AUGUST 15, 2016

Important: The following information applies to both the Portland Continuum of Care and the Maine Continuum of Care. Due Date for New and Renewal Project Applications for the Application in Response to HUD's FY2016 NOFA CoC Competition is August 15, 2016. There is approximately $161,000 for the Portland Continuum of Care and approximately $397,000 for the Maine Continuum of Care.

To All Continuum of Care Members Agencies:

On Wednesday, June 29th, 2016, HUD announced the Notice of Funding Availability for the 2016 Continuum of Care Program Competition. In addition to renewal projects, CoC's may submit new projects created through reallocation, permanent housing bonus projects, CoC Planning, and UFA Costs (if eligible).

The full Consolidated Application is due to HUD on September 14, 2016 and includes all new and renewal project applications. HUD requires that ALL project applications much be submitted to the CoC no later than 30 days before the application deadline of September 14, 2016.

Therefore, all project applications (including new and renewal projects) must be submitted no later than Monday, August 15, 2016 at 4:00 pm. All applications must be submitted through HUD's e-snaps electronic application system in order to be considered in the FY2016 Maine Consolidated Continuum of Care Application for funding.

HUD also requires that CoC's notify project applications no later than 15 days before the 2016 application deadline regarding whether their project applications will be included as part of the CoC Consolidated Application submission. **This means that projects will be scored and placed in Tiers 1 and 2 and all projects will be notified in writing by Tuesday, August 30, 2016.** Project applicants that are not selected will be provided with an explanation for the decision to reject the project(s). Applicants that are not selected for submission will be able to appeal the decision as described in the NOFA announcement.

In the FY 2016 CoC Program Competition, in addition to requests for renewal projects and CoC planning and UFA Costs project requests, CoC's may submit requests for new projects through the process of reallocation or the permanent housing bonus.

1. Through the reallocation process CoC's may create the following type of new projects:
   a. CoC's may create new permanent supportive housing projects where all beds will be dedicated for use by chronically homeless individuals and families, as defined in 24 CFR 578.3.
   b. CoC's may create new rapid re-housing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons who meet the criteria of paragraph (4) of the definition of homeless.
   c. CoC's may create a new Supportive Services Only (SSO) project specifically for a centralized or coordinated assessment system.
   d. CoC's may create a new dedicated Homeless Management Information System (HMIS) project for the costs at 24 CFR 578.37 that must be carried out by the HMIS Lead.
2. CoC's may create new projects through the permanent housing bonus up to 5 percent of the CoC's FPRN for the following types of new projects:
   a. CoC's may create new permanent supportive housing projects that will serve 100 percent chronically homeless families and individuals, and
   b. CoC's may create new rapid re-housing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and includes persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homeless.

HUD will continue the Tier 1 and Tier 2 funding process; however the process in the FY 2016 Program Competition is completely different from the past CoC competitions, so applicants are strongly encouraged to thoroughly review the information provided in the NOFA. A report that lists each CoC's Annual Renewal Demand (ARD) Tier 1 amount, Tier 2 amounts, and permanent housing bonus amount available will be posted to the HUD Exchange website no earlier than August 5, 2016.

Please note that the HUD is requiring that grant agreements for FY2015 funds must be executed by December 31, 2016 in order to be eligible for renewal. In addition, HUD is requiring that all attachments that correspond to the attachment list in e-snaps must contain accurate and complete information and must be dated between May 1, 2016 and September 14, 2016. This includes updated Form 50070 (Drug Free Work Place) and HUD-2880 (Applicant/Recipient Disclosure).

To access e-snaps, training materials, and other helpful information please go to: https://www.hudexchange.info/e-snaps/fy-2016-coc-program-nofa-coc-program-competition/

Portland Continuum of Care

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 raking 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. PCOC Priorities
3. Project/Program Performance
4. CoC Standards and compliance
5. Performance/Monitoring compliance
6. Geography and Population (targeted subpopulations)
7. CoC Participation

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

1. Voluntary Reallocation

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 PCoC 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 PCoC, 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.

2. Involuntary Reallocation

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 PCoC renewal competition.

CITY OF PORTLAND CONTINUUM OF CARE

GOVERNANCE CHARTER

REVISED: September 2016

1. Organization

The Emergency Shelter Assessment Committee (ESAC), which began in 1987, and the Portland Continuum of Care, which was established in 1996, are alliances of service providers, consumers, local and state government representatives, advocates, and other interested community members working to ensure the safety and wellbeing of people who are homeless in Portland. Monthly, ESAC monitors shelter census and programming while the continuum of Care focuses planning and coordinating efforts that help individuals avoid or exit quickly from homelessness, and to address the underlying causes of homelessness. ESAC works in partnership with the PCoC to create and maintain a continuum of care and support for people experiencing homelessness. ESAC and the PCoC share leadership and membership.

Meetings are held throughout the year to plan, implement, and coordinate the services delivered under Portland's Continuum of Care. Agendas include sharing information about new initiatives, resources, discussion of emerging unmet needs/trends, and decision-making regarding how to respond to identified concerns.

The PCoC is governed by the HUD Continuum of Care Board of Directors (CoC Board). The CoC Board serves as the oversight body for the PCoC and the Maine Continuum of Care (MCoC). The CoC Board serves the geographic area of the entire state of Maine (ME 500 CoC and ME 502 CoC), and exists to:

- Coordinate a statewide commitment to the goal of ending homelessness;
- Approve CoC funding recommendations for ending homelessness;
- Promote access to, and effective use of mainstream resources by homeless individuals and families; and
- Promote housing retention, stability, success, and optimize self-sufficiency in the community for people who have experienced homelessness.

The CoC Board shall assume and carry out duties as detailed by the HUD Continuum of Care Board of Directors Bylaws.

2. Geographic Area

The PCoC serves as the HUD-designated primary decision making group and oversight board of the PCoC (ME-502) funding process.

The CoC will continue to increase collaboration and cooperation with other agencies and local municipalities in order to best serve the greater Portland area. The Maine State Housing Authority (MaineHousing) has been designated as the Lead Agency and as such, is responsible for the general coordination and oversight of PCoC planning efforts, and has the authority to certify and submit the annual HUD homeless assistance funding application, the Housing Inventory Chart (HIC), the Point in Time (PIT), and the Annual Homeless Assessment Report (AHAR).

3. Purpose and Mission

The mission of the PCoC is to plan and coordinate an inclusive system that helps individuals in the greater Portland area avoid or exit quickly from homelessness, and to address the underlying causes of homelessness. PCoC shall accomplish this mission by conducting the following activities:

- Diversion and prevention
- Outreach and engagement services
- Emergency shelters and supportive services
- Transitional Housing
- Permanent housing
    - Permanent supportive housing
    - Rapid rehousing
    - Market rate and affordable housing
- Linkages to mainstream and community resources.

The purpose of the PCoC is to:

- Promote community-wide commitment to the goal of ending homelessness;
- Provide funding for efforts by nonprofit providers as well as municipal and state government entities to re-house homeless individuals and families rapidly while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;
- Promote access to and effective utilization of mainstream programs by homeless individuals and families;
- Optimize self-sufficiency among individuals and families experiencing homelessness.

4. Responsibilities

The PCoC is responsible for fulfilling the following major duties:

4.1. Operation of the PCoC

- Hold meetings of the membership, with published agendas and meetings, on the fourth Thursday of each month, with additional meetings as needed during the annual NOFA process;
- Adopt and follow the process to select the CoC Chairs at least once biennially;
- Appoint additional committees, subcommittees, or workgroups;
- For CoC and ESG grants, establish performance targets appropriate for population and program type in consultation with recipients and subrecipients,

then monitor performance, evaluate outcomes, take actions as necessary, and report to HUD; and

- Participate in Maine's coordinated entry system, in consultation with recipients of grant funds.

4.2. Designation and operation of a Homeless Management Information System (HMIS)

- Review, revise, and approve privacy, security, and data quality plans;
- Ensure consistent participation of recipients/subrecipients in HMIS; and
- Ensure that the HMIS is administered in compliance with HUD requirements.

4.3. Continuum of Care Planning

- Coordinate implementation of a housing and service system;
- Regularly conduct a Point-in-Time count of homeless persons that meets HUD requirements of homelessness;
- Provide information required to complete the Consolidated Plan(s);
- Consult with State and local ESG recipients in the geographic area on the plan for allocating ESG funds and reporting/evaluating performance of ESG programs.

4.4. Preparation of a CoC Application for Funds

- Design, operate, and follow a collaborative process for the development of applications and approve submission of applications in response to a CoC Program Notice of Funding Availability (NOFA);
- Establish priorities for funding projects;
- Designate the collaborative applicant to submit the application;
- The collaborative applicant must collect and combine the required application information from all projects within the geographic area and will apply for funding for CoC planning activities.

5. CoC Membership

5.1. Membership of the PCoC

Membership in the PCoC is open to all stakeholders in the city of Portland, including nonprofit homeless assistance 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, and organizations that serve veterans and homeless and formerly homeless individuals.

Membership and participation is required for all agencies actively receiving CoC funds. At a minimum, participation shall be defined as attending and participating in regular meetings.

New members may enroll at any time during the year by providing to the CoC their names, contact information, and any relevant affiliations. Contact information, meeting agendas and minutes are listed on the CoC page of the City of Portland's website: http://www.portlandmaine.gov/1049/Continuum-of-Care. Meeting information is also available at www.mainehomelessplanning.org.

5.2. Operation of the PCoC

Most of the responsibilities of the PCoC will be carried out by its Steering Committee (with input from Members), with the following exceptions:

- Members will vote directly to approve the final Collaborative Application submission, as part of the annual CoC NOFA competition;
- Members will vote directly to approve the governance framework set forth in this Governance Charter and any subsequent changes or additions to the Governance Charter;
- Members will annually review, and, as necessary, revise for Membership approval a privacy plan, security plan, and data quality plan for the HMIS, as well as any other HMIS policies and procedures required by HUD;
- Unless the Chairperson selection process is changed by a subsequent amendment to the Governance Charter, members will vote biennially to elect committee chairs to available positions.

5.3. Membership Meetings

The PCoC shall meet on a regular basis and shall include a report on the CoC's activities and progress toward meeting goals.

5.4. Notice of Meetings

Notice of the place, date and time of each Membership Meeting shall be sent to members by email along with the agenda for the meeting. The meeting schedule is also posted on the City of Portland's CoC web page and the Maine Homeless Planning website.

5.5. Voting Rights by Members

There shall be one vote per Agency, Association or Individual in attendance and eligible to vote on all CoC matters that come up at general CoC meetings and committee meetings. Participation by conference call or other electronic means shall count as attendance and eligible members may vote by electronic means.

An Agency or Association shall be considered in attendance if they are represented by any member of their organization (it need not be the same person at all meetings).

A member must have attended at least 50% of the meetings in the previous 12 months to be eligible to vote.

6. Elected Officers

The PCoC shall be governed by two elected Chairs who will provide oversight and accountability for all PCoC responsibilities.

6.1. Chair Composition

The two elected Chairs must be representative of the stakeholder organizations by organization type.

6.2. Term of Office

Chairs will serve terms of three years each, which may run staggered or concurrent. There is no limit to the number of terms a chair may serve.

6.3. Nomination and Voting

Every three years, unless the case of a resignation or removal arises, the CoC members will be solicited for candidates. The membership will vote for each position as the need arises, or biennially.

6.4. Resignation and Removal

Any representative may resign at any time by giving written notice to the second Chair. In addition, Chairs may be removed from their position by a majority vote of CoC Members for repeated absence, misconduct, failure to participate, or violation of conflict of interest policies.

6.5. Vacancies

When a Chair resigns or is removed from their position, or cannot serve his/her full term for any reason, the second Chair may appoint another PCoC member to fill the unexpired term.

7. Committees and Working Groups

The PCoC will carry out its responsibilities through the work of a number of Committees and Working Groups. All CoC Members may participate on Committees and Working Groups.

The committees detailed below shall be Standing Committees of the PCoC. In addition to the duties detailed below, Committees may investigate other topics or perform other tasks as assigned by the PCoC.

7.1. Steering Committee

The Steering Committee is comprised of: The PCoC Chairs, the CA, agency representatives from CoC funded projects, Chairs of PCoC committees, and the ESG recipient for the PCoC's geographic area. Steering Committee meetings are open to all PCoC Members. The Committee:

- Reviews PIT and HIC data, conduct a gaps analysis, and make recommendations for the priorities to be used in ranking requests for CoC funding;
- Establishes performance targets appropriate for population and program type in consultation with recipients and subrecipients;
- Develops performance measures to evaluate Portland's overall success in eliminating homelessness, using guidance available from HUD and making changes over time as necessary to incorporate new regulations or guidance available from HUD and making changes over time as necessary to incorporate new regulations or guidance available from state or local authorities;
- Establishes written standards and performance measures for ESG assistance and providers;
- Evaluates outcomes of projects funded under the ESG and CoC Program, and provide outcome data to the Collaborative Applicant to report to HUD; and
- Consults with state and local government agencies, homeless service providers, private funders, and other relevant entities and organizations to evaluate available resources and reach agreement about how those resources can be allocated most effectively to implement plans to eliminate homelessness.

7.2. Monitoring Committee

This committee will oversee the processes and methodologies used to monitor Renewal Projects that receive ongoing funding through PCoC and Emergency Solutions Grant (ESG) recipient(s).

Monitoring Process for CoC-Funded Projects:
- Develop and refine the Monitoring Questionnaires and methodology used to monitor and evaluate ongoing program performance. The Monitoring Questionnaires will be presented for approval by PCoC prior to the start of the Monitoring process.
- Once approved, the Monitoring Questionnaires will be provided to all projects up for renewal in the current funding round, along with a request for the project's most recent E-snaps APR and the most recent HMIS-generated APR.
- The Monitoring Committee will monitor project performance which results in a threshold score. If an agency fails to meet threshold, as determined by the PCoC, they will be put on a Performance Improvement Plan which will be reviewed as needed, annually at minimum, and with technical assistance from the appropriate PCoC committee(s) will be required to demonstrate performance improvement. The Monitoring Committee will also offer and/or refer agencies to appropriate assistance and training if available.
- This Committee then prepares the information collected and presents their recommendations to the Steering and the PCoC membership for processes of prioritization and performance improvement and the Project Ranking Committee for scoring and ranking.

Monitoring Process for ESG Recipient(s):
- Develop and refine the Monitoring Questionnaire(s) and methodology used to monitor and evaluate ESG program performance. The Monitoring Questionnaires will be presented for approval by PCoC prior to the start of the Monitoring process.
- Once approved, the Monitoring Questionnaires will be provided to the ESG recipient(s).
- The Monitoring Committee will monitor project performance which results in a threshold score. If an agency/program fails to meet threshold, as determined by the PCoC, they will be put on a Performance Improvement Plan which will be reviewed as needed, annually at minimum, and with technical assistance from the appropriate PCoC committee(s) will be required to demonstrate performance improvement. The Monitoring Committee will also offer and/or refer agencies to appropriate assistance and training if available.

- This Committee then prepares the information collected and presents their recommendations to Steering and the PCoC membership for processes of prioritization and performance improvement.

7.3. Project Ranking Committee

This committee consists of members or individuals with no direct interest in CoC funded applications, to make recommendations regarding funding, scores, or ranking of applications.

This committee is responsible for reviewing, scoring, and ranking all applications for the PCoC. Members are appointed to this committee and must be part of the Portland Homeless Continuum of Care Network. No Project Ranking Committee member may be employed by an agency that is applying for CoC funding.

The Committee's monitoring tool is adapted from a HUD Supportive Housing Program Self-Monitoring tools from the Supportive Housing Program Help Desk. Audits focus on outcome measures, homeless documentation, homeless involvement in policymaking, HMIS participation, the use of Mainstream resources, and financial management. Committee members review case files, documentation, fiscal reports, forms, and consumer house meeting notes.

The Project Ranking Committee, in collaboration with the PCoC, is responsible for developing a scoring template that reflects the Department of Housing & Urban Development (HUD) Super NOFA criteria. Project applicants may be asked to present their proposals to the Project Ranking Committee in writing and in person, so that questions may be asked. The Committee ranks applications based on the pre-approved criteria. Applicants are issued a letter containing their ranking score, and informed in writing of the grievance policy and process.

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

7.4. Resource Committee

The Resource Committee works to coordinate trainings and informational gatherings for providers throughout the area and state. The committee may work in conjunction with the Maine CoC and Region 1 to establish trainings. In addition to trainings, the Resource Committee will work to assist current projects in securing resources for programs, both financial and otherwise. The Resource Committee is charged with convening the annual Point In Time (PIT) Ad Hoc Committee, which is charged with:

- Plan and coordinate the annual Point-in-Time (PIT) count of sheltered and unsheltered persons and the annual Housing Inventory Count (HIC) of shelter, transitional housing, and permanent supportive housing in the CoC area.

7.5. Data Committee

The Data Committee works to collect information on homelessness throughout the CoC area, to improve data collection techniques and data analysis methods for use in the CoC application, and to better inform CoC members and the general public regarding homelessness in Portland. This committee will work with the HMIS Lead to:

- Work with the Maine CoC HMIS Project Team on the implementation issues related to the integration of the PIT survey and other relevant information within the HMIS system.
- Conduct research and reviews of "Best Practices" on data collection methods.
- Develop for approval and implement a plan for monitoring the HMIS to ensure that:
  - Recipients and subrecipients consistently participate in HMIS;
  - HMIS is satisfying the requirements of all regulations and notices issued by HUD;
  - The HMIS Lead is fulfilling the obligations outlined in its HMIS Governance Charter and Agreement with the CoC, including the obligation to enter into written participation agreements with each contributing HMIS organization.

7.6. Policy Committee

This committee, formally known as the Maine Homeless Policy Committee, is a Joint Standing Committee of the PCoC, MCoC, and the Statewide Homeless Council. This committee is an action oriented group that collects, organizes, and shares information regarding numerous, ongoing policy initiatives. This committee advocates on the local, state, and federal levels for resources and funding for homeless services necessary to fulfill

the mission, goals, and objectives of the Continuum of Care. The Policy Committee reports to the HUD Continuum of Care Board of Directors (CoC Board).

7.7. Veteran Committee

This committee, formally known as The Maine Homeless Veterans Action Committee (MHVAC) is a Joint Standing Committee of the MCoC and PCoC. It was formed in collaboration with several Maine agencies and organizations. This committee is an action oriented group that collects, organizes, and shares information regarding all homeless Veterans in Maine. The Committee works to ensure that Veterans are immediately identified, have access to shelter, are assisted in developing an active housing plan, and permanently housed as quickly as possible.

8. Appointment of Agents and Designation of HMIS

8.1. Collaborative Applicant

The Maine State Housing Authority (MaineHousing) serves as the PCoC's Collaborative Applicant.

8.2. HMIS Lead

The Maine State Housing Authority (MaineHousing) serves as the HMIS Lead for both the Portland and State of Maine CoCs.

9. Code of Conduct and Conflicts of Interest

9.1. Conduct and Attendance

Chairs, committee members, and other PCoC agents and employees must exercise care, diligence and prudence when acting on behalf of the PCoC. These individuals must timely complete work they have agreed to undertake on behalf of the PCoC. In addition, they must attend meetings and be prepared to discuss matters presented for their deliberation.

9.2. Recusal Process

If at any time there is a conflict of interest whereby an organization or individual will have a direct interest in the funding, scoring, ranking, or policy decision making, then that organization, representative of the organization or individual will recuse themselves for the process in order to mitigate any perceived conflict of interest. The recusal may be oral or in writing. In addition, the CoC may request an organization, representative of organization or individual to recuse themselves from any activities. The CoC may also elect to develop

a subcommittee consisting of members or individuals with no direct interest to make recommendations regarding funding, scoring, ranking or policy decision.

10. PCoC 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. CoCs 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 PCoC is responsible for decisions regarding the reallocation process each year. This includes consideration for voluntary and involuntary reallocations.

10.1. Voluntary Reallocation

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 PCoC 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 PCoC, 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.

10.2. Involuntary Reallocation

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 PCoC renewal competition.

11. Appeals Process

- The original decision or action being appealed shall remain in effect throughout the Appeals Process unless or until a Final Decision is reached. Timeframes may be adjusted in order to expedite the CoC Application Process. However, PCoC makes no assurances that an appeal will be resolved within any timeframe other than that outlined below or as prescribed by HUD.
- STEP ONE APPEAL: An appeal must be submitted in writing to the CA within five (5) working days from the date of the decision or action the individual or agency is appealing. The appeal should include the date of the filing of the appeal, the specific decision or action the individual or agency is in disagreement with, suggestions about possible ways to resolve the situation, and must include how the individual or agency can be reached. (Send attention to: Portland Continuum of Care, using CA info. Outlined in Addendum 1).
- Within ten (10) working days, the CA shall convene all available members of the group responsible for the decision or action to review and respond in writing to the Step One Appeal.
- If the individual or agency is not satisfied with the outcome of the Step One Appeal, the individual or agency may appeal again within five (5) working days from the date the individual or agency received the Step One Decision by filing a written Step Two Appeal to the CA. If there is no Step Two Appeal or if the issues are resolved in Step One, the Step One Decision shall be Final.
- STEP TWO APPEAL: Within ten (10) working days, CA shall convene all available members of the Steering Committee to review, investigate and respond in writing to the Step Two Appeal.
- If dissatisfied with the Step Two Decision, the individual or agency may submit a Step Three Appeal to the CA, requesting that the issue be reviewed by an ad-hoc Appeals Committee of the PCoC. The written Step Three Appeal must be sent within five (5) working days from the date the individual or agency received the Step 2 decision. If there is no Step Three Appeal or is the issue is resolved in Step Two, the Step Two Decision shall be Final.
- STEP THREE APPEAL: Within ten (10) working days, the CA shall convene an ad-hoc Appeals Committee to review, investigate and respond in writing to the Step Three Appeal.

The Appeals Committee may request an extension of an additional five (5) working days, if necessary, to prepare a Final Decision. Any decisions will be in writing.

- APPEAL PROCESS FOR CA: In the event that the CA is also a Project Applicant and the need to appeal arises, the appeal would go to the current PCoC Chairs, instead of the CA. The Appeals process outlined above will be followed, with the Chairs fulfilling the duties outlined by the CA.
- The above steps outline the PCoC Appeals Process. However, in the event the project does not agree with the PCoC decision, the agency may send a complaint / appeal to the PCoC HUD representative.

12. Approval of Governance Charter and Subsequent Amendments

This Governance Charter and every subsequent amendment to it must be approved by a majority of PCoC members. In consultation with the Collaborative Applicant and the HMIS Lead, the Members will review the Governance Charter as needed and recommend changes to improve the functioning of the PCoC and maintain compliance with federal and state regulations.

Addendum 1 for Portland CoC Governance

Portland CoC business address is:

Portland Continuum of Care (PCoC)
MaineHousing
353 Water Street
Augusta, Maine 04330-4633

MAINE HOMELESS MANAGEMENT
INFORMATION SYSTEM
Procedures Manual

(Homeless Management Information System Policies & Procedures Manual)

Adopted by the PCoC 10-14-15
Adopted by the MCoC 11-5-15

Table of Contents

C:\Users\STIBBI~1\AppData\Local\Temp\Maine HMIS Procedures Manual Core_Reviewd 2015.docx

Introduction

In 2004 HUD the Department of Housing and Urban Development put forth rules regarding requirements for recipients of HUD related funding and other providers of services for the homeless to participate in a Homeless Information Management System. This manual outlines policies and related information on the State of Maine Homeless Management Information System (HMIS).

The State of Maine Homeless Management Information System (HMIS) is a collaborative effort between the MaineHousing, the dedicated lead agency, and the two Continuums of Care – City of Portland, and the Balance-of-State. The Continuums of Care, individually and as a group, have an ongoing role in ensuring the success of Maine's HMIS by giving input into HMIS policy decisions within the parameters established by the U.S. Department of Housing and Urban Development (HUD).

The software used by the Maine HMIS consists of ServicePoint, a nationally recognized web based HMIS software solution, plus supporting software for reporting. Some Maine HMIS participants who had developed information systems prior to the launch of HMIS do not use ServicePoint but participate by providing periodic "batch uploads" of information for use in reporting.

ServicePoint is a solution used in many other states. MaineHousing is also part of the New England Regional Homeless Management Information System (NERHMIS). By Choosing ServicePoint and being a member in NERHMIS the State of Maine Homeless Management Information System benefits from shared knowledge of the various New England members and ServicePoint users nationwide.

This manual contains information and procedures related to Maine's Homeless Management Information System (HMIS). It is expected that this procedures document is not static and will be modified overtime as needed.

For more information regarding HMIS policies and procedures, please contact by email Mary Wade, mwade@mainehousing.org or Cindy Namer, cnamer@mainehousing.org. Maine HMIS staff can also be contacted by phone at 207- 626-4600. This document can also be found at http://www.mainehmis.org

System Availability

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 advised in advance if at all possible.

ServicePoint Licenses

ServicePoint is a web based database solution allowing any organization with internet access and authorization to be able enter and report on their client information. ServicePoint licenses are purchased by MaineHousing from Bowman Systems for use in the Maine HMIS system. MaineHousing also contracts with Bowman Systems to provide secure storage, backup and support for the Maine HMIS ServicePoint implementation.

Each participating agency who receives HUD related funding will be assigned up to two ServicePoint user licenses. Agencies that need more than two licenses may purchase additional licenses through MaineHousing. The Maine HMIS system encourages participation in HMIS by Non-HUD funded programs for the homeless. Non-HUD funded programs may also be assigned a ServicePoint license and may purchase additional licenses as needed.

HMIS / ServicePoint Provider And User Agreements

Each participating agency providing information to the Maine HMIS using ServicePoint or providing data by a batch upload process will provide the following forms and information.

- The *Agency Information Form* – Providing accurate and up-to-date information on the Agency Name, Primary contact for HMIS matters and other descriptive information regarding the agency.
- The *Agency Participation Agreement*
- One or more *User Policy and Responsibility* documents – one for each user who will need access to the ServicePoint.
- One or more *User Policy and Responsibility* documents – one for each user who will be uploading data by a batch upload process to the ServicePoint / HMIS system.
- One or more *User Policy and Responsibility* documents – one for each user who will be doing data entry into the ServicePoint / HMIS system.
- Copies of agency work at home policy and signed authorization for any user who will be accessing ServicePoint from an authorized home office

Access to Maine HMIS ServicePoint is allowed only from authorized agency locations!

Users are not permitted at any time to access HMIS / ServicePoint via the Web from unauthorized public locations where the potential exists for unauthorized persons to view client information. Examples of locations which would not be permitted are a public location such as a cyber café or Starbucks or working at home in a room where family members or others could easily see client data being worked with.

Access to Maine HMIS ServicePoint from a 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.

ServicePoint User Activation

As soon as possible following receipt of the completed and appropriate signed user agreement form(s) from an agency participating HMIS by the Maine HMIS Administrator at MaineHousing
- The new ServicePoint user will be given an initial introductory training on the use of ServicePoint.
- The new ServicePoint user will be provided with a user ID and password by the Maine Housing HMIS staff

Updating HMIS / ServicePoint Provider And User Agreements

At any time that there is a significant change at the agency level which impacts the use of the HMIS system it is the agency's responsibility to immediately notify MaineHousing.
Failure notify MaineHousing HMIS staff of changes could expose confidential client information or negatively impact the HMIS overall.

Advise MaineHousing HMIS staff as soon as possible of staff / Agency changes.

MaineHousing HMIS staff must be advised in writing as soon as possible and provided with appropriate new or updated forms when:

- A ServicePoint user is no longer employed at the agency or moves to a position where they are no longer responsible for HMIS data entry;
- If at all possible, on or before the last day of any ServicePoint user so that their access to ServicePoint can be discontinued;
- Whenever New Staff Member needs access to ServicePoint or the batch upload process;
- The staff person responsible for batch upload is no longer employed at the agency or moves to a position where they are no longer responsible for HMIS data.

The agency will supply new or revised forms whenever there are any changes to the information contained in The Agency Information Form, The Agency Participation Agreement, or the Batch upload agreement or the User Policy and Responsibility documents

(Copies of the various current HMIS forms will be available online and are included at the end of the printed version of this manual.)

Confidentiality, Privacy, and Security

Protected Personal Information

HUD identifies certain information in the required Universal Data Elements as **Protected Personal Information**. The Agencies, Continuums of Care, MaineHousing Staff, and Maine HMIS users must use special care when working with or printing out data involving protected personal information such as:

- Names
- Social Security numbers
- Date of Birth
- Dates of program participation
- Any other unique identifying number, or code

The intent is always to keep all client information private at all times, and to share any client information only with release of information from the client. Some situations are recognized in HUD rules, and in Federal, or State law that make release of this information necessary or even mandatory.

HUD rules published in the federal register state:

"4.1.3. Allowable HMIS Uses and Disclosures of Protected Personal Information (PPI) A CHO may use or disclose PPI from an HMIS under the following circumstances:
(1) To provide or coordinate services to an individual;
(2) For functions related to payment or reimbursement for services;
(3) To carry out administrative functions, including but not limited to legal, audit,
Personnel, oversight and management functions; or
(4) For creating de-identified PPI."

"Uses and disclosures required by law. A CHO may use or disclose PPI when required by law to the extent that the use or disclosure complies with and is limited to the requirements of the law.

Uses and disclosures to avert a serious threat to health or safety. A CHO may, consistent with applicable law and standards of ethical conduct, use or disclose PPI if:

(1) The CHO, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public; and
(2) the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat."

Special Note on Confidentiality and Release of Information

The procedures and processes described in this section reflect HUD requirements, and current understanding of best practice in recording, using, and sharing of HMIS data by shelter providers and the use of that data in HMIS systems.

Some shelter providers may also provide professional medical, substance abuse, or other services with specific privacy requirements. Use and sharing of data regarding those services may have requirements not outlined here.

Use of ServicePoint without a release of information

To the extent that client data is entered into the agencies database or ServicePoint where the database or ServicePoint is acting solely as that agencies database, no information is considered released. In this case, MaineHousing and ServicePoint staff who do have access to this data are acting as consultants to the agency.

A release of information is required whenever identifiable data is released to another agency other than as required by mandated reporting rules and other releases required by law.

Release of Information

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 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 HMIS Privacy Standards in: Federal Register / Vol. 69, No. 146 / Friday, July 30, 2004 and any other applicable standards.

Client Consent

Securing client consent

Clients must be informed about the intended use of protected personal client information at the time the information is collected. Agencies are responsible for having the proper procedures in place to ensure the consent to use the information in the intended manner is understood by the client.

- A sign or signs that explain the general reasons for collecting information must be posted where clients can see it in the intake area.
- Consent for individual data collection and entry into HMIS/ServicePoint may be inferred from the circumstances of the collection.
- A verbal explanation stated in plain language should include a description of HMIS, how the information will be used, how it will be protected, and the advantages of providing accurate information.

C:\Users\STIBBI~1\AppData\Local\Temp\Maine HMIS Procedures Manual Core_Reviewd 2015.docx

- It is also appropriate to provide a written description that echoes the verbal explanation for the consumer to keep for review. Individuals should understand exactly what they are consenting to, including the specific content of the information that will be shared.
- A verbal explanation stated in plain language should explain that individual has the right to revoke the consent in writing, except to the extent that the information has already been released based on a release of information.
- The consent procedure should document the information being shared and with whom it is being shared and be the release be signed and dated by the individual.
- Should a client verbally consent to releasing protected information but be unwilling to sign a consent form, two staff members should witness and document that fact.

Client worries regarding computer information.

It is understood that the idea of entering information into a computer is worrisome for some clients. It is the responsibility of the participating agency and it's staff to make every effort to ease that worry and secure informed consent for data to be used in HMIS.

Client Grievance

Maine HMIS itself does not intend to create or establish any unique grievance management processes. All agencies are responsible for setting up an internal grievance process to handle client complaints related to HMIS, including grievances related to consent and release of information.

HMIS Security

Every effort must be made to assure that protected client data is handled securely, responsibly and in accord with the client's wishes.

HMIS system administrators in coordination with appropriate agency staff are responsible for validating, establishing, and granting security permissions and making sure security procedures are followed. MaineHousing HMIS database administration staff shall have necessary and appropriate access to data submitted by participating organizations as needed to administer the HMIS software, resolve data issues, and assure data security and integrity.

Security Procedures

- Maine Housing and the Maine Housing HMIS staff are responsible for assuring that client information in the Maine HMIS system is handled responsibly.
- Each agency is responsible for administering its own users and assuring that they receive adequate training in the confidential handling of client information.
- The MaineHousing ServicePoint system administrators are responsible for setting up ServicePoint users, User IDs and passwords
- Each new ServicePoint user will review this document and be provided initial training on the use of ServicePoint.

- The signed User Policy Agreement form for each ServicePoint user will be on file at MaineHousing before they are allowed access ServicePoint.
- It will be the Agencies' responsibility to immediately inform MaineHousing HMIS staff of any staff changes (Resignations, transfers, etc) involving ServicePoint users.
- The Maine Housing System Administrators will have access to the complete list of ServicePoint users.
- In addition to ServicePoint, passwords and other security processes will be required and used for other areas of HMIS, including the reporting module and the batch upload module.
- Any paper or other hard copy generated by or for HMIS that contains identifiable information must be under constant supervision by an HMIS user or developer when in a public area.
- When staff is not present, the information shall be secured in areas that are not publicly accessible.
- Any and all printouts / hard copies of ServicePoint information must be kept in a secure file.
- When any printouts / hard copies of ServicePoint information are no longer needed they will be shredded or otherwise properly destroyed to maintain confidentiality.
- Written information, specifically pertaining to user access (user name and password) shall not be stored or displayed in any publicly accessible location.

Right to deny or restrict user access

Every user bears responsibility for assuring the proper and appropriate use of the material he or she chooses to access, store, print, send, display, or make available to others.

MaineHousing reserves the right to deny or restrict user access as a result of the user not following the rules and guidelines in this manual or for any other inappropriate use of ServicePoint / HMIS data.

Some Inappropriate use of HMIS include:
- Intentionally entering or altering HMIS records to misrepresent dates, amounts, or types of services a client or clients received.
- Unauthorized access, alteration, destruction, removal, and/or disclosure of data and/or information.
- Disclosure of confidential passwords or personal identification numbers
- Malicious or unethical use, and use that violates federal laws

User IDs and Passwords

The computer username and password is the key to a computer system. Passwords help to ensure that only authorized individuals access the HMIS. The HMIS / ServicePoint password also help to determine accountability for all transactions and other changes made to system resources, including data. Sharing a password is giving an unauthorized individual access to the system.

The relevant authorized user(s) will be held responsible if an unauthorized individual uses their access privileges to damage the information on the system, to make unauthorized changes to the data, or to release client information.

C:\Users\STIBBI~1\AppData\Local\Temp\Maine HMIS Procedures Manual Core_Reviewd 2015.docx

Rules for safe computing and User IDs and Passwords

- DO NOT share your ID or password with anyone else.
- DO NOT use someone else's ID or password. If you need more access than you presently have or if you are having problems with your access, contact the HMIS System Administrator at MaineHousing for help.
- DO NOT use obvious, trivial, or predictable passwords.
    - Obvious, predictable and trivial passwords include: names of relatives or pets; street names; days and months; repetitive characters; dictionary words; and common words such as PASSWORD, SECURITY, SECRET, etc.
- BEWARE of "shoulder surfers". These are people who stand behind you and look over your shoulder while you are keying in your password or PIN, or while you are working with confidential information.
    - DO NOT use your access level to enable other individuals to access information that they are not authorized to access, or to submit transactions that they are not authorized to submit.
- NEVER write down your passwords or post them on your terminal or other obvious places.
- ALWAYS change the initial password assigned to you by your administrator as soon as you receive it.
- LOG OFF when finished using your terminal or workstation, or if you are stepping away from your desk, even momentarily.
    - If a user will be going to be away from the office for an extended period (e.g., maternity leave or vacation), notify the System Administrator at MaineHousing to have the ID temporarily suspended. (an alternative temporary user can be appointed and trained for data entry during the absence).

ServicePoint HIPPA Compliance

Data entered into ServicePoint is stored in a HIPPA compliant data center. Methods used to insure that ServicePoint is fully compliant with HIPAA data center standards include:

- Network Security includes firewalls, certification servers, VPN access, and Operating System authentication.
- Encryption (optional) is a database level security which encrypts confidential information located in the database tables.
- Audit Trails log and report on users who have viewed, updated, or deleted client records.
- Client Record Privacy Options allow or restrict access to all or part of a client file, including individual fields (data level).
- Automatic Timeout logs a user out of the system after a specified period of idle time, thereby decreasing the potential viewing or manipulation of client data by unauthorized individuals.

Reports

Maine HMIS will provide a set of useful reports. When ServicePoint is utilized by an agency, agency-specific operational reports, including agency-level APR reports, generated with the ServicePoint System will be available.

Non-Identifiable Information and reporting

C:\Users\STIBBI~1\AppData\Local\Temp\Maine HMIS Procedures Manual Core_Reviewd 2015.docx

Maine HMIS Overview and Procedures

HMIS as implemented in Maine is a system which can provide reports required by HUD, the Continuum of Care, and other stakeholders at a reporting level that does not identify individuals but can provide accurate statistical data including, numbers served, trend assessments, and non-duplicated statistical reports based on data entered into the Maine HMIS. The principal tool for this is the Homeless Initiatives Database.

ServicePoint ART reports

All Maine HMIS users who use ServicePoint will have access to reports created in the Business Objects based Advanced Reporting Tool. MaineHousing staff dedicated to the HMIS project will assist the agencies to work with existing ART reports and to develop and manage new needed agency-level reports. Service Point ART reports are intended to meet a broad range of intra-agency reporting needs. Agencies are encouraged to identify reporting needs to help create reports to address their internal agency needs.

Agencies that have the resources to create their own custom reports can use exported data from ServicePoint as data sources for their own custom reports. PLEASE NOTE: Any data exported or reports printed may contain personal identifying information and if so must be considered confidential and handled as such.

State wide and Continuum of Care reporting

Data from ServicePoint and from batch providers will be used to produce COC and State level statistical reports required by HUD and will be used in various HUD applications and reports.

C:\Users\STIBBI~1\AppData\Local\Temp\Maine HMIS Procedures Manual Core_Reviewd 2015.docx

ServicePoint assessment and report customization

Agencies may work with the MaineHousing HMIS team to create additional custom assessments in ServicePoint needed to address agency needs.

Agencies will be able request additional reports or changes to existing reports. Within the given time and resources, the HMIS team at MaineHousing will created additional reports and assessments as requested by participating agencies and as needed for reporting to COCs, HUD, and others.

Computer Resources

Maine's HMIS ServicePoint implementation is web based. Agencies with minimal computer resources can effectively use ServicePoint.

Participating Agency Hardware and Software Requirements

Use of ServicePoint will require agencies to have a minimum of one Personal Computer running a current version of Microsoft Windows or Apple OSX, A current web browser (FireFox or Internet Explorer), and (optionally) one printer. Use of some advanced features in the ServicePoint Advanced Reporting Tool may require installing a specific version of the Sun Java Runtime.

Agencies who are maintaining their own client database system will need to have the ability collect and store data for the HUD universal and program specific data elements and to export data in a format which can be batch uploaded to the Maine HMIS system and or ServicePoint.

Participating Agency internet access requirements

ServicePoint is a web based solution. Use of ServicePoint will require agencies to have reliable Internet access. High-speed internet access (such as DSL or cable broadband) will be more satisfactory than 'dial-up' access but ServicePoint can be used with 'dial-up' access. Agencies submitting data to HMIS by batch upload will require reliable high-speed Internet access.

Maine HMIS computing assistance

Maine's HMIS is committed to assisting agencies, where we can, with hardware and communication procurement and with installation of software. This assistance is for the primary purpose of assisting the agency in accessing and using the Maine HMIS ServicePoint and contributing data to the Maine HMIS.

Maine HMIS may from time-to-time, under special circumstances, provide other hardware, connectivity, or technical assistance.

Onsite test of hardware and connection to the Maine HMIS ServicePoint application over the Internet plus general phone support regarding access to ServicePoint may also be provided when deemed appropriate.

C:\Users\STIBBI~1\AppData\Local\Temp\Maine HMIS Procedures Manual Core_Reviewd 2015.docx

Maine HMIS Overview and Procedures

Technical Support

Problems may be reported and questions asked 24 hours a day using the Help form at
http://mainehmis.org/help-request-form/ Problems or questions submitted using the help form will be
addressed by the next available HMIS staff person. The MaineHousing HMIS staff will be available most
work days from 9-4 to provide telephone or email "Help Desk" assistance regarding ServicePoint usage.
Where problems are identified specific to the ServicePoint software which cannot be resolved at the Maine
HMIS level, and requires intervention by Bowman Systems, the HMIS Administrator will provide the
interface with Bowman Systems and follow any such issue through to resolution.

Participating agencies are responsible for providing their own technical support for all hardware and software
systems used to connect to HMIS and for maintaining internet access (preferably a high speed internet
account). Internet connection difficulties will need to be managed between the agency and their Internet
Service Provider.

Maine HMIS Training

Formal support and training regarding the use of ServicePoint will be made available periodically. This
support will be offered in various formats including onsite, classroom style, and internet delivered. Other
trainings will be developed and presented as needed.

E-mail Communications

MaineHousing HMIS staff will use e-mail and the MaineHmis.org web site to share information, announce
training opportunities, and make HMIS users aware of HMIS related information. HMIS users should be
sure that MaineHousing HMIS staff have up-to-date e-mail address to assure that they get all relevant HMIS
communications.

Maine HMIS and the HUD Elements

Minimum Required Data Collection, The HUD Universal Data Elements.

Each agency is responsible for the data quality and completeness of the data they enter into HMIS. Each
agency (with the exception of those serving domestic violence victims) is required to make every effort to
collect complete and accurate client reported data for each of the items listed as part of the HUD Universal
Data Elements listed in the table below.

HUD Universal Data Elements
Name
SSN
Date of Birth
Race
Ethnicity and Race
Gender
Veteran Status
Disabling Condition
Residence Prior to Program Entry
Project Entry Date

C:\Users\STIBBI~1\AppData\Local\Temp\Maine HMIS Procedures Manual Core_Reviewd 2015.docx

Project Exit Date
Destination
Personal ID
Relationship to Head of Household
Zip Code of Last Permanent Address
Client Location
Length of time on Street, in an ES or Safe Haven

The HUD Program-Specific Data Elements

The HUD Program-Specific Data Elements are required for the HUD APR.. Every effort should be made to collect this information, as appropriate, for each client served.

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

ServicePoint includes many other modules which may be useful to some organizations. Agencies may use those ServicePoint tools and are welcome to collect additional information beyond the HUD Universal Data Elements for the own internal purposes.

Quality Control

Data from the Maine HMIS will be used to document regional, continuum of care and statewide needs. Data from the Maine HMIS will also be used to document services provided to the homeless. The Maine HMIS will provide statistics and outcome measures for presentation to HUD, other funders, and stakeholders.

For Maine HMIS to be able to provide accurate timely information, data must be regularly, completely, and accurately entered into the Maine HMIS system. Assuring that data entered is entered is complete and accurate is the responsibility of the providers collecting and entering the data.

Data Integrity

C:\Users\STIBBI~1\AppData\Local\Temp\Maine HMIS Procedures Manual Core_Reviewd 2015.docx

HMIS users at the participating agencies are responsible for the accuracy, correctness, and timeliness of their data entry and are responsible for ensuring that the HUD Universal Data Elements and that appropriate HUD Program Specific Data elements are being collected.

Data Integrity Expectations

- Data entry into ServicePoint must take place, as soon after the entry or change in data as possible. Data should entered or updated at minimum, within the week of entry or change in data.
- The ServicePoint data for ART reporting will be updated overnight every night. Data changed today will be available tomorrow for reporting in ART

Data Loading

Loading data into ServicePoint from other databases

Under some circumstances, MaineHousing HMIS staff will work with individual agencies as needed to provide a mechanism to do a one-time load of historic client data from existing agency systems into the Bowman ServicePoint system. This process may have additional costs.

Data Availability and Disaster Recovery

In the event of a disaster impacting some of Maine and or the MaineHousing offices, ServicePoint access and availability is unlikely to be impacted. ServicePoint itself is located outside the state and maintains data in a secure fall back location in separate part of the US. Access to ServicePoint requires internet access so any disaster which impacts internet access for some or all of the Maine's ServicePoint users will render ServicePoint unreachable by them until that internet interruption is resolved.

Should a disaster impact the MaineHousing office, The Maine Housing disaster recovery plan calls for the Maine HMIS Help desk and support functions to be able to be running within a week.

C:\Users\STIBBI~1\AppData\Local\Temp\Maine HMIS Procedures Manual Core_Reviewd 2015.docx

Addendum - Maine HMIS Forms and Use Guides

        A. **Agency Participation Agreement**
        B. **Agency Information Form**
        C. **Annual Housing Inventory data update form**
        D. **User Policy and Agreement**
        E. **Maine HMIS Procedures Manual**
        F. **Data Sharing Agreement**
        G. **Authorization for Disclosure of Health and/or Personal Information**

**Sample HMIS related forms are available from the HUD sponsored HMIS information site
http://www.mainehmis.org**

C:\Users\STIBBI~1\AppData\Local\Temp\Maine HMIS Procedures Manual Core_Reviewd 2015.docx

PART III: LIMITED PREFERENCE PROGRAM (LPP) - VOUCHERS WITH SUPPORTIVE SERVICES FOR CHRONICALLY HOMELESS, NON-ELDERLY PERSONS (VNED Program)

18.III.A. LIMITED PREFERENCE PROGRAM VOUCHERS OVERVIEW

Portland Housing Authority (hereafter, the "PHA") and the Partnership of the City of Portland Social Services, Opportunity Alliance and Preble Street, Preble Street being the lead agency (hereafter, the "Agency") have entered into an agreement for the creation of a Housing Choice Voucher (HCV) Limited Preference Program (LPP) for Chronically Homeless, Non-Elderly persons (VNED hereafter "the Program"). The program is designed to provide chronically homeless non-elderly persons with affordable housing under 24 CFR Part 982 with some exceptions.

The goal of the Program is to pair forty (40) HCV subsidies with supportive services to provide permanent, supportive housing for eligible persons. The PHA shall provide the housing subsidies and the Agency shall provide the supportive services. The subsidies shall be funded through the current HCV ACC of the PHA with the Department of Housing and Urban Development. The Agency shall affirmatively further fair housing in identifying non-elderly, chronically homeless who are eligible for the Housing Choice Voucher LPP and who are in need of the supportive services provided by the Agency.

Regulations as 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 they face and the need for supportive services to gain stable and affordable housing.

PHA and the Agency will receive releases from the applicant/participant to share information about the applicant/participant as it applies to the applicant/participant's initial or continued eligibility for the Program.

18-III.B. FAMILY ELIGIBIITY

Identification of Applicants

Any person may claim to qualify for the preference – Non-Elderly and Chronically Homeless - at the time of application. The eligibility for the preference must be verified by the Agency at the time of selection. Supportive Services staff will assist the applicants with applications, paperwork and verifications, and ensure that they are complete prior to submission.

Eligibility/Denial of Assistance

Most regular HCV program screening will apply. However, PHA 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.

Article 1: Purpose:
The purpose of Joint CoC Governance Charter is to outline the roles, responsibilities, relationship, and authorities of the Maine Continuums of Care, the Maine HMIS Lead Agency, the HMIS Program, all participating Covered Homeless Organizations (CHOs) and other participants to ensure the operation of and consistent participation in the HMIS for the purpose of making planning and funding decisions through use of targeted, quality data on the characteristics and service utilization of persons accessing Maine's homeless service system.

Article 2: Definitions:
Continuum of Care: The local planning entity for homeless programming and service delivery. Maine has two CoCs. The City of Portland CoC, which covers the city of Portland, and the Maine Continuum of care which cover the remainder of the state. Where "the CoCs" or "CoC" is used in this document it is in reference to one or both Continuum of Care.

HMIS Lead: The organization designated by the Continuums of Care to manage and administer the state wide HMIS software implementation. The HMIS Lead Agency, acknowledged and authorized jointly by the CoCs is Maine State Housing Authority. The HMIS is managed by the designated HMIS Lead Agency. The Maine HMIS covers both the City of Portland CoC and the Maine Continuum of Care.

Covered Homeless Organization (CHO): Any organization that records, uses, or processes protected personal information (PPI) in HMIS.

Article 3: Organization
A. The City of Portland CoC and the Maine CoC agree to jointly establish a statewide Homeless Management Information System (HMIS) by designating a single HMIS Lead Agency, hereinafter referred to as "the HMIS Lead", and designating a single information system complying with the applicable HUD requirements to be the HMIS software system;
B. The City of Portland CoC and the Maine CoC will enter into an executed agreement that outlines the roles and responsibilities of each CoC, including but not limited to, oversight of HMIS, funding of HMIS, considerations for separation of agreement, and CHO participation;
C. The Continuums of Care, appointed HMIS Lead, and CHOs shall be subject to all HUD requirements and shall be governed by the following governance, upon signature of Continuum designees and the HMIS Lead designee;
D. The Continuums of Care will jointly manage the HMIS through the HMIS Advisory Committee (HAC). The HMIS Advisory Committee will be made up of an equal number of designated committee members from both CoCs and a representative from the HMIS Lead. The HMIS Advisory Committee will establish committee rules regarding meeting frequency, tenure of members, and decision making processes. To facilitate the requirement of consistent data quality, privacy, security, business continuity, and governance, the HAC is responsible for developing and presenting HMIS related recommendations to both CoC's for CoC approval.

E. All CHOs and other participants of Maine's HMIS shall be governed by the Governance Charter and must meet minimum standards as ratified by the CoCs and included in HMIS policies and procedures.

F. Each CoC agrees in this charter to comply with all procedures and policies required to comply with HUD rules regarding CoC governance including, HMIS requirements as prescribed by HUD and a code of conduct and recusal process for their respective boards, chairs, and anyone acting on behalf of their respective boards. The code of conduct and recusal process is as follows: if at any time there is a conflict of interest whereby an organization or individual will have a direct interest in the funding, scoring, ranking, or policy decision making, then that organization, representative of the organization or individual will recuse themselves for the process in order to mitigate any perceived conflict of interest. The recusal may be oral or in writing. In addition, the CoC may request an organization, representative of organization or individual to recuse themselves from any activities. The CoC may also elect to develop a subcommittee consisting of members or individuals with no direct interest to make recommendations regarding funding, scoring, ranking or policy decision.

G. The CoCs and the HMIS Lead agree to comply with HUD regulations and HUD guidance. If there is a conflict or a question of interpretation, HUD regulations and HUD guidance will control this HMIS charter.

Article 4: Relationship between Parties

The relationship between the various parties involved in the Maine HMIS is complex and multi-faceted. The relationship established by this governance document defines the authoritative relationships between entities, not the day-to-day operational or technical assistance relationships that occur as a matter of utilization of the software (such as customer feedback, helpdesk, training and reporting interactions between the HMIS Lead and CHOs). The two CoCs will interact on HMIS related activities through the use of the HMIS Advisory Committee, who will act as the entity authorized to coordinate HMIS activities for both CoCs and the HMIS Lead.

Continuums of Care: The two Maine Continuums of Care will jointly establish and operate a single, statewide HMIS and will designate a single HMIS Lead Agency to facilitate its operation. The Continuums of Care will designate members to participate in the HMIS Advisory Committee and will ensure that CHOs within their jurisdictions are compliant with HMIS rules and standards. The Continuums of Care will facilitate financial support sufficient to operate the HMIS and will establish HMIS Lead Agency authority as outlined in any HMIS related regulations, notices, or guidance provided by HUD and/or other federal funding streams requiring HMIS utilization, as appropriate. The Continuums will address and approve HMIS related items in a timely manner and as recommended by the HMIS Advisory Committee. The Continuums will conduct HMIS Lead monitoring through a common monitoring tool.

HMIS Advisory Committee: The HMIS Advisory Committee will act as the conduit for the Continuums of Care to jointly operate and manage the HMIS. It will work directly with the HMIS Lead to establish required functionality, standards, plans, policies, and procedures and will ensure timely approval of HMIS related needs by the two Continuums of Care. The HAC will assess and develop resolutions to HMIS related activities and requirements for recommendation to the CoCs for approval, assist and make recommendations to the Continuums of Care for appropriate HMIS project performance measures, and generally ensure that the HMIS is in compliance with all applicable regulations, including the annual review of all required plans, standards, policies and procedures.

Covered Homeless Organizations (CHOs): The CHOs will participate in and comply with HMIS related standards, plans, policies, procedures, and activities as authorized by the CoCs through the HMIS Advisory Committee and as implemented by the HMIS Lead Agency. CHOs will present feedback and concerns to the HAC for assessment and resolution.
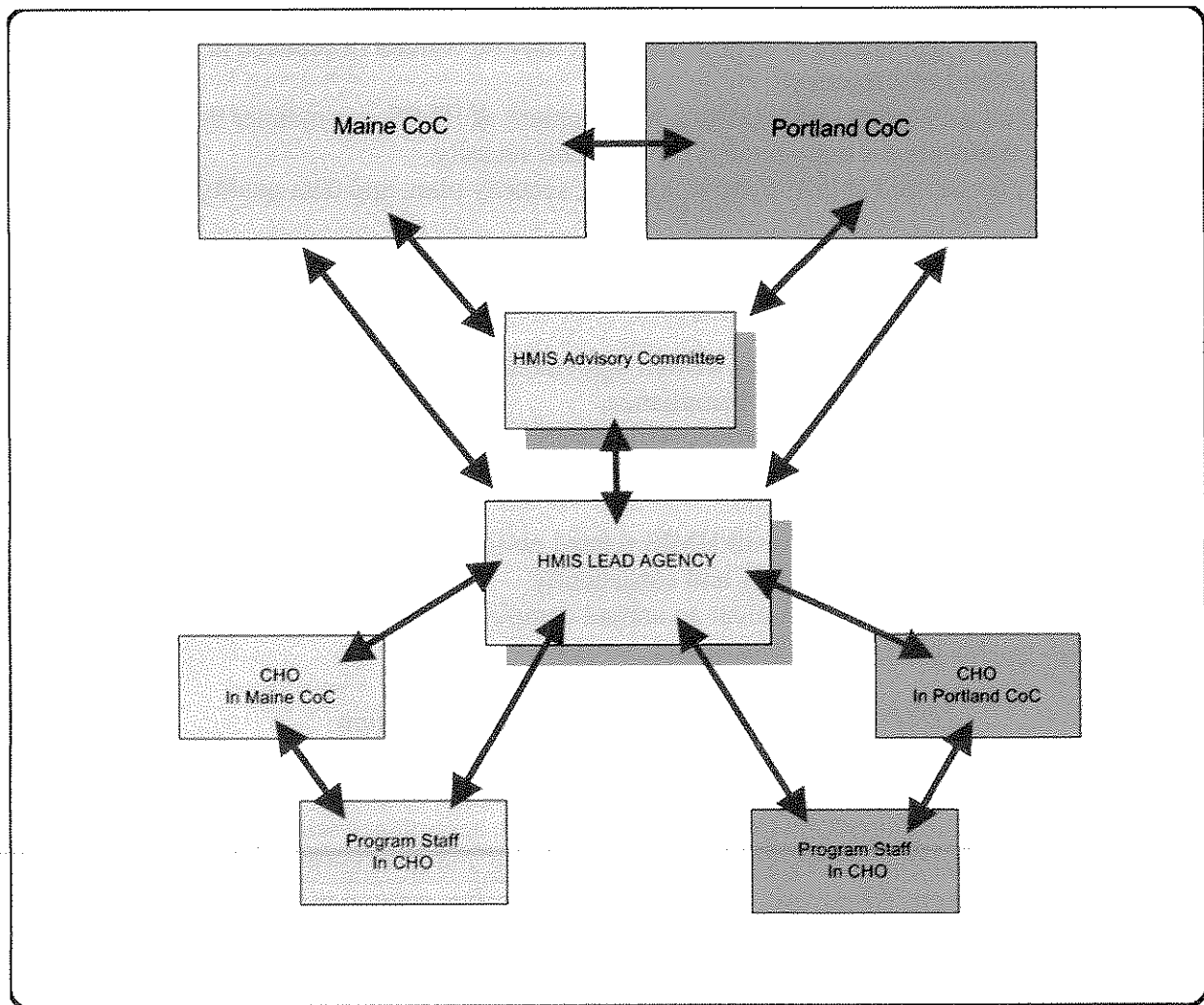
Article 5: Responsibilities:

A. *Continuums of Care:*

1. Jointly designate a single HMIS application for the collective geographic region covered by the CoCs;

2. Jointly designate a single, eligible applicant to manage the Continuums' HMIS, which will be known as the HMIS Lead; enter into a formal agreement that itemizes the CoC and HMIS Lead roles, consistent with HUD policy and this HMIS Governance Charter.

3. Establish a funding structure across multiple funding opportunities to ensure adequate funding to ensure the ongoing and uninterrupted operation and management of the HMIS, which may include grants, match development, and a fee structure for individual agencies and services.

4. Establish the maximum annual per license cost for participation in HMIS that the HMIS Lead Agency can charge is $1500. This cost may be waived or reduced at the discretion of the HMIS Lead Agency.

5. Commit to supporting, and ensuring management of HMIS in a manner that meets HUD's standards for data quality, privacy, and security.

6. Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS.

7. Ensure consistent participation of recipients and sub-recipients in the HMIS.

8. Ensure that the HMIS is administered in compliance with the requirements prescribed by HUD.

9. Ensure that the HMIS executes written agreements with each CHO and/or participating organization requiring HMIS compliance.

10. Require CHOs to be in compliance with HMIS data quality, privacy and security. Develop, implement, monitor, and enforce sanctions for CHO failure to comply with HMIS.

11. Review, revise, and approve all HMIS related policies and plans. Ensure HMIS policies are implemented appropriately and consistently.

12. Develop, conduct, and document an annual compliance monitoring of the HMIS Lead on HMIS related policies and procedures.

Planning and Software Selection

13. **HMIS Planning and Strategic Activities** Ensures that activities related to HMIS growth and uses are developed, reviewed regularly, and in accordance with the CoC's goals through approval of planning of activities, auditing and monitoring, and oversight

14. **HMIS Program Milestones Development** Indentifies general milestones for project management, including training, expanded system functionality, etc via approval and request role.

15. **APR Reporting** Ensures the HMIS is consistently able to produce a reliable APR through monitoring and enforcement; oversight; reminders/notifications of APR schedule and verification of submission; monitoring / priority committee review before submission.

16. **HMIS 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 through guidance on type of reports; regular review of CoC requested reports.

HMIS Management and Operations - Governance and Management.

17. **HMIS Governance Structure** Ensures HMIS governance is developed and formally documented between the HMIS Lead Agency/grantee and the CoC. Ensures that a formal agreement that outlines management processes, responsibilities, decision-making structures, and oversight of the HMIS project has been executed (as evidence by a Memorandum of Understanding, Letter of Agreement, or similar such documentation). Regularly monitors and enforces the HMIS compliance to the agreement; ensures annual review of governance.

18. **Separation of Services:** The CoCs will develop and keep current a business contingency plan that addresses separation or termination of services by either CoC or the HMIS Lead Agency, including a succession and transition process. The Separation of Services Contingency Plan will include operational and financial considerations for separation and/or transition, including in the event of a change in HMIS software.

19. **HMIS Technical Oversight:** Provides technical expertise commensurate with the general HMIS program oversight; provides timely support on high level 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.

20. **HMIS User Feedback** Manage and maintain 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. Based on feedback and recommendations from the HAC, the CoCs will approve any resultant changes to HMIS Strategic Plan.

HMIS Management and Operations - Compliance Monitoring

21. **Agency and Program HMIS Participation** Ensures that HMIS program participation meets the minimum requirements to participate in HUD and other federal required reports and to accommodate adequate data for analysis for local community planning and program development.
    - Develops community relationships, buy in, and participation of non-HUD funded programs;
    - Ensures HUD funded (non DV) are actively participating in HMIS and meeting HMIS requirements by establishing an HMIS performance based component to application scoring
    - Ensures that programs officially designated as Domestic Violence programs are not entering data directly into HMIS and that the programs are utilizing a HMIS comparable database and are compliance with all HMIS regulations, notices, and guidance.
    - Ensures that programs providing legal services do not enter data into HMIS that would jeopardize the attorney-client privilege.

22. **Client Consent** Approve/establish privacy, release of information, and consent protocols. Ensure the completion and documentation of client consent, as appropriate with the CoC's Client Consent Policies and Protocols established in the HMIS Privacy Plan.

23. **Data and System Security** Approves, establishes and ensures adherence by agency staff with the HMIS data and system security protocols as outlined by the CoC and the HUD HMIS Data and Technical Standards and as established by the HMIS Security Plan.
24. **Data Quality Standards:** Ensures development and enforcement of a community level Data Quality Standard and Compliance Plan.

HMIS Policy Development and Oversight

25. **Client Confidentiality and Privacy Training** Designates mandatory vs. non-mandatory trainings; establish enforcement protocols.
26. **Policies and Procedures** Ensures the existence of and compliance to HMIS Policies and Procedures.
27. **Agency Participation Agreement** Ensures the HMIS Lead Agency maintains written agreements with participating agencies that describes the protocols and expectations for participation in the HMIS.
B. *HMIS Lead:*

1. Ensure the reliability, integrity, and availability of the Homeless Management Information System (HMIS).
2. Develop written policies and procedures for HMIS utilization, including standards and plans for data quality, privacy, security, and business continuity.
3. Execute and maintain HMIS participation agreements with each CHO which require the CHO to comply with all applicable rules and requirements and outlines that sanctions may be imposed for failure to comply.
4. Work with the CoCs to impose sanctions, where necessary, for CHOs that fail to comply with applicable rules.
5. Execute and maintain HMIS End User Agreements with each person accessing the HMIS.
6. Serve as the applicant to HUD for all HMIS grants covering the joint CoC geographic area
7. Monitors HMIS program milestones, notes variances, and reports variances to CoC membership via monitoring, enforcement, and oversight policies and procedures.
8. 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.
9. Monitor, and report to the CoC, compliance by all CHOs who are members of the CoC. Work with agencies to achieve compliance. Provide recommendations toward ensuring or re-establishing compliance by all CHOs to the CoC Steering Committee for approval, if further action is necessary (CHO remains non-compliant)
10. Develop project milestones, including management, CoC-approved training, and expanding system functionalities. Work with CoC on creating milestones. Report regularly to CoC on progress.
11. Provide a consistent HMIS staff representative to participate in regular meetings of the CoC to facilitate HMIS reporting.
12. Develop and make available to the CoCs, a Business Plan to include staffing structures and finances/budget.
13. HMIS Issue Tracking (Community Level) Regular review of HMIS service request activities and develop a tracking system to provide authoritative support when necessary to expedite issue resolution and tracking abilities.

Software Compliance

14. Universal Data Elements – Ensures that the HMIS is able to manage the collection of each data variable and corresponding response categories for the Universal Date Elements as outlined in the HMIS Data and Technical Standards.
15. Program-Specific Data Elements – Ensures that the HMIS is able to manage the collection of each data variable and corresponding response categories for the Program-specific data elements as outlined in the HMIS Data and Technical Standards.
16. Unduplicated Client Records -Ensures the HMIS is able to generate a summary report of the number of unduplicated client records that have been entered into the HMIS.
17. APR Reporting - Ensures HMIS functionality to generate report; reminders/notification of APR schedule; helpdesk assistance for error correction
18. HMIS Reports – Ensures the HMIS can produce reports, as requested by the CoC.

HMIS Management and Operations - Governance and Management

19. HMIS Technical Support - Initiate and implement HMIS strategic and associated Plans; provide updates on software specific changes/fixes needed.
20. HMIS Issue Tracking - Maintains a list of Software provider HMIS system service requests, activities, deliverables, and resolutions. Reports to CoC on any request status
21. HMIS Issue Monitoring (Community Level) – Maintains a list of CHO service requests, activities, deliverables and resolutions. Reports to CoC on request status
22. HMIS Software Technical Support – 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 CoC within the software and/or overall system.
23. HMIS Staff Organization Chart – 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.
24. HMIS Software Training - 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.
25. HMIS User Feedback – Develop and implement an annual survey to gather User feedback; reporting on results to the CoC
26. System Operation and Maintenance - Responsible for the day to day operation and maintain of the HMIS System. Monitors and ensures system and data security.

HMIS Management and Operations - Data Quality

27. Data Quality Standards – In conjunction with the HMIS Advisory Committee, develop, implement, and monitor a Data Quality Standard and Compliance Plan on behalf of the Continuums of Care.
28. Data Quality Reports - Regularly disseminate data quality reports to the CHOs that indicate program levels of data entry completion, consistency and timeliness as compared to the data quality standards.
29. Data Quality Technical Assistance – Provides technical assistance and training in response to data quality reports disseminated to assist CHOs with compliance to the data quality standards.

30. Data Quality Reporting (CoC Level) - Regularly reviews and reports on CoC level data quality as compared to the data quality standard. Recommend action as necessary.

HMIS Policy Development and Oversight

31. Client Confidentiality and Privacy –Develop and provide regular training on client confidentiality and privacy requirements to intake, data entry, and reporting staff. Develop and conduct monitoring policies and procedures to insure all CHOs have compliant privacy policies and protocols in place.
32. Training - Develop and conduct training within established training policies.
33. Policies and Procedures - Ensures the existence of and compliance to HMIS Policies and Procedures. In conjunction with the HMIS Advisory Committee, conducts an annual review and update of HMIS policies, procedures, and plans.
34. Agency Participation Agreement – Ensures annual review of written agreements with CHOs to ensure ongoing applicability to current HMIS regulations, notices, and guidance.
35. Data Sharing Agreements – Ensures existence of and maintains a copy of written agreements between participating agencies who share client level data that describes the level of data element or program information sharing among the data sharing HMIS agencies, protocols for ensuring client privacy and confidentiality, protocols for termination of agreement, and business rules on data discrepancy resolution.
36. HMIS End-User Agreement – Ensures annual reauthorization of written agreement with each authorized user of the HMIS that defines participation protocols, including training requirements, consent protocols, system use, and privacy and security standards.

C. ***Covered Homeless Organization (CHO):*** The primary responsibility of the CHO is to actively participate in the HMIS and comply with all HMIS related requirements, standards, plans, and expectations.

1. Sign and comply with HMIS Participation Agreement
2. Ensure that all CHO End Users have a current and valid HMIS End User Agreement on file with the HMIS Lead Agency
3. Ensure that all CHO staff conducting HMIS data collection, entry, and reporting are operating within the established privacy, security, data quality, and business continuity plans.
4. Ensure that all CHO staff are utilizing the HMIS in accordance with the HMIS Participating Agency Agreement and End User Agreement
5. Establish and enforce human resource compliance protocols to investigate and discipline CHO staff that are not in compliance with the HMIS Participating Agency and/or End User Agreements.
6. Work with HMIS Lead to ensure the HMIS processing capabilities remain consistent with the privacy obligations of the CHO
7. APR and AHAR Reporting – Ensure existence and reliability of CHO data required to generate and submit an accurate APR and to ensure participation in the AHAR.
8. HMIS Reports - Ensure existence and reliability of CHO data required to generate CoC desired reports.
9. HMIS Issue Monitoring (Program Level)- Report issues in a timely fashion; work with HMIS to resolve.

10. HMIS Software Training- Ensures that staff collecting and inputting data into HMIS attend all mandated trainings.
11. HMIS User Feedback- Required to complete the survey
12. Agency and Program HMIS Participation- engage and foster relationships with other non-HUD funded programs to increase participation in HMIS and the CoC.
13. AHAR- engage and foster relationships with other non-HUD funded programs to increase participation in HMIS and the CoC.
14. Client Consent- Adhere to the Privacy Plan
15. Data and System Security- Adhere to the Security Plan
16. Data Quality Standards- adhere to data quality standards
17. Data Quality Reports- Review and correction of data within DQ Standard timelines
18. HMIS Security Standards- Designates a middle or upper management staff to fulfill security officer role
19. Background checks – conduct background checks on staff accessing Personal Protected Information collected, managed, input, or analyzed for HMIS as established by HUD.
20. Client Confidentiality and Privacy Training - participate in trainings and request specialized training based on program/community-identified needs
21. Data Sharing Agreements – 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.
22. HMIS End-User Agreement – 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.
23. Data Release- Programs owns and accounts and authorizes release of program specific data.

Article 6: Acknowledgement and Acceptance

The HMIS Governance Charter was created by the HMIS Advisory Group whose members consisted of four members of each CoC and a representative of the HMIS Lead Agency on behalf of the Maine Continuum of Care and the Portland Continuum of Care.

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 CoCs agree 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 Continuums.

Maine HMIS agrees to respond to recommendations by each CoC as provided by them through the HMIS Advisory Group.

The Governance Charter will be renewed on an annual basis to confirm that the Charter continues to be relevant and to appropriate.

This Charter documents the mutual understanding between all parties of HMIS related roles, responsibilities, relationships, and authorities between the parties hereto. It should not be construed as the HMIS Lead Agreement, which is the formal contracting agreement between the CoCs and the Designated HMIS Lead for HMIS services. This Charter may be modified, altered, revised, extended or renewed by mutual written consent of all parties, by the issuance of a written amendment, signed and dated by all the parties.

EFFECTIVE DATE AND SIGNATURE

This Charter shall be effective upon the ratification of this Governance Charter by both CoCs as evidenced by a vote of acceptance by each CoC in accordance with its ratification and voting policies, formal acknowledgement of the ratification in the CoC minutes, and by signature of the persons authorized by the CoCs and the HMIS Lead Agency to enter into this agreement.

I acknowledge by evidence of signature below and as the authorized representative of the Maine Continuum of Care, that this HMIS Governance Charter has been ratified by the Continuum of Care membership on October 29, 2015.

_____   11/4/15_____
Signature of MCoC Representative   *Date*

I acknowledge by evidence of signature below and as the authorized representative of the Portland Continuum of Care, that this HMIS Governance Charter has been ratified by the Continuum of Care membership on October 29, 2015.

_____   11/4/15_____
Signature of Portland CoC Representative   *Date*

I acknowledge by evidence of signature below and as the authorized representative of the Maine HMIS Lead Agency, that the HMIS Lead Agency accepts and acknowledges this HMIS Governance Charter.

_____   11/5/15_____
Signature of Maine HMIS Lead Agency Representative   *Date*

Written Standards for the Maine and City of Portland Continuums of Care

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

Approved on: August 16, 2016

Disclaimer: *Emergency Solutions Grant (ESG) and Continuum of Care (CoC) funding recipients and subrecipients shall comply with the minimum written standards as established by the Maine and City of Portland Continuum of Care. While ESG and CoC recipients and subrecipients may to set additional standards for the provisions of ESG and CoC assistance, those standards should not unnecessarily add barriers to admission and program participation.*

Table of Contents

1. Introduction

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) enacted into law on May 20, 2009 consolidated three of the separate homeless assistance programs administered by the U.S. Department of Housing and Urban Development (HUD) under the McKinney-Vento Homeless Assistance Act into a single grant program. The HEARTH Act also codified into law the Continuum of Care (CoC) planning process, a longstanding part of HUD's application process to assist persons experiencing homelessness by providing greater coordination in responding to their needs. The interim regulation was published in the Federal Register on July 31, 2012 and became effective August 30, 2013.

The purpose of the CoC program is to promote a community wide commitment to the goal of ending homelessness; providing funding for efforts by nonprofit providers, and State and local governments to quickly rehouse individuals and families experiencing homelessness while minimizing the trauma and dislocation caused to individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by individuals and families experiencing homelessness; maximize resources; and optimize self-sufficiency among individuals and families experiencing homelessness.

The CoC program includes transitional housing, permanent supportive housing, rapid rehousing, supportive services, and Homeless Management Information Systems (HMIS). A CoC is a geographically based group of representatives that carries out the planning responsibilities of the CoC program (24 CFR part 578). These representatives come from organizations that provide services to persons experiencing homelessness, or represent the interests of the homeless or formerly homeless. The three major duties of a CoC are to (1) operate the CoC; (2) designate a HMIS for the CoC; and (3) develop a plan for the CoC. In Maine there is the Portland Continuum of Care (PCoC), which covers the City of Portland, and the Balance of State, which covers the rest of the State of Maine (MCoC).

The *Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Interim Rules* state that the Continuum of Care (CoC) must develop Written Standards to ensure that *persons experiencing homelessness* who enter programs throughout the CoC *will be given similar information and support to access and maintain permanent housing*. The following Written Standards

- *establishes community wide expectations on the operations of projects within the community,*
- *ensures that the system is transparent to users and operators,*
- *establishes a minimum set of standards and expectations in terms of the quality expected of projects,*
- *makes the local priorities transparent to recipients and sub-recipients of funds, and*
- *creates consistency and coordination between recipients' and sub-recipients' projects.*

All programs that receive CoC funding are required to abide by these Written Standards and program procedures should reflect the standards described herein. The CoC strongly encourages all programs that serve persons experiencing homelessness to accept and use these written standards regardless of funding.

These written standards have been developed by the Maine and Portland Continuum of Care in conjunction with ESG recipients/subrecipients (City of Portland and State of Maine), and with service providers and community stakeholders. This collaboration allows for input and transparency regarding the procedural components of the Coordinated Entry System (CES), written standards, performance measures and the process for full implementation of the standards throughout the CoC.

The Continuum of Care Board of Directors will initiative review of the Written Standards at a minimum of once per year. Agreement to abide by the Written Standards will be a condition of CoC funding.

2. Maine's Plan to End and Prevent Homelessness

Maine has developed a Plan to End and Prevent Homelessness. The Plan very simply calls for everyone who is experiencing homelessness to secure permanent housing with an adequate support network.

There are four specific goals:

1) That emergency shelters and outreach programs work together to quickly engage people and move them into housing, and provide them with support that follows them from emergency through to stability in the community.
2) That there is an adequate supply of appropriate housing and rental subsidies to allow stability.
3) That issues such as mental illness, substance abuse, and traumatic brain injury receive adequate support or treatment to allow stability.
4) That all other issues underlying homelessness, such as poverty, self- esteem, and skill development are addressed, and an adequate support system is in place to allow stability.

The Plan specifies how to accomplish each of these goals.

Each population will be met where they are at, and supported in ending their homelessness, prevented from recidivism, or prevented from becoming homeless in the first place.

The plan identifies tactics and tools for each population, including: families, adult singles (chronic), adult singles (circumstantial), victims of domestic violence, and unaccompanied youth. Information can be found in *Appendix A: Maine's Plan to End and Prevent Homelessness, A Summary* which summarizes the strategies for solving 80% of homelessness for each population.

a. Maine's Priorities for Ending Homelessness

In addition, Maine has developed a Prioritization Guideline, a tool developed by the Statewide Homeless Council and adopted by the Continuum of Care Board of Directors, the Regional Housing Councils, the Portland and the Maine CoCs, and the Emergency Shelter Assessment Committee (ESAC). The Prioritization Guideline is used to prioritize housing referrals for households who are shelter guests or are living in places not meant for human habitation, who are not able to resolve their homeless episode without assistance, and who may require permanent supportive housing (PSH). The following is a brief summary of the priorities developed:

1. **Long Term Stayers/ Chronically Homeless Individuals** who have been homeless greater than or equal to 180 days in a 365-day period; or VI-SPDAT flagged including medically compromised.
2. **Long Term Stayers Families** who have been homeless greater than or equal to 180 days in a 365-day period or VI-SPDAT flagged.
3. **a. Domestic Violence Families & Individuals** who have been homeless greater than 30 days.

b. **Unaccompanied Youth unable to be reunited with their families** who have been homeless greater than 30 days.

c. **Less than Long Term Stayers Individuals and Families** who have been homeless greater than 60 days but less than 180 days in a 365-day period or VI-SPDAT flagged including medically compromised.

4. **Persons in Institutions** greater than 90 days.

5. a. **Circumstantially Homeless,**

    b. **Unaccompanied Youth** (working toward reunification/ stability) who have been homeless less than 30 days & not flagged on the VI-SPDAT.

A full chart explaining the priorities is available in *Appendix B Ending Homelessness Prioritization Chart*.

3. General Standards for Administering Programs

The following standards are meant for programs to administer programs fairly and methodically allowing for standardization of data and ensures all participants are able to access the same level of services and resources. CoC funds may be used for projects under five program components: Permanent housing (PH), Permanent Supportive Housing (PSH), Transitional Housing (TH), Rapid Rehousing (RRH); Supportive services Only (SSO), and HMIS. Eligible costs include: CoC planning activities, Unified Funding Agency costs, acquisition, rehabilitation, new construction, leasing, rental assistance, supportive services, operating costs, HMIS, project administrative costs, relocation costs, and indirect costs.

a. Participation in the Coordinated Entry System

All homeless projects in the state of Maine must participate in the State of Maine's Coordinated Entry System. Domestic Violence provider participation is defined in the Coordinated Entry Written Standards. This includes using the common assessment forms, following the agreed upon referral process, using the common PSH waitlist, and anything else as appropriate. Additional information about the State of Maine Coordinated Entry can be found in the Appendix C State of Maine's Coordinated Entry System or the Coordinated Entry Written Standards.

b. Participant Eligibility

Eligibility to receive assistance under all CoC-funded programs will be based on the guidelines outlined by HUD, and defined in the HEARTH Act of 2009. The Homeless Definition includes four categories of eligibility: 1) Literally Homeless, 2) Imminent Risk of Homelessness, 3) Homeless Under Other Federal Statutes, and 4) Fleeing /Attempting to Flee Domestic Violence. A full definition of homelessness can be found in *Appendix D: HUD Definitions of Homelessness*.

Evaluation and eligibility policies and procedures are developed in accordance with the Continuum's common assessment requirements set forth under § 578.7(a)(8) of HUD's Interim Rule that governs the regulatory implementation of the CoC program as well as any additional criteria as set forth in the CoC Program Notice of Funding Availability (NOFA).

CoC members will work together to identify which eligible persons could benefit the most from assistance. Upon initial evaluation, the type and amount of assistance deemed appropriate will be offered to ensure the individual's or family's needs are met to regain housing stability. A homeless service

provider may develop and follow its own internal policies and procedures that further outline the evaluation methods for the project it is administering.

In determining eligibility for assistance regarding:

- Annual income of an individual or family: The homeless service provider must use the standards for calculating annual income under 24 CFR 5.609 and 24 CFR 5.611(a). Other resources such as Federal, State, local, and private assistance available in obtaining housing stability may also be considered.
- Occupancy charges and/or rent for participants for CoC funded program: Recipients/subrecipients must follow the standards as set forth in 24 CFR 578.77.
- Short Term Rental Assistance: Eligible financial assistance may include housing search, rent application fees, security deposit, utility deposits and rent (maximum of one month). All applicants must be evaluated for eligibility by use of the standard centralized or coordinated assessment system. To be eligible, an applicant must meet the standards for homelessness (per HUD definition) or be facing an eviction with notice in hand and have an annual income of less than 30% of area median income. Applicants are eligible for future services only if they have no other housing subsidies from local, state, or federal sources and have no other viable resources to secure or maintain housing. The highest priority applicants for rapidly re-housing are those currently homeless in the "mid-range" (clients who have 14-179 bed nights) for whom a potential living unit has been identified and will be available in less than a month. Additional focus will be placed on clients who have WRAP Around Community Funds for Supports.

c. Program Requirements for All Programs

- Programs must coordinate with other homeless services within the CoC.
- Programs must coordinate with mainstream resources in the CoC including housing, social services, employment, education, and youth programs for which participants may be eligible.
- Programs must have written policies and procedures and must consistently apply them to all participants.
- Programs that serve families, households with children, or unaccompanied youth:
    o Providers must ensure that placement efforts are coordinated to avoid involuntary family separation, including referring clients for the most appropriate services and housing to match their needs. The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that provides shelter for families with children (CoC Program Interim Rule 24 CFR 578.93).
    o A staff person must be designated as the educational liaison that will ensure that children and youth are enrolled in school, connected to appropriate services in the community, including early childhood program such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney Vento education services. Allow parents (if accompanied) to make decisions about school placement. Children or unaccompanied youth are not required to enroll in a school as a condition for receiving services (CoC Program Interim Rule 24 CFR 578.23).
    For more information regarding Involuntary Family Separation or Education Polices see

Appendix E: Family and Education Policies*.*

- Programs must protect the privacy and safety of domestic violence survivors and to uphold client choice by presenting a range of housing and service options.
  - o Programs which are primarily for survivors of violence are prohibited from contributing client-level data into the HMIS. However, these programs must record client-level data within a comparable internal database and be able to generate aggregate data for inclusion in reports.
  - o Non-victim service providers shall protect the privacy of individuals and families who are fleeing or attempting to flee violence, by not including intake/treatment data in HMIS.
  - o The location of Domestic Violence shelters/ programs shall not be made public.
  - o Staff responsible for coordinated entry shall receive training on protecting the safety and privacy of individuals who are fleeing, or attempting to flee violence.
  - o For documentation of domestic violence and Certification of Homelessness see *Appendix F: Documentation of Domestic Violence and Certification of Homelessness.*
- Programs receiving ESG, CoC and RHYA funding must participate in HMIS (Homeless Management Information System), unless otherwise stated by federal regulations. However, all homeless programs are strongly encouraged to participate in HMIS.
- Programs must meet minimum HMIS data quality standards.
- Programs providing Domestic Violence or Legal Services may use HMIS participation or a comparable database to collect HUD required data elements.
- Programs must participate in the Coordinated Entry System and use the prioritization criteria established in this document.
- Programs must conduct an initial evaluation to determine the amount and type of assistance needed to regain stability in permanent housing.
- Program rules and regulations should be designed in the spirit of inclusion rather than as grounds for denial or termination. Programs should exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.
- Programs must have a formal procedure for terminating assistance to a participant that recognizes the rights of the participant(s) involved. Each program must adopt a formal appeals process as described by their CoC Governance.
  - o Programs must use judgment and examine all extenuating circumstances in determining that a violation should result in termination.
  - o Every effort should be made to allow the participant to remain in the program; termination should only be exercised in the most severe cases.
  - o Termination does not necessarily preclude assistance at a future date.
- Programs must make known that use of the facilities and services are available to all on a nondiscriminatory basis.
- Programs must make their resources available to individuals and families without regard to actual or perceived sex, sexual orientation, or gender identity. For guidance serving transgender persons in sex-segregated facilities see

- *Appendix G: Serving Transgender Persons in* Sex-Segregated Facilities.
- Programs may not engage in inherently religious activities such as worship, religious instruction or proselytization as part of the programs or services funded under the CoC or ESG. These activities can be conducted but must be separate and voluntary for program participants.
- Programs targeting unaccompanied youth, especially those funded by RHYA, are encouraged to participate in:
  - the Continuum of Care to ensure youth issues are understood
  - HMIS
  - the annual PIT count
  - the Statewide Homeless Youth Provider Group
  - be represented on the Board of Directors

d. Documentation Standards

Documentation of Homelessness must follow HUD's guidance, listed below in order of preference below and also explained in Appendix D:

- <u>Literally Homeless</u> (Category 1): third party verification; written observation by an outreach worker; or certification by the individual or head of household seeking assistance stating he/she was living on the streets or in a shelter.
- <u>Imminent Risk of Homelessness</u> (Category 2): a court order resulting from an eviction action notifying the individual or family they must leave within 14 days; OR for an individual or family leaving a hotel or motel- evidence they lack the financial resources to stay; OR a documented written or oral statement that the individual or family will be literally homeless within 14 days AND self- certification or other written documentation that the individual lacks the financial resources and support needed to obtain permanent housing.
- <u>Chronically Homeless Individuals and Families with the most Service Needs</u> (Category 3): third party verification; written observation by an outreach worker; or certification by the individual or head of household seeking assistance stating he/she was living on the streets or in a shelter.
- <u>Fleeing or Attempting to Flee Domestic Violence</u> (Category 4):
  For Victim Service Providers: An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence and they lack resources. Statement must be documented by a self-certification or certification by the intake worker.
  For Non-Victim Service Providers: Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and Certification by the individual or head of household that no subsequent residence has been identified; and Self-certification or other written documentation that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Additional Participant Recordkeeping Requirements include:

- All records containing personally identifying information must be kept secure and confidential
- Programs must have written confidentiality/privacy notice, a copy of which should be made available to participants if requested, which includes information on data sharing among providers.
- A record of services and assistance provided to each participant.
- Documentation of any applicable requirements for providing services/assistance.
- Documentation of use of the Coordinated Entry System.
- Documentation of use of HMIS.
- Records must be retained for the appropriate amount of time as prescribed by HUD.

Financial Recordkeeping Requirements include:

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

e. Occupancy Standards for All Programs

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

- Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents.
- Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable.
- Must provide an acceptable place to sleep and adequate space and security for themselves and their belongings.
- Each room must have a natural or mechanical means of ventilation.
- Must provide access to sanitary facilities that are in operating condition, private and clean.
- Water supply must be free of contamination.
- Heating/cooling equipment must be in working condition.
- Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances.
- Food preparation areas must have suitable space and equipment to store, prepare, and serve food in safe and sanitary manner.
- Building must be maintained in a sanitary condition.

- Must be at least one smoke detector in each occupied unit of the program, and where possible near sleeping areas. The fire alarm system must be designed for hearing impaired participants. There must be a second means of exiting the building in case of fire or other emergency.

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

f. HMIS Standards

Minimum standards for data are:

- Providers, except for victim service providers, shall actively utilize the Homeless Management Information System (HMIS), to enter data on people served and assistance provided
- Victim service providers shall actively utilize a comparable data system that meets HUD's standards (24 CFR 576.107).
- HMIS Lead
    - Every five- ten years, the Portland and Maine CoCs will engage in a procurement process to select the HMIS lead and to manage the HMIS system. The HMIS lead will be responsible for CoC, ESG, and NHAP HMIS activities. Continuity is a critical factor in a well-run HMIS system; therefore, preference in the procurement may be granted to the existing provider.
    - The HMIS provider will recommend to the CoC an HMIS software solution.
    - The HMIS lead is responsible for:
        - Maintaining and updating the HMIS data system.
        - Providing training and support to all HMIS users.
        - Generating regular reports based on HMIS data including counts of homeless persons and performance reports on CoC and ESG funded providers.
        - Providing reports to HUD as required including the Annual Homelessness Assessment Report (AHAR).
        - Assist in implementing the Coordinated Entry System to be used in the CoC.

g. Housing First

Where applicable, homeless projects in the state are encouraged to adopt a Housing First Approach, which is recognized as a best practice and evidence based model. Adoption of Housing First practices will be documented via program policies and procedures, and any other relevant documents, that evidence the incorporation of the practices into the design and operation of the project.

At its most basic, Housing First is a model of housing assistance that centers on providing people experiencing homelessness with housing first and then providing voluntary services as needed and desired. Housing First programs operate under the assumption that everyone is ready for housing.

In addition to the basic idea of providing housing first, Housing First programs share a few critical elements, including:

- **Rapid exit from homelessness** - Whether at the emergency shelter or permanent housing point, Housing First providers work to get individuals and families experiencing homelessness out of homelessness and into permanent housing as quickly as possible. For shelter providers, this means working hard to identify any rapid re-housing assistance that may be needed to move the household out of homelessness, or referring to permanent supportive housing where available and appropriate. For permanent housing providers, this means speeding up and/or streamlining intake processes wherever possible, and ensuring that prioritized clients are coming from literally homeless locations.
- **Minimal barriers to program entry** - Remove barriers to entry to make programs and services available to those with the most severe needs and longest histories of homelessness. Program policies should only deny program entry in cases where a criminal history shows a pattern of violent offenses (including violent sexual offenses). Homeless program staff should do their due diligence to find alternative means of shelter/housing in the event that their program is unable to serve a client based on the client's criminal background or safety issues related to substance use.
- **Voluntary Supportive Services** - All supportive services be offered to clients on a voluntary basis. Refusal to participate in supportive services cannot be a reason to terminate someone from a homeless program. However, depending on the services they receive, clients may be required to participate in regular assessment of needs in order to determine if ongoing assistance is needed and desired.
- **Housing Focused Assistance** - Housing First programs offer voluntary supportive services that are focused on helping someone be successful in the housing.

h. Program Specific Standards

i. Permanent Supportive Housing Standards

Permanent Supportive Housing is a combination of housing and services designed for people with serious mental illnesses or other disabilities who need support to live stably in their communities.

Permanent Supportive Housing Eligibility

Permanent Supportive housing projects can serve individuals who meet HUD's definition of homeless for Category 1 - Literally Homeless and Category 4- Fleeing/ Attempting to Flee Domestic Violence. Additionally, Permanently Supportive housing clients must be disabled.

Permanent Supportive Housing Prioritization

All Maine PSH projects must prioritize chronically homeless individuals/families first, in all cases, and must follow the order of priority described in detail below. Furthermore, when multiple chronically homeless are identified, those individuals/families with the longest histories of homelessness and with the most severe service needs should be prioritized before other chronically homeless with less severe needs and/or shorter histories of homelessness.

HUD Notice CPD 14-012 calls for the following priorities for permanent supportive housing, and priorities for chronically homeless individuals.

- Order of Priority in CoC Program-funded Permanent Supportive Housing

- Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness

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

The Order of Priorities identified here can be found in *Appendix H: Order of Priority of CoC Permanent Supportive Housing*.

Assessing Severity of Need

Maine PSH projects should use the Coordinated Entry Tool to help determine the severity of service needs of persons experiencing homelessness on local PSH waitlists. Until implemented statewide, programs can utilize the VI-SPDAT to assess need. If information about a persons' use of local crisis services is available as well, this information may supplement the assessment information in order to better understand severity of need.

ii. Transitional Housing Standards

The purpose of Transitional Housing (TH) projects is to facilitate the movement of individuals and families experiencing homelessness to permanent housing as quickly as possible. TH projects should be targeted to persons who have been assessed as not being able to quickly resolve their homelessness on their own, but who do not have needs great enough to necessitate placement into Permanent Supportive Housing. Transitional Housing targets a two-year time frame.

Transitional Housing Eligibility

Transitional housing projects can serve persons who meet HUD's definition of homelessness for Category 1 - Literally Homeless, Category 2- Imminent Risk of Homelessness, and Category 4- Fleeing/ Attempting to Flee Domestic Violence.

Transitional Housing Prioritization

TH projects should be targeted to persons who have been assessed as not being able to quickly resolve their homelessness on their own, but who do not have needs great enough to necessitate placement into Permanent Supportive Housing. Appropriate target populations may include those with service needs that have been identified as being more long-term in duration, but not indefinite. Appropriate target populations may include domestic violence victims, individuals with histories of substance abuse disorders or those in early recovery, or transition age youth. Within identified target populations, TH projects should further screen applicants to identify people with longer lengths of homelessness and greater vulnerabilities and prioritize those applicants for assistance.

iii. Rapid Rehousing Standards

Rapid Re-Housing (RRH) emphasizes housing search and relocation services and short- and medium-term rental assistance to move persons and families experiencing homelessness (with or without a disability) as rapidly as possible into permanent housing.

Rapid Rehousing Eligibility

All Rapid Rehousing projects must serve persons who meet category 1 of HUD's homeless definition, Literally Homeless. For RRH, category 1 of the homeless definition ONLY includes individuals and families who are sleeping in a place not meant for human habitation or living in an emergency shelter meant to provide temporary living arrangements.

Rapid Rehousing Prioritization

Where possible, RRH projects should be targeted to individuals and households who are unable to resolve their homelessness on their own but do not have service needs so great as to necessitate movement into TH or PSH. Within this targeted population, RRH providers should prioritize for assistance those people with greater vulnerabilities and less likelihood of exiting homelessness "but for" rapid re-housing assistance. RRH projects should strive to serve as many appropriate participants as possible, adjusting the duration and amount of assistance in order to meet the individualized needs.

Additionally, in cases where an eligible homeless Veteran has been identified, and that Veteran is not eligible for VA programs, RRH providers should prioritize the homeless Veteran for assistance.

Rapid Rehousing Determining Rental Assistance Provided

Rental assistance is not to exceed two years, although programs have the authority to design projects with shorter durations. Tenants must contribute 30% of household income (with some adjustments) for rent. The program covers the remainder of the rent up to Fair Market Rent. Tenant is able to remain in the housing even if the subsidy is transitional.

iv. Homelessness Prevention

Recipients and subrecipients located in HUD-designated High Performing Communities (HPCs) may use CoC Program funds for homelessness prevention assistance for individuals and families at risk of homelessness. The services under this component may include housing relocation and stabilization services as well as short- and medium-term rental assistance to prevent an individual or family from becoming homeless. Through this component, recipients and subrecipients may help individuals and families at-risk of homelessness to maintain their existing housing or transition to new permanent housing. Homelessness prevention must be administered in accordance with 24 CFR part 576.

v. Support Services Only

The supportive services only (SSO) program component allows recipients and subrecipients to provide services to individuals and families experiencing homelessness not residing in housing operated by the recipient. SSO recipients and subrecipients may use the funds to conduct outreach to sheltered and unsheltered persons and families experiencing homelessness, link clients with housing or other necessary services, and provide ongoing support. SSO projects may be offered in a structure or structures at one central site, or in multiple buildings at scattered sites where services are delivered. Projects may

be operated independent of a building (e.g., street outreach) and in a variety of community-based settings, including in homeless programs operated by other agencies.

4. Performance Targets

Performance Measures	
Remain in or Exit to Permanent Housing (PH) Percent of all leavers who remained in or exited to PH/PSH	80%PSH 65% TSH 30% ESG
Exit with Employment Income Percent of adult leavers who exited with employment income	20% HUD goal MCOC Collected info only
Exit with Increased Income Percent of adult leavers who exited with maintained/ increased income from all sources	20% set as baseline
Main stream Resources Percent of stayers that maintained/ increased mainstream benefits	20% set as baseline
Occupancy Average daily bed/unit/ or program slot utilization	MCOC & PCOC 85%
HMIS Data Quality Percent of null/missing and don't know/ refused values: Less than (add%)	C or better
Length of Stay (shelters only) Average length of stay	Decrease by 10% ESG
Recidivism/ Return to homeless within 6 months Return to homeless after DC shelter	15% or less ESG

5. Monitoring Performance of CoC Recipients

The CoC's are monitor each provider's performance, eligibility criteria, target populations, and cultural competence. Each CoC project is monitored annually. Projects are evaluated based upon performance measures, including: utilization rates, increasing housing stability, participant eligibility, length of time homeless, destination upon program exit, increasing participant income, and connecting program participants to mainstream benefits. The CoCs process for monitoring recipients is below: must describe the criteria and processes it uses for monitoring recipients, including how the CoC assesses project capacity to implement CoC Program requirements (e.g., timely submission of APRs, timely draws from LOCCS.)

The CoC's follow the following monitoring outline:

- The Monitoring Team, which includes members of the CoC, conduct the monitoring. A point person is identified for contacting projects and scheduling meetings and coordinating with

projects.

- Projects are notified in writing they will be monitored and receive a Monitoring and Evaluation Form. A Project Point person is identified.
- A date is chosen to conduct the monitoring.
- Each project completes the Monitoring and Evaluation Form and submits it to the point person.
- During the monitoring the Monitoring Team evaluates the project and meets with the project team.
- A follow up notification is submitted to the project summarizing the monitoring results. Project applicants have an option to revise and resubmit to correct any findings.

6. Coordination of Services

The CoC network of homeless service providers will coordinate to minimize duplication of services in order to provide the most effective and efficient assistance to those in need. Continuum members meet regularly to discuss issues such as evolving trends, challenges, and funding fluctuations in an effort to facilitate coordination between local homeless service providers and emergency shelters.

There are multiple efforts occurring within the Continuum of Care and throughout Maine that support coordination of services among providers and the community at large, including implementing the Coordinated Entry System.

The Coordinated Entry System (CES) is intended to divert and prevent homelessness, increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on needs, and prioritize persons with severe service needs for the most intensive interventions. Coordinated Entry helps communities prioritize assistance based upon vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner while also providing information regarding gaps in services and identification of additional resources required.

In addition, the Continuum will, to the maximum extent practicable, coordinate and integrate information with funded and unfunded organizations that provide similar services or mainstream support within the community.

APPENDICES

Appendix A: Maine's Plan to End and Prevent Homelessness, A Summary

The Plan calls for everyone who is homeless to secure permanent housing with an adequate support network.

1. There are four specific goals: 1) That emergency shelters and outreach programs work together to quickly engage people and move them into housing, and provide them with support that follows them from emergency through to stability in the community. 2) That there is an adequate supply of appropriate housing and rental subsidies to allow stability. 3) That issues such as mental illness, substance abuse, and traumatic brain injury receive adequate support or treatment to allow stability. 4) That all other issues underlying homelessness, such as poverty, self- esteem, and skill development are addressed, and an adequate support system is in place to allow stability.

    The Plan specifies how to accomplish each of these goals.

2. Each population will be met where they are at, and supported in ending their homelessness, prevented from recidivism, or prevented from becoming homeless in the first place.

Ways to solve 80% of homelessness for each population

Families <u>Provide rental subsidies</u>. Poverty is the primary concern and rental subsidies level the playing field for housing stability. Affordable housing allows employment, stability, and a platform for any underlying issues to be resolved.

<u>Key tools</u>: Tenant based Housing Choice Vouchers (Section 8), General Assistance, STEP, funding for brief case management and system navigation.

Adult singles (Chronic) <u>Provide rental subsidies in permanent supportive housing</u>. Mental illness and substance abuse are primary concerns, and rental subsidies with support in the housing are the antidotes.

<u>Key tools</u>: Rental subsidies – Project based Housing Choice Vouchers (Section 8), Shelter + Care, BRAP. Bricks and mortar – MaineHousing Supportive Housing Program, CoC New Project funding. Services – a continuum of mental health and substance abuse services including case management, VA Services, and HUD/VASH. Disability determination and representative payee services are important tools for success.

Adult singles (Circumstantial) <u>Provide basic affordable housing</u>. Poverty is the primary concern and affordable housing allows employment, stability, and a platform for any underlying issues to be resolved.

<u>Key tools</u>: General Assistance, single room occupancies, day labor/employment support, funding for brief case management and system navigation.

Victims of domestic violence <u>Provide rental subsidies in supportive housing with transitional services</u>. Services address safety planning and support for survivors (and their children) to create lives free from abuse in long-term stable housing. Services target the full range of barriers to safety and stability with programming to promote financial, legal, and personal empowerment. Rental subsidies and affordability

allow the platform for success.

Key tools: State and DOJ funding for existing network of DV support services, project based and tenant based Housing Choice Vouchers (Section 8), STEP, MaineHousing Supportive Housing Program, CoC New Project funding.

Unaccompanied Youth Provide reunification with family, and outreach support for success in the family and in the community. Services and outreach services stabilize youth outside and inside their families/natural support systems. Substance abuse, mental health issues and illness, family domestic violence (including physical and sexual abuse histories), and sexual identity are major support needs. Given adequate individual and family support, including mobile crisis services and family therapy, many youth can remain or be reunited with their families. Others, where appropriate, require independent living skills, and basic affordable housing as with adult singles (circumstantial), along with transitional support services.

Key tools: State and federally funded youth support services, outreach workers, family therapists.

Appendix B Ending Homelessness Prioritization Chart

7765

2015 Ending Homelessness Prioritization Chart

	Priority	Homeless Category	Parameters	N	Resources	Process
5%	P1	Long Term Stayers (LTS)/Chronically Homeless: Individuals	Greater or equal to 180 days in a 365 period; or VI-SPDAT flagged including medically compromised	249	300 Dedicated S+C vouchers. 80 local Section 8 vouchers. For Vets: HUD/VASH with initial SSVF assistance.	1) 1 year of HMIS data, application; 2) CAA will centralize vouchers and award these to shelters/providers directly; 3) CAA will follow up to verify disability and criteria for chronic homelessness; 4) PHA commitments for Section 8; 5) PATH commitment to connect people who are homeless to housing resources.
	P2	Long Term Stayers (LTS): Families	Greater or equal to 180 days in a 365 period; or VI-SPDAT flagged	50	Home to Stay, GA, occasional S+C as family qualifies	STEP or Section 8 from Home to Stay; shelters use Home to Stay resources to solve for this population; GA
15%	P3	Domestic Violence Families & Individuals	Greater than 30 days	875	Dedicated transitional supportive housing, permanent supportive housing, Section 8, BRAP, S+C, GA	Transitional DV Resources, CHOM, ETC.
	P3	Unaccompanied Youth unable to be reunited with their families	Greater than 30 days	50	STEP, Transitional supportive housing, GA , Home to Stay, PHS, Wrap funds, Rent and security deposit for DHHS OCFS placements, RHYA resources	Transitional youth service partners/BRAP - LAA's
	P3	Less than Long Term Stayers (LTS) Individuals & Families	Greater than 60 days but less than 180 days in a 365 day period or VI-SPDAT flagged including medically compromised	290	Permanent housing, permanent supportive housing, transitional supportive housing, Section 8, BRAP, S+C, Wrap funds. For Vets: SSVF, or where appropriate HUD/VASH	Shelter case management, market apartments with outreach support, rapid re-housing
	P4	Institutions	Greater than 90 days	85	BRAP, PNMI	BRAP-LAAs, PNMI
80%	P5	Circumstantially Homeless	Less than 60 days & not flagged on VI-SPDAT	6066	SSVF, General Assistance	Existing mainstream resources - general assistance, allow them to house themselves
	P5	Unaccompanied Youth (working toward reunification/stability)	Less than 60 days & not flagged on VI-SPDAT; RHYA Programs	100	Wrap funds - Section 17, RHYA resources	Existing mainstream resources - general assistance. Traditional youth service providers

Veterans, the elderly, and the medically compromised could fit into any prioritization category as applicable (i.e., Veterans could fit into any category except youth).

KEY:
S+C = Shelter Plus Care
PSH = Permanent Supportive Housing
VI-SPDAT = Vulnerability Index & Service Prioritization Decision Assistance Tool
SSVF = Supportive Services for Veteran Families
BRAP = Bridging Rental Assistance Program

PNMI = Private Non-Medical Institutions
HUD/VASH = Veterans Affairs Supportive Housing
Home to Stay = Rapid Re-Housing Program funded through MaineHousing
RHYA = Runaway and Homeless Youth Act

Appendix C State of Maine's Coordinated Entry System

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

- **Adopt statewide standards:** but allow flexibility for local customization beyond baseline standard.
- **Consumer Choice**: Consumers will be given information about the programs available to them and have some degree of choice about which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of coordinated assessment through forums, surveys, and other methods designed to obtain their thoughts on the effectiveness of the coordinated assessment process.
- **Promote client-centered practices** – Every person experiencing homelessness should be treated with dignity, offered at least minimal assistance, and participate in their own housing plan. Provide ongoing opportunities for consumer participation in the development, oversight, and evaluation of coordinated assessment. Consumers should be offered choice whenever possible.
- **Prioritize most vulnerable** as the primary factor among many considerations – Limited resources should be directed first to persons and families who are most vulnerable*. Less vulnerable persons and families will be assisted as resources allow. *Vulnerability will be defined locally.
- **Collaboration**: Because coordinated assessment is being implemented system wide, it requires a great deal of collaboration between the CoC's, providers, mainstream assistance agencies (e.g., Department of Health and Human Services, hospitals, and jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council (the Coordinated Assessment Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the coordinated assessment/entry process.
- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the coordinated assessment process. Data from the assessment process that reveals what resources consumers need the most will be used to assist with reallocation of funds and other funding decisions. To capture this data accurately, all assessment staff and providers must enter data into HMIS (with the exception of some special populations and other cases, outlined later in this document) in a timely fashion. Consumers' rights around data will always be made explicit to them, and no consumer will be denied services for refusing to share their data.
- **Performance-Driven Decision Making**: Decisions about and modifications to the CES process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of waiting time for an assessment.
- **Housing First:** The most successful model for housing people who experience chronic

homelessness is permanent supportive housing using a "Housing First" approach, which is a client-driven strategy the provides immediate access to housing without requiring participation in psychiatric treatment, treatment for sobriety, or other service participation requirements. After settling into housing, consumers are offered a wide range of supportive services that focus primarily on helping them maintain their housing. Maine's CES strongly encourages recipients of PH/PSH and TH, whenever possible funding to implement a Housing First approach. Coordinated assessment will support a housing first approach, and will thus work to connect households with the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.

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

Appendix D: HUD Definitions of Homelessness

1. Literally Homeless	Individuals who lack a fixed, regular, and adequate night time residence, meaning: • Have a primary residence that is a public or private place not meant for human habitation; • Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> • Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
2. Imminent Risk of Homelessness	Unaccompanied youth or young adults who will imminently lose their primary nighttime residence, provided that: • Residence will be lost within 14 days of the date of application for homeless assistance; • No subsequent residence has been identified; **and** • The unaccompanied youth or young adult lacks the resources or support networks needed to obtain other permanent housing
3. Persons meet the homeless definition by another federal statute	Unaccompanied youth or young adults or families that: • Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; **and** • Have experienced persistent instability as measured by two moves or more during the preceding 30 days; **and** • Can be expected to continue in such status for an extended period of time due to special needs or barriers; **and** • The individual lacks the resources or natural support networks needed to obtain other permanent housing or to remain in a *doubled –up* situation for 120 days or more
Attempting to Flee External Harm to Self	Any unaccompanied youth or young adult who: • Is fleeing or disengaging, or is attempting to flee or disengage, domestic violence, sex trafficking, sexual exploitation, gang participation, and/or organized crime; **and** • Has no other residence; **and** • Lacks the resources or support networks to obtain other permanent housing

Appendix E: Family and Education Policies

Family Admission/ Separation Policies

Consistent with the CoC Program Interim Rule 24 CFR 578.93, neither CoC nor ESG program funded projects may involuntarily separate families. The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that receives CoC or ESG funds. The CoC will work closely with providers to ensure that placement efforts are coordinated to avoid involuntary family separation, including referring clients for the most appropriate services and housing to match their needs. Any client that believes that they or a family member has experienced involuntary separation may report the issue to the CoC. The CoC will investigate the claim and take appropriate remedial action.

Education Policies

Consistent with the CoC Program Interim Rule 24 CFR 578.23, all CoC and ESG programs assisting families with children or unaccompanied youth must:

1. Take the educational needs of the children into account when placing families in housing and will, to the maximum extent practicable, place families as close as possible to their school of origin so as not to disrupt such children's education.
2. Inform families with children and unaccompanied youth of their educational rights, including providing written materials, help with enrollment, and linkage to McKinney Vento Liaisons as part of the intake procedures.
3. Not require children and unaccompanied youth to enroll in a new school as a condition of receiving services.
4. Allow parents or the youth (if unaccompanied) to make decisions about school placement.
5. Not require children and unaccompanied youth to attend after-school or educational programs that would replace/ interfere with regular day school or prohibit them from staying enrolled in their original school.
6. Post notices of student's rights at each program site that serves children and families experiencing homelessness in appropriate languages.
7. Designate staff that will be responsible for:
   a. Ensuring that \ children and youth experiencing homelessness in their programs are in school and are receiving all educational services they are entitle to.
   b. Coordinating with the CoC, the Department of Health and Human Services, The County Office of Education, the McKinney Vento Coordinator, the McKinney Vento Educational Liaisons and other mainstream providers as needed.

In order to ensure compliance and to assist providers in meeting these requirements, the CoC will provide training on these issues annually and will include these in the funding competition review and ranking process.

Appendix F: Documentation of Domestic Violence and Certification of Homelessness

Documentation of Domestic Violence

For each program participant who moved to a different Continuum of Care due to imminent threat of further violence under 24 CFR 578.51(c)(3) the CoC program must retain:

1. Documentation of the original incidence of violence. This may be written observation of the housing or service provider; a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance, medical or dental records court records or law enforcement records or written certification by the program participant to whom the violence occurred or by the head of household.
2. Documentation of the reasonable belief of imminent threat of further violence, which would include threats from a third party, such as a friend or family member of the perpetrator of the violence. This may be written observation by the housing or service providers or a letter.

Certification of Homelessness for Victims of Domestic Violence

For Victim Service Providers

1. An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence and they lack resources. Statement must be documented by a self-certification or certification by the intake worker.

For Non-Victim Service Providers

1. Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and
2. Certification by the individual or head of household that no subsequent residence has been identified; and
3. Self-certification or other written documentation that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Appendix G: Serving Transgender Persons in Sex-Segregated Facilities

Emergency shelters in Maine must make their resources available to individuals and families without regard to actual or perceived sex, sexual orientation, or gender identity. Although emergency shelters with shared sleeping areas or bathrooms are permitted to inquire about sex or gender identity for purposes of determining room assignment, best practices suggest that where there is uncertainty about sex or gender identity shelter providers should ask where individuals feel most comfortable sleeping. This may mean that the person should be provided with a private changing, shower, and/or sleeping space, or stagger use of facilities so that the person may shower and change alone. Decisions about how and where someone is housed should be made on a case-by-case basis strongly taking into account the person's preference about where to sleep, and keeping safety a priority.

In situations where providers are unsure of a person's sex or gender identity, providers may not ask for documentation of sex or gender. The best way to proceed if a provider is unsure is to tell a client that the agency provides shelter according to the gender with which the client identifies. Do *not* ask, "What is your sex/gender?" *Do* say, "This is a shelter for women, if you would rather be in a different shelter, let us help you find one where you feel safe and comfortable." It is understood that not every facility can accommodate every gender expression. The spirit of this guidance is about helping people to feel safe and comfortable in their temporary accommodations. This may mean telling a client what the local options are, *without* asking about their gender, and doing the most possible to get that person to a place they want to be. Gender-based violence can be inflicted on transgender people and providers are obligated to protect transgender people from such violence the same way they protect women, for example, from violence.

Emergency shelters in Maine and other homeless program providers should review the HUD notice, *Appropriate Placement for Transgender Persons in Single-Sex Emergency Shelters and Other Facilities,* in order gain a comprehensive understanding of how the notice affects both clients and providers, and guides protocols, policies, and procedures. The notice can be found at https://www.hudexchange.info/resource/4428/notice-cpd-15- 02-appropriate-placement-for-transgender-persons-in-single-sex-emergency-shelters-and-other-facilities

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 Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1st Priority: Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.	A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true: 1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and 2. The CoC Program has identified the chronically homeless individual or head of household as having severe service needs.
2nd Priority: Chronically Homeless Individuals and Families with the Longest History of Homelessness.	A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for whom both of the following are true: 1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and 2. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.
3rd Priority: Chronically Homeless Individuals and Families with the Most Severe Service Needs.	A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true: 1. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and 2. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.
4th Priority: All Other Chronically Homeless Individuals and Families.	A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true: 1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; and 2. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

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

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

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

1st Priority: Homeless Individuals and Families with a Disability with the Most Severe Service Needs.	An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and has been identified as having the most severe service needs.
2nd Priority: Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.	An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.
3rd Priority: Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.	An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.
4th Priority: Homeless Individuals and Families with a Disability Coming from Transitional Housing.	An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing – all are eligible for PSH even if they did not live on the streets, emergency shelters, or in a safe haven.

Appendix I Definitions

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

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

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

Chronically homeless individual – An individual experiencing homelessness with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the ''chronically homeless'' definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

Chronically homeless families - Families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless.

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

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

Developmental Disability – Defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000, and means a severe, chronic disability that is attributable to a mental or physical

impairment or combination, and is manifested before age 22, and is likely to continue indefinitely. It must result in substantial limitations in 3 or more major life activities (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency) AND reflects need for special services or individualized support, or other form of assistance this is lifelong or extended duration.

Disabling Condition – A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury, which is expected to be of long-continued and indefinite duration, substantially impedes the person's ability to live independently, and is of such a nature that such ability could be improved with more suitable housing conditions; a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 200; or Acquired immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV).

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

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

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

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

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

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

Permanent Supportive Housing – Permanent Supportive Housing is a combination of housing and services designed for people with serious mental illnesses or other disabilities who need support to live stably in their communities.

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

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

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

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

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

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

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

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

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

Performance Measurement Module (Sys PM)

Summary Report for ME-502 - Portland 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)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		3280		63			32	
1.2 Persons in ES, SH, and TH		3587		115			41	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer 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.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

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.

	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	41	8	20%	1	2%	5	12%	14	34%
Exit was from ES	1180	160	14%	71	6%	66	6%	297	25%
Exit was from TH	133	17	13%	9	7%	7	5%	33	25%
Exit was from SH	0	0		0		0		0	
Exit was from PH	39	3	8%	2	5%	2	5%	7	18%
TOTAL Returns to Homelessness	1393	188	13%	83	6%	80	6%	351	25%

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).

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	786	740	-46
Emergency Shelter Total	480	472	-8
Safe Haven Total	11	13	2
Transitional Housing Total	283	255	-28
Total Sheltered Count	774	740	-34
Unsheltered Count	12	0	-12

Metric 3.2 – Change in Annual Counts

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

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		3662	
Emergency Shelter Total		3325	
Safe Haven Total		17	
Transitional Housing Total		420	

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		270	
Number of adults with increased earned income		16	
Percentage of adults who increased earned income		6%	

Performance Measurement Module (Sys PM)

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		270	
Number of adults with increased non-employment cash income		113	
Percentage of adults who increased non-employment cash income		42%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		270	
Number of adults with increased total income		123	
Percentage of adults who increased total income		46%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		88	
Number of adults who exited with increased earned income		3	
Percentage of adults who increased earned income		3%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		88	
Number of adults who exited with increased non-employment cash income		18	
Percentage of adults who increased non-employment cash income		20%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		88	
Number of adults who exited with increased total income		21	
Percentage of adults who increased total income		24%	

Performance Measurement Module (Sys PM)

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		3259	
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.		1305	
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)		1954	

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		3631	
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.		1373	
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.)		2258	

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 2016.

Performance Measurement Module (Sys PM)

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

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

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		626	
Of persons above, those who exited to temporary & some institutional destinations		91	
Of the persons above, those who exited to permanent housing destinations		118	
% Successful exits		33%	

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

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		3201	
Of the persons above, those who exited to permanent housing destinations		953	
% Successful exits		30%	

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

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		590	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		550	
% Successful exits/retention		93%	

Maine's HUD Continuum of Care Board of Directors
Bylaws

<u>**PURPOSE**</u>

Maine's HUD Continuum of Care Board of Directors serves as the oversight body for the Maine Continuum of Care (MCoC) and Portland Continuum of Care (PCoC). Maine's HUD Continuum of Care Board of Directors (CoC Board) has thirteen (13) Directors, collectively known as the Board of Directors, and serves on behalf of both of the CoC's.

The CoC Board serves the geographic area of the entire state of Maine (ME 500 CoC and ME 502 CoC), and exists to:

- Coordinate a statewide commitment to the goal of ending homelessness;
- Approve CoC funding recommendations for ending homelessness;
- Promote access to, and effective use of mainstream resources by homeless individuals and families; and
- Promote housing retention, stability, and success in the community for people who have experienced homelessness.

The CoC Board shall assume and carry out duties as detailed by these bylaws. These bylaws can be changed or amended at any formal meeting of the Board by a two-thirds majority vote. In implementing these duties, the CoC Board shall rely on standards, policies, procedures, and ongoing amendments which have been developed by the CoCs' membership.

1) <u>**COC BOARD ROLES AND RESPONSIBILITIES**</u>

    The CoC Board shall develop policies and procedures conforming to the U.S. Department of Housing and Urban Development (HUD) requirements detailed in 24 CFR part 578.1 to:

    a) Approve the CoCs' designation of CoC Lead Agencies to serve as the Collaborative Applicant(s) to assist both the Continuums of Care;
    b) Approve the CoCs' designation of a lead agency for the Homeless Management Information System; and
    c) Support continuity in local year-round Continuum of Care planning for ending and preventing homelessness.

2) <u>**COC BOARD MEMBERS**</u>
    a) **Board Composition**
        The CoC Board shall include community representatives as elected by the CoCs' membership.
            The CoCs shall strive to see that the Board includes representation from the following categories:
            i) Homeless or formerly homeless individual(s)

            ii) Representatives of relevant organizations serving homeless subpopulations such as:

a. People with substance use disorders
b. People with HIV/AIDS
c. Veterans
d. Persons who are chronically homeless
e. Families with children
f. Unaccompanied youth
g. People with a serious mental illness
h. People who are victims of domestic violence, dating violence, sexual assault, and/or stalking.

iii) Elected Chairs of the CoCs

iv) Appointed representative from local government entities:
  a. The following local governmental entities shall be represented:
    i. Maine Department of Health and Human Services (DHHS)
    ii. City of Portland
    iii. MaineHousing
  b. The following local governmental entities will have the opportunity to each appoint a member:
    i. CDBG/HOME/ESG Entitlement Jurisdiction
    ii. Maine Department of Education
    iii. Maine Department of Corrections
  c. Other governmental entities may request the opportunity to appoint a member

ii) Representatives of other homeless service providers and advocates, such as:
    i. Faith-based organizations
    j. Businesses
    k. Public Housing Agencies
    l. School districts
    m. Mental health and substance abuse providers
    n. Health care providers including hospitals, Emergency Medical Technicians, and Crisis Response agencies
    o. Universities
    p. Affordable Housing Developers
    q. Foundations
    r. Law Enforcement and local jails
    s. Schools, school administrators, and/or homeless liaisons
    t. Street outreach teams
    u. Non-CoC funded Youth Homeless Organizations
    v. Non-CoC DV funded Victim Service Providers
    w. Youth advocates
    x. Agencies that serve survivors of human trafficking

b) **CoC Board Selection/Election/Resignation, and the CoC Nomination Process**
Except where otherwise indicated below, the CoCs shall select membership of the CoC Board through a simple majority nomination process. The CoCs shall initially nominate and approve a slate of Board Members, and thereafter shall submit nominations in alternating fashion, beginning with the Portland CoC followed by the Maine CoC, and so on. The existing CoC Board

shall vote to ratify any nominations from the CoCs for new members to fill vacancies, by a simple majority vote. Vacancies may be filled immediately or through the annual nominating process. Any Board Member can resign at any time with written notice to the Board. Any resignation shall trigger nomination action by the CoCs. Other than those Members that are appointed by the governmental entities as set forth in Section 2) a) iv above, there shall be at least an annual call for nominations to fill any vacancies that may exist.

c) **Board Leadership and Officers**
The Board shall have three (3) Officers: President, Vice President, and Secretary. Board Officers shall be elected by a simple majority of the Board Members. Officers shall serve two year terms, and can be replaced or renewed by simple majority of the Board Members. Roles and responsibilities: The Secretary shall ensure that minutes of all meetings are taken, and such minutes are maintained for public review upon request. The President shall chair meetings of the Board using Robert's Rules of Order. The Vice President shall serve as chair in the President's absence. Any majority of Officers can call for a special meeting of the Board.

d) **Conflicts of Interest**
Board members with actual or perceived conflicts of interest must identify these as they arise. Individuals with a conflict of interest shall abstain from discussion and/or voting on any issue in which they may have a direct conflict of interest.

e) **Terms of Office**
The members of the CoC Board shall serve two year terms and can be renewed or replaced through the nomination process of the CoCs, followed by ratification by the Board. Either CoC can at any point in the two year term, through a formal two-thirds majority vote, direct any Board Member to step down and be replaced by another nominee of the CoC, following the nomination process. This replacement process will require at least one month's notification and placement as a formal action item on an agenda of an official CoC meeting.

f) **Committees**
The CoC Board may create committees as necessary to accomplish its purpose, roles, and responsibilities. Committees already established through the CoCs may carry out the functions of the CoC Board committees as deemed appropriate and advantageous.

3) **MEETINGS**
The CoC Board shall:
a) Conduct at least four meetings per year. A simple majority of the CoC Board membership shall constitute a quorum for the transaction of business.
b) Provide prior reasonable notice of CoC Board and committee meetings and such notices shall be published on the Maine Homeless Planning website at least three days in advance. Each meeting shall have on its agenda the opportunity for members of the public to provide input and comment.
c) Review and approve the minutes and consider recommendations from such committees established as provided in Section 2) f) above.

4) **COC REPORTS**
The CoC Board shall review applicable reports and documents pertaining to the CoCs in order to support local year-round Continuum of Care planning of homeless and homeless prevention housing and services.