Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

 1. the CoC Application,
 2. the CoC Priority Listing, and
 3. all the CoC's project applications that were either approved and ranked, or rejected.

 As the Collaborative Applicant, you are responsible for reviewing the following:

 1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
 2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
 3. All information provided to ensure it is correct and current.
 4. Responses provided by project applicants in their Project Applications.
 5. The application to ensure all documentation, including attachment are provided.

 Your CoC Must Approve the Consolidated Application before You Submit It
 - 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.
 - 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.
 Answering Multi-Part Narrative Questions
 Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

 Attachments
 Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
 - Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
 - We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you
in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care
Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal
and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1A-1. CoC Name and Number: ME-500 - Maine Statewide CoC

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

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	

	In the chart below for the period from May 1, 2022 to April 30, 2023:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	No
4.	Disability Service Organizations	Yes	Yes	No
5.	EMS/Crisis Response Team(s)	Yes	No	No
6.	Homeless or Formerly Homeless Persons	Yes	Yes	No
7.	Hospital(s)	Yes	Yes	No
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	No
9.	Law Enforcement	No	No	No
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	No	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	No	No	No
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	No	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	No
18.	Organizations led by and serving people with disabilities	Yes	Yes	No
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	No	No
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	Yes
30.	State Sexual Assault Coalition	Yes	Yes	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Veteran Service Providers	Yes	Yes	Yes
35.	Maternal/Child Healthcare	Yes	Yes	No

	1B-2.	Open Invitation for New Members.	
		NOFO Section V.B.1.a.(2)	

		Describe in the field below how your CoC:
	1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
	2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
	3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1) MCOC solicits new members monthly via public notice of our regular meetings & annually through an invitation for new members in our RFP Notice emphasizing our invitation to agencies not currently funded by MCOC to apply & participate. All of these are publicly posted on our www.mainehomelessplanning.org site which is publicly accessible and has over 3400 subscribers, & shared by Regional Councils, Service Hub Coordinators & population specific email lists. Targeted outreach & engagement of new members also occurs via our Resource Committee soliciting new members through monthly meetings & quarterly trainings attended by stakeholders from across Maine, many not otherwise familiar w/ MCOC.
2) The call for new members & all MCOC notices are posted on our website as WORD/PDF docs which can be read aloud using Text to Speech or translated into other languages using Google Translate. Our CA has an email, cochelpdesk@mainehousing.org for all questions/comments about MCOC including accommodations for people w/ disabilities. We utilize videoconferencing for all meetings, eliminating the need for people to travel to participate & includes a real time transcription function & chat, allowing hearing impaired members to meaningfully participate in discussions.
3) MCOC has a People w/ Lived Experience Committee (PWLE), officially recognized in our Governance, & an At-Large seat on our Board Executive Committee that can only be held by a member w/ Lived Experience of Homelessness. The PWLE works closely w/Homeless Voices for Justice & w/Homeless Advocacy For All, Maine's two primary homeless self-advocacy groups, to ensure persons experiencing homelessness &/or formerly homeless persons actively & meaningfully participate. All of these groups have increased their efforts to connect w/ culturally specific communities experiencing homeless, including Black, Latino, Indigenous , LGBTQ+, & persons w/ disabilities, inviting them to attend meetings of the full MCOC & various committees. MCOC works w/ Cultural Brokers & organizations serving culturally specific communities who may experience homelessness, including migrant workers, asylum seekers, & other New Mainers. We have incorporated Maine's Youth Advisory Board (YAB), which includes youth w/ lived experience of homelessness, in our governance. MCOC has approved stipends to compensate participating PWLE and YAB members for time/travel for participation in MCOC activities.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.		
	NOFO Section V.B.1.a.(3)		

		Describe in the field below how your CoC:
	1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
	2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
	3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
	4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1) MCOC solicits & considers opinions & involvement of the Statewide & Regional Homeless Councils (SHC&RHC), Service Hub Coordinators & Stakeholders, HOPWA, ESG, RHYA, DV/VAWA, PATH, SSVF, & SAMHSA providers, housing developers, advocates, people who've experienced homelessness, businesses, local, state & federal officials & community members. MCOC & SHC developed a Service Hub structure in Maine to bring together stakeholders at a local level to focus on prevention, diversion & Coordinated Entry (CE). MCOC & our Board target outreach to groups not already at meetings including Tribal entities & organizations led by & serving BIPOC & LGBTQ+ communities. MCOC & committee meetings are open to the public & accessible via phone/video conferencing; there are no membership fees/dues. All are welcome to participate & share ideas/opinions. Our CA provides an email: cochelpdesk@mainehousing.org where anyone may submit questions/comments on MCOC efforts.
2) Agendas, minutes, notices, etc. are posted prior to meetings at www.mainehomelessplanning.org which is publicly accessible. MCOC meetings are public & its activities are standing agenda items at SHC&RHC meetings which are also public monthly forums to solicit/share info, opinions, feedback, best practices & discuss emerging state & local issues & advocacy.
3)A call for new members & all MCOC notices are posted on our website as WORD/PDF docs that can be read aloud using Text to Speech or translated into other languages using Google Translate. Our CA has an email, cochelpdesk@mainehousing.org for all questions/comments about MCOC including accommodations for people w/ disabilities. We use videoconferencing for all meetings, which eliminates the need for people to travel to participate & includes a real time transcription function & chat, allowing hearing impaired members to meaningfully participate in discussions.
4) Information is gathered at MCOC, SHC&RHC meetings, other public forums across Maine & at National conferences, which MCOC incorporates into all efforts to develop improvements, best practices & new approaches to ending & preventing homelessness. For example Landlord risk mitigation; Covid response initiatives, rapid resolution & new diversion efforts were all developed w/ public input. Based on public feedback, MCOC & SHC developed a Service Hub structure in Maine, to bring together stakeholders at a local level to focus on prevention, diversion & CE.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.		
	NOFO Section V.B.1.a.(4)		

		Describe in the field below how your CoC notified the public:
	1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
	2.	about how project applicants must submit their project applications–the process;
	3.	about how your CoC would determine which project applications it would submit to HUD for funding; and
	4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.

(limit 2,500 characters)

1) In our RFP seeking Project Applications for the 2023 NOFO Competition that was publicly posted on our website on July 17, 2023 we welcomed new proposals from organizations not previously funded by MCOC. Our website, www.mainehomlessplanning.org, is publicly accessible and has over 3400 subscribers. Information about the RFP was also shared on the MaineHousing.org website, and at MCOC, Statewide Homeless Council, Regional Homeless Council, and Service Hub Stakeholder meetings - all of which are public forums.

2) The MCOC RFP included links to the initial HUD NOFO Announcement & information specific to the MCOC process & deadlines, including how to access the detailed instructions & navigational guides to create an esnaps profile & submit an application to MCOC. All such announcements encourage interested parties to contact staff at MCOC's CA via email for more information.

3) MCOC accepts project applications from all organizations & uses a publicly posted scoring/ranking process for all new/renewal projects including those from entities not previously funded. Final scoring/ranking of all projects determines if any project proposal, including any from entities not previously funded, will be included in the current CoC Program Competition final submission to HUD.

4) To ensure effective communication w/ individuals w/ disabilities in its public notification of the Request For Proposals, the MCOC posts all information, notifications, & materials as WORD &/or PDF documents on its website where they can be read aloud using Text to Speech or translated into other languages using Google Translate by anyone familiar w/ these programs. Our CA maintains an email account: cochelpdesk@mainehousing.org where anyone may submit questions or comments regarding this process, including any needed accommodations. We use videoconferencing for all meetings, including meetings where the RFP and Application Process are discussed, which eliminates the need for people to travel to participate & includes a real time transcription function & chat, allowing hearing impaired attendees to meaningfully participate in discussions.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	

	In the chart below:	
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	Veterans Services organizations	Yes

	1C-2.	CoC Consultation with ESG Program Recipients.	
		NOFO Section V.B.1.b.	

		Describe in the field below how your CoC:
	1.	consulted with ESG Program recipients in planning and allocating ESG Program funds;
	2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
	3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
	4.	provided information to Consolidated Plan Jurisdictions to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

(limit 2,500 characters)

1) MaineHousing & the City of Portland are the only direct ESG recipients in Maine & both regularly participate in MCOC & MCOC Board meetings & solicit MCOC input about their use of ESG funds. MCOC engages w/ ESG recipients & subrecipients in planning & allocation discussions. MCOC provides input & recommendations during MaineHousing's annual review of Maine's 'Homeless Rule' that determines the allocation of ESG funds. MaineHousing also consulted extensively with MCOC seeking input on use of ESG-CV funds resulting in the development of TRRP (Temporary Rapid Rehousing Program) to quickly move people from shelters to permanent housing w/ time limited supportive services; use of hotels/motels for wellness/non-congregate shelter; & increase diversion efforts. While hotel/motel use is being phased out, Diversion efforts continue to increase, & TRRP proved so successful it is now state funded.
2) MCOC previously worked w/ HUD TA to develop ESG policies & procedures, monitoring processes & performance standards. MaineHousing consulted w/MCOC to incorporate these into their own ESG subrecipient monitoring. MCOC monitors & evaluates ESG recipient/sub-recipient data annually & reviews ESG recipient/sub-recipient performance outcomes & data, ESG HMIS Dashboard Reports, & CAPER, PIT & HIC reports annually prior to HUD submission.
3) MCOC includes 7 Consolidated Plan Jurisdictions, though only MaineHousing & the City of Portland directly receive ESG allocations. Annually, MaineHousing & MCOC compile PIT, HIC, LSA & other reports that are publicly posted on our website &/or distributed directly to Con Plan Jurisdictions & other stakeholders. MCOC publishes/makes available & highly publicizes annual PIT & HIC data (Maine & HUD publications) including on its website which auto-sends emails w/ every post. MCOC ensures all Con Plan jurisdictions have access to these reports for their Con Plan & Annual Action Plan updates & provides additional info & TA as needed to help in crafting responses to Con Plan & Annual Action Plan Updates.
4) MCOC ensures local homeless info/data is communicated to Con Plan Jurisdictions & addressed in Con Plans & Annual updates by providing & publicly posting on our website all PIT, HIC & LSA reports, MCOC's Gaps & Needs Analysis, & any other relevant info/data. MCOC also responds to special requests for information from Con Plan jurisdictions to ensure they have the most relevant & up-to-date information available.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers.	No

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

MCOC has formal agreements & longstanding historical partnerships w/SEA&LEAs, DOE, head starts, child development, healthy start & childcare & youth service providers throughout Maine. The Statewide McKinney-Vento Educational (M-V Ed) Lead is a member of MCOC & several committees. MCOC collaborates w/youth education (ed) agencies who provide early childhood ed, early/head start, child care/child development/healthy start programs, & public schools including early/pre-K & w/McKinney-Vento SEA&LEAs, by requiring all CoC/ESG programs serving unaccompanied youth &/or families w/children inform clients of their M-V Ed Assurances Act rights & assist in connecting them w/ M-V Ed Liaisons. MCOC also collaborates w/youth ed. providers & SEA&LEAs via our Youth Homelessness Demonstration Program (YHDP) and our Youth Action Board (YAB). Our YAB recently worked w/ DOE to update M-V info forms & flyers. ESG programs are required to have staff to work w/LEA liaisons. Providers working w/homeless youth meet re practices/policy sharing info w/ M-V Ed liaisons. MCOC/ESG sub-recipients work w/LEAs on enrollment, transportation, ESL, support plans, immunizations, records, testing, etc. HMIS asks if youth are connected to LEAs. MCOC collaborates w/local school districts ensuring they work closely w/ family/youth programs. Shelters consult w/school district liaisons to ensure youth in shelter stay enrolled locally & arrange any testing/educational/homeless services needed to stay in school. School liaisons/social workers refer to MCoC partners if students may be homeless/at risk. All shelters including DV have policies on youth/child educational needs.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The MCOC has adopted written policies/procedures/written standards to inform individuals & families who become homeless of their eligibility for education services, including an established universal, standardized form which includes information on the SEA, LEAs, school districts, available education services, how to access those services & eligibility requirements for those services. The forms & informational flyers were recently updated through a collaborative effort of our YAB and the Statewide McKinney-Vento Educational Lead. It is required that agencies which provide services/shelter to households w/ school aged children have designated staff trained on the use of these forms & policies to ensure connections to education services including enrollment in school are made. These agencies also ensure these connections remain intact & maintain close relationships w/ the school systems/districts in which they are located. Included in MCOC/ESG written policies/procedures it states ESG & CoC recipients will work closely w/ local school districts to ensure households w/ children have information about eligibility for education services. These protocols/procedures for ensuring households w/ children experiencing homelessness know of their eligibility for ed. services were expanded amid the pandemic to ensure hotel/motels used for ES were included. Shelters/outreach/people w/ lived experience/other providers consult w/school district liaisons to ensure children in shelter stay enrolled locally & to arrange any testing/educational/homeless/on-site services needed to stay in school. MCOC ensures that providers of services & housing to unaccompanied youth experiencing homelessness make sure connections to education/schools remain intact & have established close relationships with their school systems/districts. MCOC also ensures that youth providers maintain connections to continuing education services through area Adult Education programs. MCOC, its members, & ESG/CoC recipients ensure connections to & partnerships w/ SEA, LEAs, & local area school districts/systems. The MCOC monitors CoC-funded projects & ESG recipients for adherence/compliance to all of the above strategies/policies.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	Yes	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	Yes	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes	No
6.	Head Start	Yes	No
7.	Healthy Start	Yes	No
8.	Public Pre-K	Yes	No
9.	Tribal Home Visiting Program	No	No

	Other (limit 150 characters)		
10.			

	1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaboration with Federally Funded Programs and Victim Service Providers.
		NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

	1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
		NOFO Section V.B.1.e.	

	Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1) MCOC works collaboratively w/ the Maine Coalition to End Domestic Violence (MCEDV), made up of DV shelter, housing, & service providers, including state and Federally Funded VSPs, throughout the state to regularly review & update CoC policies to ensure those fleeing DV, dating violence, sexual assault & stalking can access housing & services unique to their needs that prioritize safety & confidentiality, including trauma-informed, victim-centered services, & development, implementation, & adherence to Emergency Transfer Plans (ETPs) & protocols for DV referrals to Coordinated Entry (CE) to ensure safety, confidentiality & maximize client choice, regardless of where or how they connect to the system. MCOC ensures safety, confidentiality & maximizes client choice w/ CE protocols developed in conjunction w/ MCEDV, that prioritize safety/ trauma informed/ victim-centered services & accounts for unique housing & service needs of DV, dating violence, sexual assault & stalking survivors, including a DV specific CE if they choose. Maine's ESG criteria includes maintaining confidentiality of DV client data/PII & CE incorporates confidentiality/safety protections in policy & ensures access to both DV & non-DV housing/service options as desired by the client.

2)MCOC has many ES, TH & PSH beds dedicated to people fleeing DV & providers operate shelters, service, & housing specifically for human trafficking victims accessible via MCOC & DV CE. MCOC also reaches out to the several Tribal DV Shelters & Service Organizations in the state to share polices & best practices, ETPs, etc. Still, many DV clients qualify for & may prefer non-DV-specific housing/rental assistance, so MCOC ensures access to all available housing types w/ various levels of supports to maximize client choice. MCEDV trains & monitors compliance w/ QA standards for DV providers, who must offer crisis intervention & advocacy services for emotional & physical safety for all DV clients, enhancing survivors' personal agency & autonomy. Non-VSPs who receive ESG funds are trained on ETPs & use a trauma-informed approach regardless of known DV/SA survivor status. Each interaction is collaborative, trauma-informed & grounded in the fact that survivors are the authorities regarding risks they face & potential impact of interventions. Advocates provide shelter, housing, & services in compliance w/ VAWA confidentiality/non-discrimination standards.

	1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
		NOFO Section V.B.1.e.	

		Describe in the field below how your CoC coordinates to provide training for:
	1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
	2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,500 characters)

1) MCOC coordinates w/ the Maine Coalition to End Domestic Violence (MCEDV) to provide trainings at least annually for all COC & ESG funded project staff as well as other housing & service providers to address safety & best practices including trauma-informed, victim-centered approaches & planning protocols in serving DV survivors. MCOC Resource Committee coordinates w/ MCEDV on this & other related trainings. Notices for trainings are posted on the MCOC website & shared in multiple forums well in advance to optimize attendance. Trainings are conducted via interactive teleconferencing to increase participation from across the state. The MCEDV & its member organizations work w/ MCOC to also provide trainings to a variety of groups including PHAs, DHHS, Community Development programs, healthcare partners, including mental health and case management, housing developers, Youth Advisory Board members, CAP agencies, non-ESG shelters, & non-COC funded housing providers to help increase awareness of best practices & proper safety planning. Staff from BIPOC and Tribal led organizations attend most meetings.

2) MCEDV members actively participate in MCOC, including in the planning and implementation of our CES & provide info/training on best practices in serving survivors of domestic violence, dating violence, sexual assault, stalking & human trafficking to DV & non-DV providers including CE Staff and Service Hub Coordinators at least annually. MCEDV staff have been actively involved in the development & implementation of the MCOC Coordinated Entry System (CES) to ensure safety/planning protocols are in place. MCOC CES staff are trained on safety, best practices & planning protocols in serving survivors of DV. At the first point of interaction w/ MCOC CES, safety/triage questions are covered & the person is asked if they would prefer to access the DV CES. DV referrals are prioritized to ensure survivors of domestic violence, dating violence, sexual assault, stalking & human trafficking are connected to the most appropriate, trauma-informed, victim centered services ASAP & strict confidentiality is maintained regarding all PII, in keeping w/ best practices, MCOC policies, & VAWA regulations. MCOC coordinated w/ MCEDV to provide trainings for all CES access points including the statewide 211.

	1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
		NOFO Section V.B.1.e.	

		Describe in the field below how your CoC's coordinated entry includes:
	1.	safety planning protocols; and
	2.	confidentiality protocols.

(limit 2,500 characters)

1) Maine ESG criteria for all Emergency Shelters includes maintaining confidentiality of DV client data/PII to ensure survivor safety. MCOC CE protocols prioritize safety/ trauma informed/ victim-centered services, including a separate DV CE, if desired by the client. Clients experiencing DV who work with a VSP will be placed on the prioritization list in a confidential manner using an ID#. All clients in the CoC are eligible for this same service and are never required to be fully identified on the list. The Maine Coalition to End Domestic Violence (MCEDV) works w/MCOC to develop plans that ensure those fleeing DV, dating violence, sexual assault & stalking can access housing/services unique to their needs that prioritize safety & confidentiality, including trauma-informed, victim-centered services, & development, implementation, & adherence to Emergency Transfer Plans (ETPs) & protocols for DV referrals to Coordinated Entry (CE).
2) MCoC's CE uses trauma-informed, victim-centered approaches in development, implementation, & adherence to ETPs & protocols for CE DV referrals to ensure confidentiality & maximize client choice. All clients fleeing or attempting to flee DV will be referred to a VSP, though not required to engage their services, for specific advocacy and support. All policies and protocols are maximized to maintain confidentiality for all clients. No client is required to be placed on the prioritization list fully identified. All clients, regardless of known DV/SA status, are offered the opportunity to use a deidentified method to access the list.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.		
	NOFO Section V.B.1.e.		

	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1) The Maine Continuum of Care utilizes available data related to DV, dating violence, sexual assault, stalking & human trafficking from de-identified, aggregate data compiled in an HMIS comparable database used by all member agencies of the Maine Coalition to End Domestic Violence (MCEDV). In addition, MCEDV compiles Quarterly Statistical Data Reports & an Annual Family Violence Prevention Services Report reflecting the services provided by the 9 Maine DV Resource Centers. These reports include the number of calls received by DV Resource Center hotlines and service providers; the number of requests for & admissions to DV Shelters, Safe Homes & other DV-specific housing programs; the number of requests for/referrals to DV-related services. VSPs may also refer to non-DV specific resources when appropriate. The Maine Continuum of Care also looks at DV-related figures from our PIT, HIC, LSA, CAPER, & other available data sources, including the number of people who report fleeing &/or having a history of DV, dating violence, sexual assault, stalking or human trafficking as a reason for seeking shelter or services from non-DV homeless service providers.
2) MCOC uses the information described above as part of its gaps & needs analysis to ensure that the special needs related to survivors of DV, dating violence, sexual assault, and stalking are assessed and incorporated into all the various planning processes, policies, and resource allocation efforts within the state of Maine, including the MCOC, Statewide Homeless Council, ESG, CES, DV CES, Maine's Plan to End & Prevent Homelessness, and Service Hub resources. On both a local and statewide level, de-identified, aggregate data related to DV are shared via trainings, discussions, and in various groups to underscore efforts of Maine's Continuum of Care member organizations toward increased understanding of and response to survivors who are homeless because of abuse or fleeing abusive partners. The data serve to encourage a coordinated community response, centering survivor safety and autonomy while holding accountable those who use violence in intimate partnerships.

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.		
	NOFO Section V.B.1.e.		

	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	whether your CoC has policies and procedures that include an emergency transfer plan;	
2.	the process for individuals and families to request an emergency transfer; and	
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.	

(limit 2,500 characters)

1) MCOC worked w/ Maine Coalition to End Domestic Violence (MCEDV) to establish CoC policies & procedures on Emergency Transfer Plans (ETPs) & provide annual training open to all MCOC participants & other interested parties. Policies include the requirement for ETPs for all housing providers regardless of DV focus to ensure those fleeing DV, dating violence, sexual assault & stalking can access all available housing/services to meet their needs while prioritizing safety & confidentiality, including trauma-informed, victim-centered services, & development, implementation, & adherence to ETPs & related protocols. Maine's ESG policies& procedures also include maintaining confidentiality of DV client data/PII regardless of provider type. MCOC CE policies prioritize safety/trauma-informed/victim-centered services, including access to a separate DV CE, if requested by the client.

2) MCoC's CE includes information about & adherence to ETPs & related protocols for all referrals & uses trauma-informed, victim-centered approaches to ensure safety & confidentiality & maximize client choice. MCOC CE incorporates confidentiality/safety protections in policy & ensures access to both DV & non- DV housing/service options as requested by the client. MCOC ensures safety, confidentiality & maximizes client choice w/ a CE that accounts for unique housing/service needs of DV, dating violence, sexual assault & stalking survivors, including a DV specific CE if requested.

3) MCEDV trains & monitors compliance w/ QA standards for DV providers, who must offer crisis intervention & advocacy services for emotional/physical safety, enhancing survivors' personal agency/autonomy. Each interaction is collaborative, trauma informed & grounded in the fact that survivors are the authorities regarding risk they face & potential impact of interventions. Advocates provide shelter/housing/services in compliance w/ VAWA confidentiality & nondiscrimination standards. MCOC added ETP criteria to our Monitoring process to ensure all ESG & CoC funded programs offer information about the ETP process & options at intake & again during lease-up regardless of known survivor status.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.		
	NOFO Section V.B.1.e.		

	Describe in the field below how your CoC:	
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and	
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.	

(limit 2,500 characters)

1.The MCoC works closely with Maine Coalition to End Domestic Violence (MCEDV) and the local VSPs to provide access to the full range of housing and services available. No client, regardless of known survivor status, is required to be identified on the prioritization list - they control how their personal identifying information (PII) is protected including withdrawing their identification from the list and remaining there in a deidentified manner. All MCEDV VSPs are members of the CoC and are engaged with the CE system. MCOC has many ES, TH & PSH beds dedicated to people fleeing DV & providers operate shelters/service/housing specifically for human trafficking victims accessible via MCOC & DV CE. Many DV clients qualify for non DV-specific housing/rental assistance, ensuring access to many housing types w/ varying support to maximize client choice. Maine's CE System has a specific process for survivors to access all available CoC Housing resources while maintaining the level of confidentiality required. The State assessment tool allows for a prioritization bump for anyone fleeing or attempting to flee DV/SA regardless of length of time homeless thus increasing the probability of those fleeing DV/SA will be referred to all appropriate resources. DV providers participate in CE case conferencing, however client names are not used, and PII is not shared.
2. Over the past several years, the CoC has worked cooperatively with MCEDV and the Coordinated Entry system to develop an assessment that appropriately identifies barriers to obtaining appropriate housing. The CoC intentionally looked to the areas that directly impact survivors of domestic violence, dating violence, sexual assault, stalking & trafficking, and allotted additional prioritization points to mitigate these barriers. To provide survivor choice, individuals who identify as survivors of domestic violence, dating violence, sexual assault or stalking are additionally always provided with the opportunity to complete the assessment with a trained domestic violence advocate if desired.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.		
	NOFO Section V.B.1.e.		

	Describe in the field below how your CoC:	
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and	
2.	accounted for the unique and complex needs of survivors.	

(limit 2,500 characters)

1) MCOC, through collaboration w/ the Maine Coalition to End Domestic Violence (MCEDV) & their member agencies, obtains input & feedback from survivors with a range of lived experiences & expertise regarding MCOC policies & programs, as well as DV specific programs & services. This feedback helps inform MCOC policy & programmatic improvements & identify additional trainings that may be needed to improve access/reduce barriers to housing & services, and/or improve the overall experience of DV survivor & others as they seek to obtain safe & stable housing. The staff and Boards of Directors at each MCEDV member agency include individuals who are survivors; in this way, their range of lived expertise directly informs both MCEDV and MCOC in program development and delivery processes, and ensures that services are provided in a trauma-informed and survivor-centered manner.

2)MCEDV regularly conducts surveys of individuals who are using DV services to answer very specific questions to help improve policy and program development to account for the unique and complex needs of survivors and the barriers they face when establishing their freedom. As a direct result of feedback collected in this way, a new law was passed by the Maine Legislature that defined Economic Abuse in Maine law and provided protections to victims through the Protection from Abuse process.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Training.	
	NOFO Section V.B.1.f.	

	1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

		Describe in the field below:
	1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
	2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
	3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
	4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1)MCOC collaborates with LGBTQ+ Advocates & organizations to update its CoC-wide anti-discrimination policy at least annually & as needed w/ input/feedback from a broad array of stakeholders including ESG recipients/subrecipients, project staff, key leadership, government entities, ppl w/ lived experience, ppl most likely to be adversely affected by discrimination & people least likely to provide feedback w/o specific outreach to ensure our policies are trauma-informed & able to meet the needs of LGBTQ+ & other historically underserved populations.

2)MCOC has a written CoC-wide anti-discrimination policy & Maine's CES includes specific language/provisions pertaining to anti-discrimination. MCOC holds an annual CoC-wide training w/ 50+ providers on the importance of diversity, equity, & inclusion including information to assist in developing/improving project-level antidiscrimination policies consistent w/ the CoC-wide policy ensuring LGBTQ+ individuals/families receive supportive services, shelter & housing free from discrimination. This training includes how to effectively implement HUD's Equal Access Final Rule. MCOC ensures follow-up trainings/CoC-led individual project TA for enhanced assistance in project-level anti-discrimination policy improvement.

3)MCOC, w/ assistance from HUD TA, is incorporating compliance w/ anti-discrimination policies into our project monitoring/project scoring processes & CES evaluation. The Lived Experience Committee, the DEI Committee, & the Youth Advisory Board also play key roles in assisting MCOC to evaluate compliance. MCOC has a grievance/appeals process through which complaints of discrimination can be made by clients or on their behalf. MCOC evaluates these grievances & the projects against whom they've been made.

4)MCOC's process for addressing noncompliance w/anti-discrimination policies includes: formal written notification to projects alleged to be or found to be in noncompliance; encouraging/assisting aggrieved parties to seek out all avenues of addressing discrimination including Fair Housing violation complaints/formal complaints w/ Maine Human Rights Commission; providing additional TA to projects found to be in noncompliance; putting projects in noncompliance on Project Improvement Plans & more frequent project monitoring specifically evaluating compliance; reduction in scores in the annual CoC competition for noncompliance; & projects found to consistently not comply face reduction in/loss of funding.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?

Maine State Housing Authority	63%	Yes-HCV	No
Portland Housing Authority	43%	Yes-Public Housing	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.
	NOFO Section V.B.1.g.

	Describe in the field below:
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1) MCoC has worked with the two largest HAs in the state, Portland Housing Authority (Portland HA) & Maine State Housing Authority (MaineHousing), as well as others, to adopt homeless admission preferences. MCoC has done this via written communications, meetings w/ HA leadership, invitations to join MCoC meetings, seeking membership on HA boards & networking at community stakeholder events. MCoC enjoys a strong relationship with Portland HA, & MaineHousing serves as the MCoC Collaborative Applicant & is an integral part of the MCoC. The successful collaborations between MCoC & the two largest HAs in the state is evidenced by the very high percentage of people experiencing homelessness upon program entry: 63% of MaineHousing new admissions into the Housing Choice Voucher Program in FY22 were people who were experiencing homelessness at entry; & for Portland HA's new admissions of people who were experiencing homelessness at entry were 38% into Public Housing, and 43% into the Housing Choice Voucher Program. In collaboration with MCOC, both Portland HA & MaineHousing have incorporated general or limited homeless preferences in their admin plans. MCOC continues to work with & encourage all HAs in the state to incorporate Homeless Admission Preference Policies into their Admin Plans. Additionally, MCOC has secured MOUs from Portland HA & MaineHousing documenting Move On Strategies, which designate preference/practices for current PSH program participants who no longer need intensive services, for their programs, such as allowing current PSH program participants to port existing Project Based Section 8 vouchers to Housing Choice Vouchers. More recently, MCOC was able to help facilitate the use of EHV Vouchers for homeless households with the Housing Authorities in Bangor, Caribou, Lewiston & Waterville, as well as Portland & MaineHousing. Some are no longer issuing EHV vouchers, but are still providing EHV rental subsidy to tenants.
2)N/A, since MCOC does work closely with these & other PHAs to adopt such policies.

1C-7b.	Moving On Strategy with Affordable Housing Providers.
	Not Scored–For Information Only

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners		Yes
2.	PHA		Yes
3.	Low Income Housing Tax Credit (LIHTC) developments		Yes
4.	Local low-income housing programs		Yes
	Other (limit 150 characters)		
5.			

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.B.1.g.	

	In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:	

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	Yes
7.	Public Housing	Yes
8.	Other Units from PHAs:	
	Portland FYI Vouchers	Yes

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section V.B.1.g.	

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	N/A

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	

PHA
Bangor Housing Au...
Caribou Housing A...
Lewiston Housing ...
Maine State Housi...
Portland Housing ...
Waterville Housin...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Bangor Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Caribou Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Lewiston Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Maine State Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Portland Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Waterville Housing Authority

1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First–Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	36
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	35
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	97%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

		Describe in the field below:
	1.	how your CoC evaluates every project–where the applicant checks Housing First on their project application–to determine if they are using a Housing First approach;
	2.	the list of factors and performance indicators your CoC uses during its evaluation; and
	3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1)MCOC evaluates how projects implement Housing First (HF) w/ answers to HF questions in their apps. MCOC monitors/scores based on how well projects adopt HF approach w/ points for each HF box checked in project apps. MCoC has HUD TA to improve Monitoring Tools & incorporate factors like: referral/admission/intake/selection procedures w/ no/low barriers to entry & rapid placement/stabilization in PH; don't screen out applicants based on rental, credit, criminal histories, sobriety, income & don't require services/preconditions. MCOC Monitoring is adopting HUD's HF Assessment Tool & USICH HF checklist, so projects will be examined for HF w/these. How well projects follow HF is addressed in CES case conferencing & ensures projects that commit to a HF approach do so in practice. The Maine Legislature just approved development of a State HF Program & MCOC will work to ensure a HF approach is used.
2)MCOC monitors/scores/ranks projects based on HF factors by including scoring that gives points for each aspect of HF used- if projects enroll ppl w/: little/no income, active history of SUD, criminal records, history of victimization & if projects prevent termination for: failure to participate in services/failure to make progress on service plan/loss of income/not improved income/any other activity not covered in a typical lease. MCOC w/ HUD TA is including new items in Monitoring tools: project moves ppl quickly into housing (HMIS data); project enrolls ppl w/: little/no income (APRs), w/SUD/history of victimization (HMIS data); & if projects operating/termination/tenant selection policies prevent termination for failure to participate in support services/make progress on service plans, loss of/no income; or any activity not covered in a standard lease, based on review of project policy docs.
3)W/ HUD TA MCOC is reviewing projects' operating procedures/tenant selection/admission/termination policies for HF compliance. MCOC currently evaluates HF compliance outside the competition through CES/CES case conferencing to ensure projects that commit to a HF approach use it & HMIS data/APRs reveal project participant barriers/reasons for project termination=shows HF compliance. MCOC Monitoring is adopting HUD's HF Assessment Tool & USICH HF checklist=projects will be examined for HF w/these. There is a CES/MCOC/MCOC Board feedback loop=see if projects follow through w/ HF & use performance improvement plans if not. Client grievance/appeals are reviewed w/ HF lens.

1D-3.	Street Outreach–Scope.	
	NOFO Section V.B.1.j.	

		Describe in the field below:
	1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
	2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
	3.	how often your CoC conducts street outreach; and

	4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

1) MCoC outreach efforts ensure regular engagement of unsheltered individuals/families where they reside. These strategies have been improved by Maine's homeless system redesign, Service Hubs & Coordinated Entry System (CES). MCoC outreaches to unsheltered ppl w/a network of providers as referral partners/access points throughout Maine's 9 local Service Hubs/CES. Hubs are operating systems for ending homelessness & essential in Maine's CES; a coordinated convening of stakeholders in each region-including CES case conferencing. Hubs ensure community participation/coverage for the service area including outreach. Maine 211 is available to connect ppl to this network of providers 24/7/365. ESG shelters conduct outreach in their local communities. PATH outreaches to those living w/Serious & Persistent Mental Illness (SPMI) who are homeless & least likely to seek assistance w/o outreach. Maine has a Medicaid-funded service program for a coordinated statewide system to ensure unsheltered ppl are identified & engaged. PATH engages eligible persons & establishes trust to assist w/links to housing/vouchers/services, Mainstream Resources, & case management. Youth providers are contracted by MEDHHS for outreach to Homeless Youth. MCoC coordinates w/street outreach & by-name list efforts to meet the needs of unsheltered people in Maine. These efforts identify the least likely to engage/request assistance. SSVF programs conduct continuous street/community outreach to ID homeless Vets.
2) Street outreach providers are available to provide street outreach/engagement across 100% of MCoC's (inhabited) geographic area.
3) Street outreach w/in MCoC is conducted daily & connects the unsheltered to homeless services year-round. Connections to street outreach services are also available via 211.
4) MCoC tailored outreach to the least likely to request assistance by: coordinating w/ regional street outreach/by-name list efforts to meet the needs of unsheltered ppl statewide. MCoC Hubs/CES use PATH as the primary outreach resource designed to aggressively & systematically provide outreach to those least likely to seek assistance. These efforts are tailored to those least likely to engage/request assistance, are targeted to meet the needs of each individual & address service gaps including specific subpopulations that are reluctant to seek assistance such as LGBTQ, persons fleeing DV, unsheltered youth & those suffering w/SPMI/SUD.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes

3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		
	Engaged/educated State Legislature	Yes	Yes

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.l.	

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	486	521

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	
	VA Benefits	Yes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

	Describe in the field below how your CoC:
1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1)MCOC systematically keeps program staff up-to-date on mainstream resources available for program participants. We disseminate info to MCOC membership during MCoC meetings as a standing agenda item. MCoC offers trainings on mainstream resources, including but not limited to, SNAP, TANF, SSI/SSDI, Medicaid, Medicare, VA benefits. MCOC works w/ programs directly to ensure collaboration & consumer access to programs/benefits. State/local mainstream program staff regularly attend MCOC meetings & provide updates. MCOC disseminates availability of mainstream resources & other assistance info to projects by posting all trainings/related mainstream resource info on its website on a regular basis, at least monthly. MCoC mainstream resource training info is also distributed via email through the statewide & regional homeless councils & supportive service provider agency collaboratives. MCoC systematically informs programs/staff on mainstream resources available through frequent trainings & TA which are publicly posted & circulated via email lists & through monthly Policy & Resource Committee updates. All Trainings are now Web based & accessible from anywhere via computer or phone. MCOC assists w/ access to & effective use of mainstream resources & other benefits through trainings & connecting project staff to community orgs that can provide info on &/or help program participants apply for benefits.
2)MCOC works w/ project staff to collaborate w/ healthcare orgs, including substance use disorder(SUD)/mental health treatment, to assist program participants w/ receiving healthcare services by: trainings conducted by State of Maine Office of Behavioral Health (OBH) to facilitate connections/ partnerships w/ projects & healthcare orgs; working w/ community orgs that assist participants in accessing health services including applying for healthcare coverage via Medicaid & VA Medical Services & SUD/mental health services. MCOC monitors & provides TA to projects on their ability to connect participants to healthcare services. ME DHHS oversees Medicaid & OBH -a long-standing MCOC member. MCOC has helped project staff collaborate w/ DHHS to assist participants in enrolling in health/behavioral health services.
3)MCOC works w/ projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff by holding specific SOAR trainings that highlight benefits of SOAR certification for staff.

| 1D-7. | Increasing Capacity for Non-Congregate Sheltering. | |
| | NOFO Section V.B.1.n. | |

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

MCOC has worked diligently since the onset of the pandemic to increase availability of non-congregate shelter. MaineHousing & City of Portland, the ESG/ESG-CV recipients in Maine, participate in MCOC & MCOC Board meetings & solicit MCOC input in crafting responses to Con Plans, Annual Action Plan Updates & use of ESG/ESG-CV funds. MCOC engaged w/ ESG/ESG-CV recipients & sub-recipients for their use of ESG/ESG-CV/HOME-ARP/ERA funds including planning & allocation discussions. MCOC provided input & recommendations in the development of Plans & allocation of funds. The results of these efforts included expanded use of hotels/motels for non-congregate shelter from multiple funding sources including GA, ERA, FEMA, ESG-CV, and HOME-ARP (for hotel/motel conversion); physical building improvements/changes to shelters to de-congregate guests; diversion efforts to prevent people from entering the shelter system in the first place, further increasing system and non-congregate shelter capacity. MCOC continues to encourage use of hotels/motels for non-congregate shelter space. MCOC & its partners continue to work on facilitating creative, innovative, collaborative responses to end & prevent homelessness, including the best practice of expanding capacity for non-congregate shelter. Bills have been introduce in the State Legislature which would further increase capacity for non-congregate shelter specifically for unsheltered people, including essential service provision to people in non-congregate shelter & ways to move them rapidly into permanent housing. Maine is one of the few states that quickly/efficiently utilized Rent Relief & EHV including for non-congregate shelter. MCOC, the Statewide Homeless Council & MaineHousing worked w/ Corporation for Supportive Housing to analyze & redesign the homeless services system amid the pandemic w/ a keen eye towards increasing non-congregate shelter capacity. Maine has implemented a regional service delivery system, incorporated into MCOC's CES, to nurture a regional & nimble approach to providing homeless services that account for best practices/lessons learned in the pandemic including use of non-congregate shelter. MCOC has increased its outreach efforts/capacity to work w/ Cultural Brokers statewide to help us connect w/ migrant workers, asylum seekers & other New Mainers including efforts to provide non-congregate housing/hotels/motels for those who are unhoused.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.		
	NOFO Section V.B.1.o.		

	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and
2.	prevent infectious disease outbreaks among people experiencing homelessness.

(limit 2,500 characters)

1) MCOC has coordinated w/ mainstream health/local & state health agencies/clinics & Maine CDC (MCDC) to establish policies & procedures to respond to & decrease the spread of infectious diseases in numerous ways including: collaborating to quickly/publicly share up-to-date info/guidance from health entities on MCOC's website & at remote meetings attended by executive level & front line staff, such as safety measures, best practices, resources, guidance/training related to maintaining/improving safety measures for housed/sheltered/unsheltered populations & staff & info on accessing PPE/testing/vaccines/treatments & wellness/quarantine/isolation shelter resources. MCOC has implemented policies/practices based on guidance from mainstream health agencies/MCDC that including protocols for: conducting remote meetings for all COC activities to reduce physical contact/promote social distancing; quickly de-congregating shelters by increasing space between beds & establishing quarantine/wellness shelters to allow for isolation from others to prevent the spread of infectious diseases; distributing PPE, cleaning supplies, & other materials as needed; practicing social distancing in all aspects of the homeless response system; working w/ mainstream resource providers to ensure testing/vaccines/treatments are made available to sheltered/unsheltered populations & front line staff, including coordination with Maine CDC, Public Health Agencies, local healthcare providers to ensure access to vaccinations & Seasonal Flu shots, along with VA Medical Staff at Veteran Stand Down events.
2) MCOC has coordinated w/ mainstream health/local & state health/MCDC to ensure safety measures are implemented throughout our homeless response system to quickly respond to infectious disease outbreaks & reduce their spread, including: The ability to quickly reduce/disperse occupancy in shelters to allow for social distancing; distribution/use of PPE/cleaning supplies for staff/clients; protocols for on-site testing/vaccinations; contingency plans for shelters to operate 24/7 & creating temp wellness shelters; establishing isolation/quarantine options; prioritizing vouchers for housing sheltered/unsheltered populations; providing rent relief to reduce returns to homelessness; increased diversion efforts to prevent people from entering the homeless/shelter system.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	

		Describe in the field below how your CoC:
	1.	shared information related to public health measures and homelessness, and
	2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

1)MCOC created a page on our www.mainehomelessplanning.org website to quickly & publicly share the most up-to-date Infectious Disease info w/ homeless service & outreach providers & the general public. Any info posted on the site is translatable into different languages to increase access & remove barriers. The website is the primary means of public communication for both the MCOC & the Statewide Homeless Council (SHC) & multiple committees & other groups working to end & prevent homelessness in Maine. Info shared on the site includes safety measures, best practices, resources, guidance & links to trainings related to maintaining & improving safety measures for housed, sheltered, & unsheltered populations & staff, & info on accessing PPE, testing & vaccines, wellness/quarantine/isolation shelter & Rent Relief/Eviction Prevention resources to help people stay housed. Sources of this info included HUD, including HUD Office Hours, FEMA, USICH, NAEH, State & Federal CDC Offices, Maine.gov. & National Healthcare for the Homeless Council (NHCHC), & National Coalition for the Homeless (NCH).
2) Representatives from Maine CDC (MCDC) regularly attend MCOC & SHC meetings to share the most up-to-date information on infectious diseases & other public health matters & address questions & concerns raises by attendees, including Outreach, Shelter, & Housing Providers. The most up-todate info is publicly posted on the MCOC website as soon as it becomes available & shared at all regular meetings of both MCOC & SHC. MCOC's ability to rapidly implement CDC guidance, recommendations, & best practices & our improved/increased lines of communication/information sharing enabled us to work w/ MCDC to make COVID vaccinations available to sheltered/unsheltered populations, & to front line shelter and supportive housing staff, all of whom were in the first groups to receive COVID vaccinations in Maine. MCOC & its stakeholder partners continue to work on facilitating creative, innovative, collaborative responses & related policies & protocols to improve our readiness for future emergencies & to end & prevent homelessness.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1) MCOC CES covers 100 percent of our geographic area using a statewide Service Hub model with 211, outreach programs, & access points working together to ensure each county in the state is covered. Maine CES utilizes a multi-site access point system that is built off of a person-centered model with statewide access.

2) Utilizing TA support, MCoC has created a unique assessment tool that has replaced the VI SPIDAT. The tool is comprised of 5 sections: addressing emergency needs, including immediate access to DV CE if requested, collecting contact information, housing history, a problem solving/diversion conversation and identifying the housing preferences of the participant. This assessment is used at each coordinated entry access point and used to create the CE prioritization list. Training is conducted annually & as needed on the use of the assessment tool to be sure all access points administering the assessment are collecting information uniformly, providing the appropriate messaging and resource referrals for participants, as well as supporting participants as the CES process is intended to do for an equitable CES.

3) Maine CES convenes regular CES Committee meetings to review feedback from participating projects, households, and hub coordinators to be sure the assessment process is meeting client needs & the intended priorities of the MCOC. MCES convened several stakeholder meetings in the design of the CES assessment tool, has done a test on the assessment tool incorporating provider and participant feedback, and will continue to iterate changes to the tool on a regular basis and as needed.

| | 1D-9a. | Program Participant-Centered Approach to Centralized or Coordinated Entry. | |
| | | NOFO Section V.B.1.p. | |

		Describe in the field below how your CoC's coordinated entry system:
	1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
	2.	prioritizes people most in need of assistance;
	3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
	4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1) CES uses outreach, written materials, marketing strategies, stakeholder meetings, translation services & works w/ culturally sensitive orgs/staff to reach households who may be least likely to apply for homeless assistance. Marketing materials are shared electronically & posted, including in rural areas. There is info/training for housing navigators, outreach workers & other stakeholders on how to access CES. Hub coordinators ensure all areas are covered w/ outreach & marketing so those in need of services will know how to access them. Hub coordinators reach out to providers & orgs such as general assistance, medical/police, & faith based orgs to reach as many households as possible.

2) Maine CES prioritizes participants based on LOTH & barriers to housing to ensure those most in need of assistance receive housing resources. Prioritization scores are increased for those who meet Maine's Long-Term Stayer (LTS) definition, are fleeing DV, & are unsheltered, making it more likely they are matched w/ housing resources. This prioritization process aligns w/ HUD's Notice Prioritizing Persons Experiencing Chronic Homelessness & Other Vulnerable Homeless Persons in PSH.

3) The CES prioritizes participants based on LOTH & barriers to housing to ensure those needing permanent housing are prioritized/referred to it. CES completes assessments w/i a specific # of days for rapid prioritization/referral to housing. Case conferencing for system & participant level barriers happens regularly; matching to referrals happens on an ongoing & as needed basis outside of case conferencing. Participants are notified w/i 3 business days of being matched to a housing resource. The CE assessment includes housing preferences, such as location, size & type of housing, to help in prioritization/referral/resource matching & case conferencing.

4) Maine CES is designed to be user friendly w/ multiple access points using a common assessment to reduce barriers for participants. Data is shared via HMIS to ensure participants do not have to complete the assessment more than once & do not need to disclose potentially stressful information again. Flexibility is built into CES to lessen burdens on participants, including several ways of contacting participants when they are matched w/ a resource, allowing assessments to be completed through progressive engagement, in person or by phone. Case conferencing happens regularly; where participant & system level barriers are discussed & resolved.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry–Reporting Violations.	
	NOFO Section V.B.1.p.	

	Describe in the field below how your CoC through its centralized or coordinated entry:
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

1.MCoC has an Affirmatively Furthering Fair Housing & Access to Supportive Services Policy which its Coordinated Entry System (CES) and CES participating agencies must follow. Affirmative marketing is defined as adherence to local, state & federal fair housing laws. Positive efforts to ensure that a wide spectrum of persons of various races, religions, familial status, color, sex, gender, disabilities, sexual orientation, & national origins are made aware through CES of CoC projects, services & their benefits. Maine has a relatively small population of minority residents; those least likely to apply for housing/ services w/o special outreach efforts are Black/African Americans, American Indian/Alaska Natives, Asians, & Hispanic/ Latin Americans, & persons w/ disabilities & mental health conditions are also among those least likely to apply for housing/services w/o special outreach. To reach these groups w/ marketing efforts, CES/participating projects contact local shelters/service providers/Hubs, alerting them to their projects. In CES marketing of housing/services, all advertising, brochures, leaflets & other printed materials must include the Equal Housing Opportunity statement, or statement and logo, all signs, on or off-site, will prominently display the statement, or statement and logo, and HUD's Fair Housing Poster must be displayed at all shelters/CoC-funded sites in a conspicuous place.

2.MCoC CES policies & procedures includes information for program participants on their rights & remedies available under federal, state, and local fair housing and civil rights laws & includes a grievance/appeals process, info on rights & how to contact the Maine Human Rights Commission, Pine Tree Legal Assistance, & other entities to remedy any issues. CES participating projects must inform participants of these rights & remedies.

3.CES grievance/appeals process details the procedure through which reports of any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan can be made, as well as how to report these conditions/actions to the Maine Human Rights Commission/Maine Equal Justice Partners/other legal entities whose purpose is to uphold rights including fair housing laws. Regular reports of grievances/appeals made through CES are provided to the CoC Board for review & action is taken to remedy issues where & when needed.

1D-10.	Advancing Racial Equity in Homelessness–Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	06/08/2023

1D-10a.	Process for Analyzing Racial Disparities–Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and	
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1) Members of MCOC recently participated in HUD's Equity & Data Analysis Community Workshop to help Maine better understand & address equity & disparities in our Homeless system. MCOC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance includes: examination of our CoC Racial Equity Analysis Tool, conducting system & project level assessments of whether disparities in the provision or outcome of homeless assistance exists; reviewing local/state data including HMIS System Performance Data, Stella reports, Census & American Community Survey data etc. to compare our general population, the population living in poverty, & the population experiencing homelessness, to determine if BIPOC Households are more or less likely to receive homeless assistance; reviewing local/state data including HMIS System Performance Data, Stella reports, Census & American Community Survey etc. data to compare different populations & subpopulations experiencing homelessness in Maine to see if BIPOC Households have the same, better, or worse outcomes from other recipients of homeless assistance (% of PH placements/retention for people of different races/ethnicities compared to % of PH placements/retention for people who are white/Caucasian &/or nonhispanic/nonlatino, whether or not BIPOC Households return to homelessness at the same, higher, or lower rates; length of time homeless for BIPOC Households vs that of those who are white/Caucasian/nonhispanic/nonlatino, etc.).
2)MCOC identified the following racial disparities in the provision or outcomes of homeless assistance: BIPOC Households are more likely to receive homeless assistance vs people who are white/Caucasian &/or nonhispanic/nonlatino when compared to both the general population in Maine & the population of people in poverty in Maine; and that people of different races or ethnicities who experience homelessness are more likely to receive a positive outcome from homeless assistance (successfully attaining/retaining permanent housing) vs people who are white/Caucasian &/or nonhispanic/nonlatino & experiencing homelessness.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

	Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes

6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.	Working with DEI Consultants to review all Governance & Pollicy documents.	Yes

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

MCOC adopted "Racial Equity Policy & Standards" to improve overall racial equity in the provision/outcomes of assistance, including beyond the areas identified (ID'd) in its assessment. The MCOC Board adopted the following commitment statement to promote racial equity: "Institutional & systematic racism contributes to the oppression of people of color, creating inequity, poverty & homelessness. This commitment includes the proactive reinforcement of policies/practices/attitudes/actions to produce equitable power, access, opportunities, treatment, impacts & outcomes for all." Steps MCOC has taken to address disparities ID'd in the provision or outcome of homeless assistance include: MCOC Board/decision-making bodies/program staff be representative of the population served & working to better reflect this; expand outreach to areas w/ higher concentrations of underrepresented groups; update training/communication inclusive of these groups; MCOC-led training for homeless services system staff to better understand the intersection of racism & homelessness; establish professional development opportunities to id/invest in emerging leaders of different races/ethnicities; MCOC decision-making bodies/Committees analyze/address racial disparities; review CES processes to understand their impact on people of different races/ethnicities; collect data to better understand the pattern of program use for people of different races/ethnicities; conduct additional research on the scope/needs of different races/ethnicities experiencing homelessness; work with a consultant to address racial disparities including implicit bias specifically w/ MCOC documents/CES processes for DEI. To address racial disparities w/in the system MCOC/MCOC Board ensure that
MCOC continuously: ID's the causes of racial disparities and implements strategies to reduce them; assesses the scope of racial disparity for homelessness; assesses how programs/systems provide connections to services/housing at equitable rates for equitable outcomes across races/ethnicities; works w/ communities to ensure racial disparities are not perpetuated; shares findings w/ all stakeholders on the scope of racial disparity & how it impacts the homeless system; reviews system performance disaggregated by race, specifically for Length of Time Homeless & Exits to Permanent Housing to identify/address disparities.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	

	Describe in the field below:	
1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC uses.	

(limit 2,500 characters)

1)MCOC measures progress on preventing/eliminating disparities in provision/outcomes of homeless assistance by: review of Board/committee/program staff for progress on being more representative of populations served & actively recruiting for more diversity; examine new outreach to areas w/ higher concentrations of underrepresented groups; ensure training/communication is inclusive of these groups; trainings for homeless services staff to better understand the intersection of racism & homelessness; seek new leaders of different races/ethnicities (R/E) that emerge from MCOC professional development work; review CES processes to track impact on BIPOC Households, & refer to CES Committee/MCOC Board to remedy issues; analyze data at MCOC Board to address patterns of program use by BIPOC Households; revise & adopt new MCoC/CES docs to address disparities including implicit bias based on guidance of DEI consultants & track how changes improve equity; track data & consumer surveys on how programs/systems provide connections to services/housing at equitable rates for equitable outcomes; track SPMs disaggregated by race over time for LOTH & Exits to PH to ensure MCOC is reducing disparity & inequity; monitor projects based on how they implement a diversity, equity & inclusion lens & track to analyze progress.

2)MCoC tracks progress on preventing/eliminating disparities in provision/outcomes of homeless assistance by: Surveys of MCOC Board/committee/program staff to determine if MCOC is becoming more representative of populations served & actively recruiting for more diversity; system mapping disaggregated by geography to see if MCOC has expanded outreach to higher concentrations of underrepresented groups; tracking MCOC trainings on being inclusive of these groups & understanding the intersection of racism & homelessness; Committee review to see if new leaders of different R/E emerge from MCOC professional development work; HMIS reports to track how CES processes impact people of different R/E; Stella/SPMs to address patterns of program use by BIPOC Households; TA/Consultants to revise MCoC/CES docs to better address disparities; track HMIS data & consumer surveys to see how programs/systems provide connections to services/housing at equitable rates for equitable outcomes; SPMs disaggregated by race over time for LOTH & Exits to PH to ensure MCOC is reducing disparity & ensuring equity; Monitoring to see which projects implement a diversity, equity &inclusion lens.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking--CoC's Outreach Efforts.	
	NOFO Section V.B.1.r.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

MCoC works diligently to outreach & engage ppl w/ lived experience in all its work including service delivery and decision-making. MCoC has developed targeted outreach strategies to ensure people with lived experience are involved and play meaningful roles in all the MCoC's work. MCoC has a Lived Experience Committee comprised of individuals who are currently experiencing/have previously experienced homelessness, chaired by a person w/ lived experience who is an officer of the MCoC Board. This group's purpose is to outreach & engage people w/ lived experience so that they are around all tables pertaining to CoC service delivery & decision-making. To ensure robust participation the MCoC/MCoC Board provides stipends to members of this Committee for attending MCoC and MCoC Committee meetings. MCoC established an at-large leadership officer position on its Board of Directors reserved for someone w/ lived experience to ensure that people w/ lived experience are involved in the MCoC's decision-making at every level including in leadership roles. MCoC works w/Homeless Voices for Justice & w/Homeless Advocacy For All, Maine's two primary homeless self-advocacy groups, to ensure persons experiencing homelessness &/or formerly homeless persons actively & meaningfully participate. We incorporated Maine's Youth Advisory Board (YAB) in governance & approved stipends to compensate YAB members for time/travel for MCOC activities/conferences/etc. YAB membership includes youth w/ lived experience of homelessness. The YAB has a dedicated seat on the MCoC Board.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	8	5
2.	Participate on CoC committees, subcommittees, or workgroups.	4	3
3.	Included in the development or revision of your CoC's local competition rating factors.	2	1
4.	Included in the development or revision of your CoC's coordinated entry process.	2	1

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

MCOC provides professional development opportunities to individuals w/ lived experience in many ways. The MCoC/MCoC Board provides stipends to members of the Lived Experience Committee and the Youth Advisory Board (YAB) for attending MCOC and MCOC Committee meetings to increase individuals' professional development, access to CoC member orgs, & potential employment opportunities w/I them. MCOC has a position on the Board reserved for someone w/ lived experience as well as a position on the Board reserved for a member of the YAB to ensure there are opportunities for professional development & increased access to potential employment opportunities. MCOC also established an at-large leadership officer position on its Board reserved for someone w/ lived experience as a means of professional dev. which also ensures that people w/ lived experience are meaningfully involved in the MCOC's decision-making including in leadership roles. MCOC supports/encourages its membership to support/create/enhance opportunities for professional development & employment of people w/ lived experience by: scoring/ranking projects based on the degree to which they do this within their own organization; ensuring that members adhere to Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), & (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training/employment be given to lower-income residents of projects, which the MCOC has specifically expanded to include people w/ lived experience. MCOC membership & its member orgs routinely provide employment training assistance to people w/ lived experience & have established preferential hiring practices. Numerous MCOC member orgs use a peer model which allows for the professional development of people w/ lived experience & routinely creates employment opportunities for peers to move into more professional, paid staff roles.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

	Describe in the field below:
1.	how your CoC routinely gathers feedback from people experiencing homelessness;
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and
3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1)MCOC gathers feedback from people experiencing homelessness at MCOC/State & Regional Homeless Council meetings/public forums/conferences on homelessness/housing. MCOC incorporates this feedback into all efforts to improve & create new approaches to ending & preventing homelessness ie: landlord risk mitigation, rapid resolution, & diversion efforts were developed w/ input from PWLE. With feedback from PWLE, MCOC & SHC developed a Service Hub structure to bring together stakeholders at a local level to focus on prevention, diversion & CE. MCOC's CES process & assessment tool were developed, tested & improved based on input from PWLE. Feedback is also solicited from PWLE via client surveys/exit interviews/forums, our PWLE Committee/YAB/Homeless Voices for Justice (HVJ).
2) MCOC gathers feedback from people who have received assistance through CoC/ESG programs on their experience at MCOC/State & Regional Homeless Council meetings/public forums/conferences on homelessness/housing. MCOC incorporates this feedback into efforts to improve & create new approaches to ending & preventing homelessness ie: landlord risk mitigation, rapid resolution & diversion efforts were developed w/ input from ppl using CoC/ESG programs. With feedback from ppl using CoC/ESG programs MCOC & SHC developed a Service Hub structure to bring together stakeholders at a local level to focus on prevention, diversion & CE. MCOC's CES process & assessment tool were developed, tested & improved w/ input from people who receive(d) assistance through ESG/CoC programs. Feedback is also solicited via client surveys/exit interviews/forums from ppl using ES/CoC programs/PWLE Com/YAB/HVJ.
3)MCOC has taken these steps to address challenges raised by PWLE: landlord risk mitigation, rapid resolution & diversion efforts developed w/ input from PWLE to address challenges regarding the homeless response system. With such feedback MCOC & SHC developed a Service Hub structure to bring together stakeholders at a local level to focus on prevention, diversion & CE - all of which addresses specific challenges raised by PWLE. MCOC's CES process/new assessment tool were developed w/ input from people who receive(d) assistance through ESG/CoC programs including challenges faced. The assessment tool was tested/improved upon to address challenges raised by PWLE. MCOC incorporates feedback from client surveys/group forums/ppl using ESG/CoC programs/PWLE Com/YAB/HVJ to improve programs.

1D-12.	Increasing Affordable Housing Supply.		
	NOFO Section V.B.1.t.		

	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1) MCOC worked in the last 12 months to engage city/county/state gov. in reforming zoning & land use policies to permit more affordable housing development. MCOC advocated w/ policymakers on a landmark bill for the State Legislature that garnered national attention: LD 2003 An Act To Implement the Recommendations of the Commission To Increase Housing Opportunities in Maine by Studying Zoning & Land Use Restrictions, which streamlines zoning/permitting processes & lifts land use restrictions. MCoC advocated w/ policymakers on many bills in the past 12 months to enhance/expand LD 2003 & other zoning/land use reforms & opposed bills that would jeopardize LD 2003, w/ great success. Specific reforms include: mandating municipalities allow structures w/ up to 4 dwelling units per lot; statewide & regional housing goals; defining "affordable housing development," requiring municipalities allow affordable housing developments at certain densities; criteria to ensure affordability for at least 30 yrs; require municipalities ensure all zoning ordinances affirmatively further fair housing in accordance w/ federal law & the Maine Human Rights Act.

2) MCOC worked to engage city/county/state gov. in reducing regulatory barriers to housing development. MCOC advocated w/ policymakers to pass the Governor's Supplemental Budget, expanding the Housing Opportunity Program w/i the Dept of Economic & Community Development to encourage/support development of affordable housing. This program includes Service Provider Grants, Community Housing Incentive Program grants & TA, to reduce regulatory barriers to affordable housing development thus increasing access to it. MCOC advocated for LD 2003 An Act To Implement the Recommendations of the Commission To Increase Housing Opportunities in Maine by Studying Zoning & Land Use Restrictions. This landmark bill, now public law, makes many changes that reduce regulatory burdens/barriers for towns/municipalities which will greatly assist Maine in developing more affordable & permanent supportive housing. MCoC advocated w/ policymakers on many bills in the Legislature in the past 12 months that enhance/expand LD 2003 & reduce regulatory barriers to housing development w/ great success. MCoC Policy Committee led successful efforts to create a Housing First Program, included in the Governor's Budget, to create a fund in perpetuity that pays for development of & services in PSH, & reduces barriers to Medicaid billing for such services.

1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section V.B.2.a. and 2.g.	
	You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	

1.	Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC–meaning the date your CoC published the deadline.	07/17/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition–meaning the date your CoC published the deadline.	07/17/2023

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

	You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	No

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	32
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

Describe in the field below:	
1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1) MCOC worked in the last 12 months to engage city/county/state gov. in reforming zoning & land use policies to permit more affordable housing development. MCOC advocated w/ policymakers on a landmark bill for the State Legislature that garnered national attention: LD 2003 An Act To Implement the Recommendations of the Commission To Increase Housing Opportunities in Maine by Studying Zoning & Land Use Restrictions, which streamlines zoning/permitting processes & lifts land use restrictions. MCoC advocated w/ policymakers on many bills in the past 12 months to enhance/expand LD 2003 & other zoning/land use reforms & opposed bills that would jeopardize LD 2003, w/ great success. Specific reforms include: mandating municipalities allow structures w/ up to 4 dwelling units per lot; statewide & regional housing goals; defining "affordable housing development," requiring municipalities allow affordable housing developments at certain densities; criteria to ensure affordability for at least 30 yrs; require municipalities ensure all zoning ordinances affirmatively further fair housing in accordance w/ federal law & the Maine Human Rights Act.
2) MCOC worked to engage city/county/state gov. in reducing regulatory barriers to housing development. MCOC advocated w/ policymakers to pass the Governor's Supplemental Budget, expanding the Housing Opportunity Program w/i the Dept of Economic & Community Development to encourage/support development of affordable housing. This program includes Service Provider Grants, Community Housing Incentive Program grants & TA, to reduce regulatory barriers to affordable housing development thus increasing access to it. MCOC advocated for LD 2003 An Act To Implement the Recommendations of the Commission To Increase Housing Opportunities in Maine by Studying Zoning & Land Use Restrictions. This landmark bill, now public law, makes many changes that reduce regulatory burdens/barriers for towns/municipalities which will greatly assist Maine in developing more affordable & permanent supportive housing. MCoC advocated w/ policymakers on many bills in the Legislature in the past 12 months that enhance/expand LD 2003 & reduce regulatory barriers to housing development w/ great success. MCoC Policy Committee led successful efforts to create a Housing First Program, included in the Governor's Budget, to create a fund in perpetuity that pays for development of & services in PSH, & reduces barriers to Medicaid billing for such services.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	

	Describe in the field below:	
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

1)MCOC diversified its membership/Board to better include persons of different races particularly those overrepresented in homelessness locally. Input was gathered from these groups on the scoring/ranking tools & MCoC used this feedback by including additional points for clearly describing using a race equity lens to address racial disparities. MCOC Board created a DEI Committee & contracted w/ consultants to provide culturally sensitive training/TA on strategies to address/correct racial inequities in the system including scoring/ranking/selection tools w/ a diversity, equity, inclusion lens/how to better incorporate persons of different races/ethnicities in all aspects of MCOC work. This includes more strategies for input from persons of different races in selection factor determination. MCOC outreaches to BIPOC-led orgs for more voices/expertise around the table/in leadership to better address racial inequities/implicit bias systemically.

2)MCOC Board created a DEI Committee & contracted w/ consultants to provide culturally sensitive training/TA w/ the aim to acknowledge racial inequities in the system/develop corrective strategies. Part of this work ensures persons of different races particularly those overrepresented in the local homeless population are included in MCOC's Selection Committee, the group responsible for the review/scoring/ranking of new/renewal project applications. MCOC intentionally diversified its Selection Committee members to include persons of different races including those overrepresented in homelessness locally.

3) MCOC includes a question on its scoring tool for project applications addressing racial equity. New projects score additional points if their application clearly describes using a race equity lens to address racial disparities in the homeless service system. This year MCOC created supplemental questions for project applicants specifically pertaining to DEI, including staff equity training/equity lens/equitable policies that do not impose undue barriers on persons of different races/ethnicities/etc. MCOC Board contracted w/ consultants to provide culturally sensitive training/TA to acknowledge racial inequities in the system/develop corrective strategies. This work includes how best to ID/address/correct barriers faced by persons of different races/ethnicities, particularly those over-represented in the local homelessness, which the DEI Committee is reviewing to establish goals/processes for eliminating barriers.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	

	Describe in the field below:
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1)MCOC has written Reallocation Procedures in Governance outlining both voluntary & involuntary reallocation. The Reallocation process is communicated to all applicants by wide dissemination/public posting of the Governance, included w/in MCOC minutes also posted publicly & through monitoring results/TA to projects. Voluntary reallocations are initiated by the applicant. Involuntary reallocations are renewal projects that are entirely eliminated or have renewal funding reduced by MCOC. MCOC may use involuntary reallocation for reasons including unspent funds, repeated negative monitoring findings, or scoring very low during the competition. The reallocation process was approved by the full MCOC as part of Governance. MCOC uses reallocation to ensure progress toward HUD identified priorities, high performance standards & effective use of funds. Through annual project monitoring, MCOC analyzes projects per its Gaps & Needs Analysis & whether a project's funding in whole or in part should be reallocated to make resources available for new projects better aligning w/ needs. MCOC reviews performance of existing projects to determine the viability of reallocation to create new high performing projects. A Committee monitors project performance including APRs & data quality resulting in a threshold score. If projects fail to meet these thresholds they are provided TA & put on a Performance Improvement Plan (PIP). If the performance benchmarks in the PIP are not met, MCOC & its Board initiate involuntary reallocation to create higher performing projects.
2)MCOC did not identify any low performing or less needed projects through its Reallocation process/procedures during the local competition this year.
3)MCOC did not reallocate any low performing or less needed projects during the local competition this year as all projects were found to be performing well and needed in the communities in which they operate and for the populations whom they serve.
4)MCOC did not reallocate any projects this because none of the MCOC renewal projects were considered to be underperforming/low performing & all projects were found to be performing well. Also, no projects were deemed to be less-needed, they all were determined to be needed in the communities in which they operate and for the populations whom they serve.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

| | Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023? | No |

1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No

	3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No
	4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	

	1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
		NOFO Section V.B.2.g.	
		You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

		Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/13/2023

	1E-5b.	Local Competition Selection Results for All Projects.	
		NOFO Section V.B.2.g.	
		You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

		Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes

	1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
		NOFO Section V.B.2.g. and 24 CFR 578.95.	
		You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

		Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/26/2023

	1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
		NOFO Section V.B.2.g.	
		You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/26/2023

2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	Welsky

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Statewide

2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/28/2023

2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2022 HMIS Data Standards; and	

3.	state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1)MCoC works with the Maine Coalition to End Domestic Violence (MCEDV) to establish data protocols & submission guidelines for all DV Resource Centers (DVRCs) & Coalition Member Programs. Each VSP & Member Program uses the same HMIS comparable database that collects the same data elements required in the HUD-published 2022 HMIS Data Standards, allowing for standardized DV specific data across the state. MaineHousing, MCoC's HMIS Lead Agency, meets regularly MCEDV to discuss data standards & quality issues that affect outcome measures. MCEDV sits on the MCoC Data Standards committee to hear HMIS concerns & relay them to the DV system's Operations Administrator for review. The HMIS Comparable Database in use is updated for the 2022 Data Standards.

2) MCoC DV housing and service providers are using a HUD-compliant comparable database that's compliant with the FY 2022 HMIS Data Standards. The current HMIS Comparable Database functionality allows VSPs & MCEDV to pull reports & submit de-identified aggregated system performance measures data for each project to MaineHousing, MCoC, the SAGE platform, & other funders as needed. Reports are submitted directly to the HMIS Lead or directly into SAGE.

3)MCoC's HMIS system is fully compliant with the FY 2022 HMIS Data Standards.

2A-5.	Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.	
	NOFO Section V.B.3.c. and V.B.7.	

	Enter 2023 HIC and HMIS data in the chart below by project type:	

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	3,361	170	913	28.61%
2. Safe Haven (SH) beds	15	0	15	100.00%
3. Transitional Housing (TH) beds	862	94	763	99.35%
4. Rapid Re-Housing (RRH) beds	521	5	508	98.45%
5. Permanent Supportive Housing (PSH) beds	2,262	0	2,241	99.07%
6. Other Permanent Housing (OPH) beds	559	21	538	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1) In the past, our ES Bed Coverage Rates were above 85%, but not 100%, due to a large number of faith-based shelters that do not participate in HMIS, despite continued/ongoing efforts to recruit them. Recently, our ES PIT count has been higher than ever as a result of new emergency resources made available due to COVID in the form of hotel/motel vouchers. Referrals were made by shelters, outreach, & other homeless service providers, but the management of the hotel/motel vouchers was primarily coordinated through Community Action Programs (CAP) & Municipal General Assistance (GA) Offices who do not participate in HMIS & provided only limited data. We believe the overall counts/household configurations were accurate, but these agencies did not record the detailed demographic info that we required of regular HMIS participating projects. As the funding for these vouchers runs out, the number of people able to access these emergency hotel/motel units has decreased, & we are working hard to ensure that they have opportunities to secure more stable long-term housing options, including PSH units/vouchers, HCV & other permanent subsidies, TH or RRH units/vouchers, or other forms of PH as appropriate. Having now seen the potential capacity of CAP & GA offices to assist with providing emergency accommodations, we have been working to find ways for them to enter data in HMIS, as well as participate more in the Continuum.
While the coverage for OPH calculated here shows 100%, the actual rate is under 85%. The OPH coverage rate declined due to changes in project types. Some non-VSP DV projects that were not entering into HMIS & that had been classified as PSH changed to OPH (due to no disability needed), & it was discovered that the owners/landlords of these projects are not prohibited from entering data into HMIS by VAWA. The data is now being entered into HMIS. These changes affected the OPH bed coverage rate this year but will not moving forward.
2) The anticipated decline in households accessing emergency hotel/motel units, & our efforts to collect HMIS level data from CAP & GA offices for those households that do utilize this resource, will increase our ES Bed Coverage Rate in the next PIT Count. We have also tasked our new Service Hub Coordinators w/ continuing to encourage faith based & other non-HMIS participating ES projects to consider joining, emphasizing the value having more complete & accurate data, both for their own projects, & for the state.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/24/2023

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/28/2023

2B-3.	PIT Count–Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
1.	engaged unaccompanied youth and youth serving organizations in your CoC's most recent PIT count planning process;	
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC's most recent PIT count planning process; and	
3.	included youth experiencing homelessness as counters during your CoC's most recent unsheltered PIT count.	

(limit 2,500 characters)

1) Unaccompanied youth, our Youth Advisory Board (YAB), Maine's Homeless Youth Provider Group (MHYPG) & stakeholders serving homeless youth, were engaged in planning & implementing the 2023 MCOC PIT count by assisting in reviewing & updating Youth-specific survey tools designed to better engage homeless youth, identify locations where homeless youth were most likely to be found, & conducting survey interviews w/ homeless youth. Questions specifically for youth are included as an addendum to the standard MCOC PIT. All those conducting surveys were instructed to complete a Youth Addendum form whenever they encountered an unaccompanied youth, or a youth only household.

2) MCOC, our YAB & MHYPG outreached & engaged w/ youth & non-youth providers, schools & other community stakeholders on how best to conduct Youth Outreach efforts for the PIT. The MCoC, YAB & the MHYPG discussed & determined how to best identify homeless &/or at risk youth & locations where homeless youth were most likely to be found. MCoC worked w/ the YAB, to consider the Youth Addendum questions & how best to administer the survey to homeless youth using trauma informed best practices. YAB members worked w/ providers in their communities on the PIT count by considering resources, staffing & how to best locate youth as determined by their local knowledge. They helped facilitate PIT outreach to youth in their area & reached out to other local stakeholders in order to identify as many youth & locations as possible to include in the count.

3) MCOC, our YAB, & MHYPG attempted a variety of outreach techniques to connect w/ homeless youth & involve them in PIT efforts. This included outreach via McKinney Vento liaisons, community caseworkers, & other youth-serving providers. Unaccompanied youth/YAB members were outreached & invited to be counters on the night of the PIT. YAB members worked w/ providers in their communities on the PIT count by considering resources, staffing & how to best locate youth as determined by their local knowledge. They helped facilitate PIT outreach to youth in their area & reached out to other local stakeholders in order to identify as many youth & locations as possible for the count. MCoC used a mobile PIT app this year in addition to paper surveys & continued use of this app will increase opportunities for youth to be counters for the PIT. MCoC is working on removing barriers for Youth being PIT counters by addressing transportation issues & offering paid incentives.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and
3.	describe how the changes affected your CoC's PIT count results; or
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2023.

(limit 2,500 characters)

1) Our 2023 Emergency Shelter (ES) PIT count remained fairly consistent w/ 2022, as a result of COVID-era emergency housing resources being made available. The availability of hotel/motel vouchers allowed shelters to serve individuals & families who would otherwise have been turned away. The hotel/motel arrangements were coordinated by Community Action Programs & Municipal General Assistance Offices who provided only limited data. The overall counts & household configurations were accurate, but these agencies did not record the same level of demographic data that we required of HMIS participating projects, so much of the demographic information in this year's Sheltered PIT submission was extrapolated. Our HMIS system allows for answers of 'Client does not know' & 'Client Refused to Answer', but the HDX does not, so there has always been some degree of adjustment when submitting data, and again this year it was necessary to utilize demographic extrapolation.

2) For the 2023 Unsheltered PIT Count, we established 9 regional teams made up of local service providers & volunteers to coordinate local efforts through our new Service Hubs. We also increased volunteer recruitment, used a PIT specific website to share information about the count, including video trainings on forms & processes to ensure all volunteers had access to the most consistent & up to date information about how to conduct the Unsheltered count; and used an app for the night of the PIT unsheltered count data collection. In addition to the "Search & Survey" efforts, we strongly encouraged volunteers to participate in Service Based counts for the Unsheltered PIT. The Unsheltered Count was significantly higher than in recent years, though still lower than anticipated. The availability of emergency Hotel/Motel Vouchers may have played a role in keeping the Unsheltered numbers lower than we thought- people who would previously have been turned away from regular shelter facilities for lack of space & who may have ended up unsheltered, were placed in hotel/motel units.

3) These PIT count methodology changes significantly increased the accuracy of the PIT count this year, specifically for the Unsheltered Count. The 2023 Unsheltered Count was the highest and likely most accurate Unsheltered Count the MCoC has ever had.

4) [see above]

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
    - Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	

	In the field below:
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC's strategies to address individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time

(limit 2,500 characters)

1)MCOC's Coordinated Entry System (CES) includes assessments that ask for self-identified reasons people became homeless for the first time or are requesting assistance to prevent becoming homeless. This data is tracked & analyzed to create a list of risk factors for people becoming homeless for the first time. Questions/factors include: Current /most recent living situation, LOT there, Safety (including DV), habitability, food insecurity, income insecurity, history of homelessness or unstable housing, evictions, criminal conviction for violent, drug, or sex related activities, disability, income/employment, health crisis & other factors. These risk factors are incorporated into the current Maine Plan to End & Prevent Homelessness & the new Maine Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs.

2)The MCOC meets the needs of individuals & families at risk of becoming homeless by first assessing their situation through a series of safety-planning & diversion/problem solving questions during initial contact, whether that happens at a shelter, through Outreach, or any other participating entity. Local Service Hub Coordinators have developed lists of services & resources in their areas that can be accessed to help people remain in their current housing, if that is a safe & appropriate option, or quickly secure an alternative arrangement. This is done through identification of natural supports if safe/appropriate, and/or referrals to appropriate services including CDBG funded outreach, ESG prevention/RRH, SSVF outreach/prevention/RRH, PATH outreach, local/state funded short/medium term rental assistance, ERAP, municipal general assistance, community legal services, eviction prevention programs including legal representation in eviction courts, programs funded through private philanthropic funding, Tribes & Tribal organizations such as Four Directions, & faith based organizations throughout the state. Maine has Discharge Planning Policies which identify people at risk of being discharged to homelessness & the ways this can be prevented.

3)The MCOC Board, in consultation with MCOC, Maine's Statewide Homeless Council, & MaineHousing, is responsible for overseeing this strategy to reduce the number of individuals & families experiencing homelessness for the first time, in keeping with the Maine Plan to End and Prevent Homelessness.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

	Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:	

1.	natural disasters?	No
2.	having recently arrived in your CoCs' geographic area?	Yes

(limit 2,500 characters)

Maine has experienced a significant increase in recent years in the number of displaced persons, primarily Asylum Seekers escaping violence & poverty in African nations needing short-term shelter &/or housing assistance due to having recently arrived in our CoC's geographic area, especially in the City of Portland. According to both local & national news media, more than 1200 Asylum Seekers arrived in the Portland area in 2022 & another 1600 just between January & June of 2023. Maine has very limited immigration & refugee services, & even fewer that provide any sort of shelter or housing. The majority of Asylum Seekers arriving in Maine end up in our Emergency Shelter facilities or Emergency Hotel/Motel accommodations. Most are not eligible for any form of federal housing assistance & current laws restrict them from even securing gainful employment to earn money to seek housing on their own. We estimate that approximately 1800 Asylum Seekers were included as First Time Homeless in our most recent 2023 PIT Count.

2C-2.	Length of Time Homeless–CoC's Strategy to Reduce.	
	NOFO Section V.B.5.c.	

	In the field below:
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

1) MCoC prioritizes those w/longest LOTH for housing/service resources using its CE assessment tool, including those in shelter or on the street, living in tents, vehicles, or other places not meant for human habitation, in urban & rural areas. The tool utilizes diversion or rapid resolution as a short- or long-term solution. Shelters employ RRH to quickly move Inds/Fams including CH/Long Term Stayers into housing. MCoC works to increase affordable housing stock as lack of housing/low vacancy rates effect LOTH. Veteran CES By-Name List efforts also targets/prioritizes CH Vets w/very long histories of homelessness help to reduce overall LOTH. Most TH in MCoC is targeted to Youth, DV, & SPMI since they may struggle to quickly move to PH. TH programs like DHHS's BRAP (Bridging Rental Assistance Program) for SPMI fill voucher gaps & are prioritized by many PHAs for HUD HCVs/PBV-funded housing in Maine. BRAP also offers flexibility for those not eligible for HCVs/PBVs. BRAP was established by Maine in recognition that stability & recovery can only begin in a safe, healthy, & stable home until able to move to a more permanent subsidy or alternative permanent housing placement. While this may appear to skew LOTH for the overall MCoC's system performance. Over the last year, BRAP has served hundreds of homeless individuals/families at highest risk that might otherwise have fallen through the cracks & remained homeless &/or returned to a hospital or correctional setting.

2) MCoC CES uses LOTH for assessment & prioritization for housing/services & is the primary strategy for identifying & housing individuals & families w/longest LOTH. Monthly, MCoC programs review a list of people w/longest histories of homelessness which is generated using HMIS, Outreach data, & third party verifications & is used at local/regional levels to refer CH to S+C, EHV, & other long-term housing options via CES. Our Service Hubs, CES, & Built for Zero efforts gather quality By Name List data. Data dashboards, identifying trends, Strategies include: landlord outreach/engagement; Housing Navigator services; coordination of PATH w/ shelters & navigators; promoting Housing First; & partnering w/Maine DHHS & local PHAs for services/housing.

3) MCoC Board, in consultation w/MCoC, Maine's Statewide Homeless Council, & MaineHousing, is responsible for overseeing strategies to reduce the length of time individuals/families remain homeless, in keeping w/Maine's Plan to End & Prevent Homelessness.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC's Strategy		
	NOFO Section V.B.5.d.		

		In the field below:
	1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
	2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
	3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1) MCOC strategies to increase PH placement from ES, SH, TH, & RRH include: Maine's Emergency Shelter & Housing Assistance Program (ESHAP) offers incentive funding for Exits to PH; ESG shelters have Housing Navigators who work w/ clients to develop Housing Stability Plans to support stabilization in & retention of housing; ask more PHAs to establish set asides for homeless; work w/ LIHTC developers to target homeless; increase supply of PSH for homeless; coordinate w/ PHAs for Mainstream Vouchers; advocate for more targeted rental subsidies; include CoC & non-CoC funded PH projects in CES & encourage them to adopt a Housing First approach to quickly move people into PH; many CoC Projects offer Rent Smart education to help clients access & maintain housing; increase Landlord engagement & recruitment & encourage PHAs to implement Landlord incentives for leasing up clients w/ vouchers; CoC voucher programs work w/ CES to ensure clients have access to this resource; Landlord Engagement Programs work w/ tenants & landlords to resolve issues before they lead to evictions. Legal advocates accompany clients to court to try to prevent evictions.
2) In FY 2022 our Successful PH Exits/Retention was 96%. MCOC strategies to increase successful PH retention include: Providing Tenant/Landlord education/trainings to promote problem solving & avoid evictions; developing supportive landlord relationships in CoC funded Voucher Programs; Promoting tenant legal assistance to prevent evictions; ESHAP program offers Incentive funding for PH Retention; all ESG funded shelters have Housing Navigators who's work includes stabilization in & retention of housing & provide/connect to post-housing services; PATH & Navigators work w/ clients to develop Housing Stability Plans emphasizing client choice & connect clients w/ ongoing supports eg Case Mgmt, MaineCare, for housing stability & community integration; Using private/local/state funds to assist w/back rent/utilities to help clients maintain housing; Maine's Plan to End & Prevent Homelessness includes the goal of PH appropriate to individual needs w/ an adequate support network to ensure housing stability & retention.
3)The MCOC Board, in consultation with MCOC & Maine's Statewide Homeless Council, is responsible for overseeing this strategy to increase exits to & retention of PH, in keeping with the Maine Plan to End and Prevent Homelessness.

2C-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate.	
	NOFO Section V.B.5.e.	

	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

1) MCOC has identified risk factors for returns to homelessness by analyzing data via data sharing, improved tracking of returns & the reasons for returns across multiple shelters & reviewing Stella Sys PM Reports. Other strategies include: MCOC CES includes questions regarding reasons for homelessness, including returns to homelessness & CES participates in statewide data sharing & longitudinal systems data analysis; Providers review HMIS data regularly & identify returns & reasons for returns; MCoC Board reviews SysPM Reports, including data on Returns to Homelessness, on a monthly basis. MCOC works hard to improve housing retention, which reduces returns to homelessness.
2) Our overall rate of returns to homeless has decreased from 19% to 16%. MCOC strategies for reducing Returns to Homelessness include: Sharing data & information on returns to make providers at all levels aware of the risk factors so they may address them in a timely manner & try to prevent future returns; ESHAP program offers incentive funding to reduce returns to homelessness; all ESG funded shelters have Housing Navigators whose jobs include stabilization in & retention of housing; Navigators work w/clients to develop Housing Stability Plans, including retention strategies; MCOC has identified that most returns occur in the first 6 months & has shifted follow-up support so more follow-up/outreach services are delivered in the first 6 months of move-in, at least every 30 days, or more frequently if necessary w/ services adjusting down over time, or as needed for better housing stability/retention; CES safety-planning & diversion includes identification of natural supports when safe/appropriate & promotes community integration to reduce returns to homelessness; Coordinating Community Support Services for CoC funded Voucher Programs & other PH clients; referrals to appropriate services statewide including-CDBG funded outreach, ESG/CDBG/SSVF prevention/RRH, PATH outreach, municipal general assistance, Community Action Programs, community legal services, eviction prevention education/programs, tenant rights & education programs, rent smart, Wrap Around Services, &coordination of private/local/state/Federal funds to assist w/back rent/utilities.
3)The MCOC Board, in consultation with MCOC & Maine's Statewide Homeless Council, is responsible for overseeing this strategy to reduce the number of returns to homelessness, in keeping with the Maine Plan to End and Prevent Homelessness.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.		
	NOFO Section V.B.5.f.		

	In the field below:	
1.	describe your CoC's strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,500 characters)

1)MCOC strategies for working w/ employment orgs to increase cash income are; encouraging programs to promote employment, educational training, & assistance to all participants. Shelters work with temp agencies to help individuals access employment opportunities or are referred to various resources, such as Maine's 19 Career Centers (CC), DOL & Voc Rehab for searches/training/job fairs. These centers offer resources available for homeless individuals, especially those who are first time job seekers, such as resume building, interview skills, & Job searches. Agencies refer individuals to local GA offices, which offer Workfare programs to place individuals at worksites, where they learn skills which often lead to regular employment. Vocational Clubhouses help w/ training, job retention, transportation; Navigators help people w/ employment goals; work w/ Adult Ed & community college job training programs & hospital Employment Specialists to increase skill sets & attain higher paying jobs; advocacy to increase minimum wage; work w/ Hire A Vet initiative. Trainings/monitoring/TA helps projects w/ strategies. MCOC strategies to increase access to employment include relationships & connecting people w/ day labor orgs; job development w/ local retailers; work w/ hospital Employment Specialists to increase access to employment opportunities; CAP agencies & local Workforce Development Boards.
2)MCOC Resource Committee alerts providers to employment opportunities/resources; vocational Clubhouses help w/ training/job retention/transportation/transitional employment; navigators help people w/ employment goals; work w/ Adult Ed, Goodwill Industries & community college job training & hospitals' Employment Specialists for connections to employment opportunities; work w/ Hire A Vet initiative, CAP agencies & local WDBs. Building relationships & connecting people w/ day labor orgs; job development w/ local retailers; work w/ hospital Employment Specialists to increase access to employment opportunities; CAP agencies & local Workforce Development Boards.
3)The MCOC Board, in consultation with MCOC & Maine's Statewide Homeless Council, is responsible for overseeing this strategy to increase employment cash income, in keeping with the Maine Plan to End and Prevent Homelessness.

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section V.B.5.f.	

		In the field below:
	1.	describe your CoC's strategy to access non-employment cash income; and
	2.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,500 characters)

1)MCOC primary strategy to help participants access non-employment cash income is encouraging programs to develop in house programs &/or strong trusting relationships with mainstream benefit providers that provide assistance in applying for benefits. Programs offer application assistance & training; help in accessing non-CoC funded assistance programs, and referrals to various local and state agencies whose purpose is to assist individuals in applying for benefits. The CoC encourages programs to build relationships with local and state providers to help participants access/retain/increase mainstream benefits: Municipal General Assistance, VA service-connected & non-service-connected disability benefits, unemployment insurance, TANF, SSI/SSDI, Social Security Survivor's Benefits, worker's compensation, LIHEAP, etc. MCOC holds SOAR & other mainstream non-employment cash income trainings for providers statewide. Rent Smart trainings assists w/ increasing non-employment cash income. CoC program funded projects are assisted to implement strategies w/ frequent trainings/annual monitoring/TA. Legislative advocacy to create & increase access to non-employment cash income. MCOC projects assess decreases of non-cash benefits at the time of annual reviews and have systems in place to help program participants maximize those benefits, including advocacy with mainstream benefits providers to have lost benefits restored if possible.
2)The MCOC Board, in consultation with MCOC & Maine's Statewide Homeless Council, is responsible for overseeing this strategy to increase non-employment cash income, in keeping with the Maine Plan to End and Prevent Homelessness.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
    - Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No

3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.	

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

	Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?	No

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

N/A

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

| | Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? | No |

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.
	If you answered yes to question 3C-1, describe in the field below:
1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

N/A

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.l.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.l.	

	Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2023 Priority Listing.	

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.l.(1)(c)	

1.	Enter the number of survivors that need housing or services:	4,243
2.	Enter the number of survivors your CoC is currently serving:	1,040
3.	Unmet Need:	3,203

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.l.(1)(c)	

	Describe in the field below:
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,500 characters)

1) The number of survivors needing housing and/or services in element 1 is a combination of the number of survivors served through Residential Programs in FY22, and the number of survivors who requested shelter that could not be sheltered through our residential programs. The number of DV survivors currently being served in element 2 was determined as the number of survivors who were directly served with MaineHousing funds.
2) The data source used to arrive at these figures was Maine's DV Comparable Database (EmpowerDB), which includes data on calls from those seeking assistance with shelter or housing who were not able to enter a shelter of housing project, as well as those that received residential services.
3) The biggest barrier to meeting the housing needs of all DV Victims/Survivors in Maine is the general lack of safe affordable housing, & more specifically, a lack of PSH & RRH that offer specialized supportive services to meet the unique need of DV survivors. DV survivors may have additional barriers such as limited employment history, or bad credit related to their DV situation. Some survivors have experienced forced criminality & that criminal history can be a barrier to housing. For survivors who have not lived independently, additional supports in building landlord relationships, establishing a plan to pay monthly rent & safety planning for life in the community are paramount. The Maine Coalition to End Domestic Violence collaborates w/ other agencies to address the needs of all DV Survivors in Maine, including partnering w/ non-VSPs who work w/ DV Survivors to provide DV specific trauma-informed services for Black, Indigenous, and other people of color as well as LGBTQ+ survivors.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.l.(1)	

	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Maine Coalition t...
Through These Doors

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:

1.	Applicant Name	Maine Coalition to End Domestic Violence
2.	Project Name	MCEDV PH-RRH FY23
3.	Project Rank on the Priority Listing	28
4.	Unique Entity Identifier (UEI)	VLAGYBK92VZ3
5.	Amount Requested	$576,575
6.	Rate of Housing Placement of DV Survivors–Percentage	58%
7.	Rate of Housing Retention of DV Survivors–Percentage	70%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:	
1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1.MCEDV calculated the Rate of DV housing placements using the annually reported data (FY22, October 1, 2021 - September 30, 2022 (the most recent full year for which data is available) from each DV Member Program in Maine - total adults moved into permanent housing/total adults that exited residential services.

MCEDV calculated the Rate of Housing Retention by using the annually reported data (FY22, October 1, 2021 - September 30, 2022 (the most recent full year for which data is available) from each DV Member Program in Maine- total adults that received residential services minus the adults that did not retain housing/ the total adults that received residential services.

2. Exits to PH or RRH housing operated by DV and/or CoC entities are considered safe placements. Survivors who utilize tenant based voucher may choose housing in the wider community, but will still have access to services, including implementation of ETPs if needed, so such placements are also considered safe.

3. Each DV Member Program and MCEDV use the same comparable database as approved by the CoC, and this data is sourced from that database. The use of a comparable database, mandatory for all VSPs, is encoded into law.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1. MCEDV partners with the 8 VSP DV Member Programs (DVRCs) in Maine to ensure that DV survivors experiencing homelessness are assessed quickly as they prepare to move into safe, affordable housing.
2. Housing survivors who have been made homeless because they are fleeing violence requires a different prioritization system. It is critical to appropriately balance needs of DV and those more traditionally Homeless as they have different characteristics that are equally urgent. The DVRCs each have their own Emergency Transfer Plan to safely and rapidly assist survivors to move to a confidential residence as needed. DVRCs work together to offer services to DV survivors in every county.
3. All services are voluntary for the client, and each client participates in the development of their individualized service delivery plan. We adapt the services offered and delivery methods based on survivor input, including exit surveys and service delivery surveys conducted in an ongoing way through the year.
4. DVRCs offer comprehensive support & advocacy services, including housing navigation, connection to & assistance in applying for state & federal benefits, legal services & court accompaniment, child welfare specific advocacy, & financial stability support as survivors and their children move through the first days and months of transition to independence and liberation. The Maine Secretary of State operates, in collaboration with DVRCs, the Address Confidentiality Program, allowing survivors to maintain safety through privacy from online address lists. DVRCs assist survivors with retaining household integrity & increasing safety through legal services, such as PFAs, and avoiding homelessness all together through the use of diversion funding.
5. DVRCs continue supporting survivors as they move out of subsidized housing and into permanent homes, providing case management to survivors for as long as needed. Advocates address and help dismantle barriers to housing stability after subsidy-end, often with community partners, offering economic justice programs with matched savings and financial literacy, education, & employment coaching. DVRCs are members of the State CA$H Coalition assisting survivors with tax preparation, allowing them to access the child tax credits and other benefits.

| | 4A-3d. | Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | | NOFO Section I.B.3.I.(1)(d) | |

		Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:
	1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
	2.	making determinations and placements into safe housing;
	3.	keeping information and locations confidential;
	4.	training staff on safety and confidentially policies and practices; and
	5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

1) DVRCs have private offices for survivors to meet 1:1 w/ advocates to discuss individual circumstances, services & supports. DVRCs maintain privacy, safety & security w/ locked external doors, cameras & entry processes. Conversations w/ residents are conducted in private so others cannot overhear the exchange. Parents & children are sheltered together & have access to support groups for children & advocates experienced w/ child protective services.

2) DV Programs & MCEDV operate w/ client choice as the basis of all program enrollment & service delivery. Survivors can work w/ one DVRC, or move to another part of the state & continue services w/ that DVRC or receive a warm referral to the DVRC in the new area. Housing location is not disclosed & is known only to the voucher holder, PHA, & DV Advocate. DV survivors can choose what info is included in their electronic records.

3) DV shelters are in confidential locations. TH units operated by DVRCs are not publicly identified as such & are indistinguishable from the rest of the community but equipped w/ safety & security systems. CoC & MSHA maintain confidentiality in documentation, reports, & any published info. Repair people, service technicians, & other third-party service providers must submit to background checks & agree to maintain the privacy of the location - this is encoded into all MOUs & service contracts.

4) MCEDV developed & delivers a 44-hour training for new staff & volunteers on safety planning, ethics, active listening, & trauma- informed advocacy. Each advocate works directly w/ survivors of DV to assess risk & deeply understand the dangerousness of each individual's circumstances in order to create a safety plan that addresses immediate needs & has flexibility to address additional risks as they arise. Recognizing that the point of separation from an abusive partner is the most dangerous time for the survivor, Advocates attend to a clear & present danger that can become more dangerous as survivors establish their independence.

5) Shelters have reinforced glass or bars on windows, call buttons w/ direct access to shelter staff or law enforcement, & cameras & high-lumens lighting on exterior entrances. All hallways & common spaces are maintained w/ improved lighting & access to DVRC staff through call buttons or similar services. MaineHousing inspects all Shelter sites annually for structural compliance & monitors each program separately for program & data compliance.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

MCEDV and DVRCs maintain strict confidentiality within each organization and only share personally identifiable information outside the organization with informed, voluntary, time-limited, and written consent from survivors. MCEDV does not have access to the personally identifying data compiled by each DVRC. It maintains the comparable database and provides technical assistance and training to ensure data integrity and reporting compliance and obtains deidentified, aggregate data from DVRCs on a monthly, quarterly, and yearly basis. At each emergency shelter and transitional housing site the physical location is private - known only to the DVRC and, in some cases, the property owner. There is security glass or bars on windows, locks, and panic buttons in key locations in the residence. MCEDV and partner DVRCs conduct thorough background checks on staff and volunteers and provide continued training in trauma-informed practices addressing confidentiality and privacy for adults and children. We maintain collaborative relations w/ local and statewide law enforcement organizations. MCEDV and DVRC Navigators develop professional relationships w/landlords and PHAs to offer support & advocacy to survivors should concerns arise or incidents occur that may jeopardize the survivors' housing status and/or safety. All DVRC services are survivor centered and trauma-informed. We adapt the services offered and delivery methods based on survivor input, including exit surveys and service delivery surveys conducted in an ongoing way through the year. MCEDV offers training, consultation, and technical assistance to statewide and multi-regional entities seeking to improve their domestic abuse responses. We also support the work of our members, who provide these same services in their local communities.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

		Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:
	1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
	2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
	3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
	4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
	5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
	6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1) MCEDV and the DVRCs rapidly place survivors in housing of choice by honoring participant agency and preference by working together and sharing resources and knowledge around the state. MCEDV brings over 40 years of advocating for and with survivors for justice while they find the peace and liberation desired. MCEDV acts in a liaison role with MaineHousing, PHAs, & Housing Developers to provide the DV specific housing and address concerns that might arise for survivors while living in a home.

2) DVRCs and MCEDV do not restrict survivors' access to housing or shelter nor does any organization use punitive measures to prohibit a survivor from accessing housing services. DVRC staff meet survivors where they are and use a housing-first model for determining best resource and service options. We center survivor agency and autonomy in all interactions, when developing policies & procedures. We approach each other and the survivors who choose to work with us with mutual respect. All services are provided on a voluntary basis and in compliance with FVPSA and VOCA regulations regarding confidentiality. Each provider is held to the Quality Assurance Standards of service delivery developed by MCEDV with survivor input and agreed to by the DVRCs.

3) Every staff member at MCEDV and the DVRCs attend trauma-informed practices training & over 40 hours of new hire and continued yearly training addressing the intersections of DV & homelessness. MCEDV creates & develops trainings in collaboration with survivors and DVRC staff to train the trainer and provide the best knowledge available. This is the core of professional practice and advocates continue to engage with survivors using the most promising practices available. All staff are trained and held accountable to the Quality Assurance Plan for service delivery. Each DVRC and MCEDV collects outcome data from all trainings and offers feedback surveys to survivors regularly. We are committed to continued improvement.

4) Advocates use a variety of methodologies while assisting survivors including active listening, crisis intervention, trauma-informed coaching, specifically developing safety plans that address survivor choice, current relationship reality, children's needs, etc. We strive to create an environment that is inclusive, welcoming, destigmatizing, and non-retraumatizing. Advocates provide holistic services and attend to survivors' emotional as well as physical safety while attending to their practical needs. DV survivors have told us that they need physical, emotional, & financial distance to make the move into liberation. MCEDV manages a privately funded Liberation Fund which provides flexible direct financial assistance to survivors as they work to establish freedom and safety. These are low barrier and immediately accessible.

5) MCEDV & DVRCs continue to address knowledge gaps in cultural competencies by actively seeking out partnerships with organizations the serve those with lived experience. We partner with New Mainer organizations, BIPOC led and LGBTQ+-led organizations that also address survivor needs, disability rights, and Indigenous survivor organizations to increase our knowledge of available resources and to offer services to survivors in the most trauma sensitive and culturally-appropriate manner. DVRC partners often serve as fiscal sponsors for emerging organizations addressing specific cultural gaps. MCEDV partners with the Wabanaki Women's Coalition, representing the five Tribal Nations in Wabanaki Territory. These two Coalitions provide mutual TA. MCEDV encourages philanthropists to allocate their financial resources to Tribal communities and WWC.

6) MCEDV partners with DVRCs to offer support groups addressing a wide range of topics such as financial literacy, DV general support, etc. Childcare is offered when needed.

7) Partner programs offer workshops, support groups, 1:1 discussions, etc. regarding childcare, access to child support, justice & courts system involvement, and general parenting support for often newly single parents who must remain in contact with their abuser. MCEDV supports each DVRC to hire special-focus advocates who work with families who are child welfare system involved. These DV-CPS Advocates provide information, support, and guidance for parents as well as training and TA for CPS Workers. DV Member Programs in collaboration with MCEDV partner with culturally specific organizations offering additional support groups and advocacy. Examples include the Immigrant Resource Center of Maine and Maine TransNet. These organizations support DVRCs and MCEDV with developing culturally correct and responsive services.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

MCEDV is well positioned to support survivors through the partnerships we have with the eight (8) domestic violence resource centers (DVRCs) in Maine. Advocates and volunteers are required to complete MCEDV's Comprehensive Advocacy, Intervention, Response & Ethics Training (CAIRET). This 44-hour training defines domestic abuse and violence and its intersection with trauma, mental health, and substance abuse as well as the civil and criminal justice systems. It provides best current practices for safety planning and social & systems change advocacy. Within CAIR``ET there are specific modules for advocates who provide specialized services such as shelter, legal advocacy, and working with children affected by domestic violence. This orientation to domestic abuse and violence provides the foundation from which Advocates have the knowledge and experience to provide supportive services such as safety & self-sufficiency planning, assistance with public benefits and referral to community resources. In addition to general advocacy, most DVRCs have a housing navigator on staff. Housing Navigation is a focused, outcome-oriented service helps people want to obtain and maintain stable, long-term housing of their choice. MCEDV has fiscal authority and maintains quality assurance standards for ourselves and the DVRCs. We are in compliance and maintain a spotless 40-year record of clean financial audits & performance measures. Advocates provide supportive services with the agreement of the survivor. These services range from legal advocacy, such as drafting PFA Orders, collecting evidence of abuse, attending court hearings, interactions with the child protective services, and assisting survivors with obtaining personal records, to applying for housing vouchers, SNAP benefits, or preparing tax returns for child tax credit eligibility. Advocates offer 1:1 and group support, including specific groups for elders, LGBTQIA+, youth, and those with disabilities. With support from MCEDV and their own boards, DVRCs established transitional housing programs in the late 1990s. The programs have consistently grown to include housing navigation to increase successful placement in permanent housing ever since. DVRCs successfully operate transitional housing programs from Madawaska to Sanford…covering all regions in the state…with locally informed programming in partnership with the diverse communities in those regions. MCEDV and the DV Member Programs are mature organizations who have been providing service and advocacy to survivors of DV and Trafficking in Maine since the late 1970s. MCEDV provides training and technical assistance to ensure member DVRCs meet the Quality Assurance Standards for services to domestic violence survivors that includes emergency shelter, transitional housing, individual advocacy, support and educational groups, helpline, and legal advocacy for survivors from diverse populations. MCEDV and its member programs have provided this broad spectrum of services for over 40 years. In addition to programmatic support, MCEDV conducts subrecipient monitoring to ensure the DVRCs' compliance with Part 200: Uniform Administrative, Cost Principles and Audit Requirements for Federal Awards and Chapter 148-C: Maine Uniform Accounting and Auditing Practices Act for Community Agencies. The financial stability, organizational structure and operations are integral to the quality and delivery of supportive services to domestic violence survivors. In 2022, 394 survivors moved into permanent housing, and DVRCs sheltered just over 1000 individuals. We know that advocacy in the legal system is critical for survivors as they maintain their homes and a yearly average of 5700 individuals are assisted with legal advocacy. Over 1000 survivors have received direct assistance through the Liberation Fund, a flexible fund addressing immediate financial support for survivors since its start in 2020. All the member programs/partners in the grant are monitored by Maine Housing for compliance and outcomes under the

ESG/ESHAP program as well as by MCEDV. The Coalition and member programs successfully received and implemented innovative programming through VAWA OVW Grants, including Rural, Legal Services for Victims, and Consolidated Youth Grants, and received the civil rights and financial administration training required of all such grantees.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	

		Describe in the field below examples of how the new project(s) will:
	1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
	2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
	3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
	4.	emphasize program participants' strengths–for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
	5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
	6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1) MCEDV and the DVRCs rapidly place survivors in housing of choice by honoring participant agency and preference by working together and sharing resources and knowledge around the state. As a statewide Coalition, MCEDV offers regionally specific housing navigation and general advocacy services to survivors of DV and their families. MCEDV facilitates sharing information about housing availability for survivors around the state and will provide information to DVRCs through the comparable database.

2) DVRCs and MCEDV will not restrict survivors' access to housing or shelter for any non-HUD mandated reason. No organization will use punitive measures to prohibit a survivor from accessing housing services. DVRC staff meet survivors where they are at and use a housing-first model for determining best resource and service options. Survivors with mental illness, substance use disorders, or other challenges are supported through advocacy at the DV program and with referrals to other services in their area. Many DV Member Program staff are survivors themselves and able to provide both professional level advocacy and peer level support.

3) Every staff member at MCEDV and the DVRCs attend trauma-informed practices training and the Comprehensive Advocacy, Intervention, Response & Ethics Training (CAIRET). This MCEDV developed, 44-hour training defines domestic abuse and violence and its intersection with trauma, mental health, and substance abuse as well as the civil and criminal justice systems. It provides best current practices for safety planning and social & systems change advocacy. Within CAIRET there are specific modules for advocates who provide specialized services such as shelter, legal advocacy, and working with children affected by domestic violence. This orientation to domestic abuse and violence provides the foundation from which Advocates have the knowledge and experience to provide supportive services such as safety & self-sufficiency planning, assistance with public benefits and referral to community resources. This is the core of professional practice and advocates continue to engage with survivors using the most promising practices available.

4) Advocates use a variety of methodologies while assisting survivors including trauma informed coaching, specifically developing safety plans that address survivor choice, current relationship reality, children's needs, etc. We strive to create an environment that is inclusive, welcoming, destigmatizing, and non-retraumatizing. Advocates attend to survivors' emotional as well as physical safety.

5) MCEDV & DVRCs continue to address knowledge gaps in cultural competencies by actively seeking out partnerships with organizations who serve those with lived experience. We partner with New Mainer organizations, BIPOC led and LGBTQ+-led survivor organizations, disability rights organizations, and Indigenous survivor organizations to increase our knowledge of available resources and to offer services to survivors in the most trauma sensitive and culturally-appropriate manner. We share resources as well as receiving and providing technical assistance to the Wabanaki Women's Coalition. DV Member Programs works closely with local organizations that provide specific resources in their area.

6) MCEDV partners with DVRCs to offer support groups addressing a wide range of topics - financial literacy, DV general support, etc. Support groups are not mandatory.

7) Partner programs offer workshops, support groups, 1:1 discussions, etc., regarding childcare, access to child support, justice & courts system involvement, and general parenting support for often newly single parents who must remain in contact with their abuser. Our DV Member Programs in collaboration with MCEDV partner with culturally specific organizations offering

additional support groups and advocacy - examples include the Her Safety Net, Immigrant Resource Center of Maine, and Maine TransNet. These organizations support DVRCs and MCEDV with developing culturally correct and responsive approaches to specific needs that a survivor might have as well as referring them to the best, most appropriate resource available.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	

	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

(limit 2,500 characters)

Our member programs constantly obtain feedback from survivors, in real time, regarding DVRC services, how they are structured, and how they meet their needs. This feedback helps inform any programmatic changes or additional training that may need to be made in order to improve access and/or experience. The staff and Boards of Directors at each member program include individuals who are survivors; in this way, their lived experience directly informs the program development and delivery process, and ensures that services are provided in a trauma-informed and survivor-centered manner. We regularly conduct surveys of individuals who are using our services to answer very specific questions that may help our approach to policy and program development. One recent example of this is our Report on the Impact of Economic Abuse on Survivors of Domestic Violence in Maine from 2019, which engaged 135 survivors who had used DVRC services. Their involvement in this survey provided great insight into survivors' needs and barriers when establishing freedom. This particular report was the basis for a new law that following legislative session which defined economic abuse in Maine law and provided protections through the protection from abuse process.

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:	

1.	Applicant Name	Through These Doors
2.	Project Name	TTD/NH DV Bonus Project Renewal Expansion
3.	Project Rank on the Priority Listing	29
4.	Unique Entity Identifier (UEI)	TAG2EXB6WF15
5.	Amount Requested	$196,673
6.	Rate of Housing Placement of DV Survivors–Percentage	67%
7.	Rate of Housing Retention of DV Survivors–Percentage	77%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:
1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1) TTD calculated the Rate of DV housing placements using the annually reported data (FY22, October 1, 2021 - September 30, 2022 (the most recent full year for which data is available) - total adults moved into permanent housing divided by the total adults that exited residential services.
TTD calculated the Rate of Housing Retention by using the annually reported data (FY22, October 1, 2021 - September 30, 2022 (the most recent full year for which data is available) - total adults that received residential services minus the adults that did not retain housing, divided by the total adults that received residential services.
2) The rates only account for exits to safe, permanent housing destinations.
3) The data source is EmpowerDB, an HMIS comparable database, used by the domestic violence resource centers in Maine.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1) Survivors of domestic abuse are offered housing focused support services to assist in quickly moving survivors from homelessness to safe, affordable, permanent housing. Services include housing navigation services including housing search and placement, case management, ongoing safety planning and financial assistance. Combing a RRH model with a domestic violence housing first approach, housing is identified by advocates through existing and growing landlord and housing provider partnerships and the survivor's own assessment of where they wish to live and which housing type best works for them/their family.

2) TTD participates in the Maine Coordinated Entry System as one point of entry for our services. However, survivors come to us from many access points. Often, survivors reach out to us utilizing our 24-hour helpline to request shelter and housing support. TTD has an emergency transfer plan to safely and rapidly assist survivors to move to confidential shelter or other locations if necessary.

3) All services provided to survivors of domestic abuse are free, voluntary, and confidential. Survivors work together with Housing and Resource Advocates at TTD to develop an individualized service plan which guides the services and supports the survivor receives. Housing and Resource Advocates use a mobile advocacy model to meet with survivors to assess their needs (both financial and otherwise).

4) TTD provides comprehensive victim advocacy and support services, including shelter and housing navigation, connection, and linkages to mainstream resources, legal advocacy and court accompaniment, child welfare specific advocacy and financial support as survivors and their children move from abuse and violence to independence and safety. Whenever possible, TTD assists survivors to divert them from homelessness by utilizing diversion approaches and funding.

5) TTD continues to support survivors after they move on from the financial subsidies the program provides by providing housing advocacy and support for as long as needed to ensure continued housing stability post subsidy. TTD services remain free, confidential, and voluntary for survivors of abuse whether they are enrolled in a housing program or not for as long as they are needed.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.l.(1)(d)	

		Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:
	1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
	2.	making determinations and placements into safe housing;
	3.	keeping information and locations confidential;
	4.	training staff on safety and confidentially policies and practices; and
	5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

1)TTD has private spaces for survivors to meet 1:1 w/ advocates to discuss circumstances, services & supports. Intakes/interviews are often done via 24-hour confidential helpline. TTD offices use external/internal security procedures including locked/coded entry doors, security cameras, panic buttons, alarms & confidential locations. Advocates meet w/ clients in private so others cannot overhear. Sound machines & other measures protect confidentiality.

2)TTD's mission, vision & values place survivor choice as the basis of all services. Survivors are experts on their safety. Our work is trauma informed & survivor driven. Advocates work w/ survivors to identify safe secure housing. Safety planning is an organic process advocates are trained to engage in w/ survivors.

3)TTD's shelter for victims & survivors is in a private location & names & identities of residents are confidential. TTD maintains confidentiality in all documents, reports & publications to ensure no PII is disclosed. Anyone needing to access the shelter must agree to confidentiality policies. TTD uses an electronic database separate from HMIS to ensure data of survivors is not accessible to other providers. All paper documents are secured in locked offices in secure buildings.

4)All staff complete a 44-hr DV training prior to any direct service. CAIRET (Core Comprehensive Advocacy, Intervention, Response & Ethics Training), developed by DV experts & approved by the MCEDV, is the core training for DV advocates adopted by all DVRCs in Maine. Safety, confidentiality policies & practices are a significant part of the training. Advocates engage in continuing education on safety planning & confidentiality during employment via webinars, local & national conferences & on-the-job training. Confidentiality & safety practices are reviewed each January.

5)TTD owns a 16-bed shelter & maintains safety measures such as emergency lighting, keypad entries w/ frequently changing codes, limited entrances, security cameras, panic buttons & security alarms. Our location does not have signage & looks like a regular home in a residential neighborhood. We do not publicize the location for the safety, confidentiality, & privacy of residents. TTD maintains confidentiality of the addresses & locations of individuals we work w/ who are not residing in our shelter. We do not share identifying information, locations or addresses unless we have signed, time-limited, specific ROIs allowing us to do so when necessary.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

Safety is the first, critical priority when serving victims and survivors of abuse. TTD maintains strict confidentiality and only shares personally identifying information outside of the organization with informed, voluntary, time-limited, written consent from survivors. TTD does not enter information into HMIS as we are prohibited from doing so. Instead, we maintain a comparable database to meet our reporting and compliance requirements. The site of our emergency shelter is private and not publicized or shared. As stated above, our emergency shelter is equipped with security features such as emergency lighting, keypad only entry, limited entrances, security cameras and panic buttons. TTD utilizes a scattered site model for our transitional and rapid re-housing programs and maintain confidentiality of all locations. TTD conducts background checks on staff and volunteers and provides regular training in trauma-informed practices including maintaining confidentiality for survivors. TTD Housing and Resource Advocates build relationships with landlords to offer support and advocacy to survivors should safety concerns arise that may jeopardize the survivors' housing status or safety. All services offered are free, voluntary, confidential and trauma informed. We regularly review and adapt services and delivery methods based on survivor input, including exit interviews and service delivery surveys conducted in an ongoing way.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

1) Participant choice in the housing choice and placement process is paramount. Advocates meet with survivors to complete an assessment of their needs, identify goals, and provide comprehensive advocacy and safety planning. In partnership, they will find safe, stable housing consistent with the needs, goals, and safety plan of the survivor.

2) All services provided will be voluntary therefore survivors will lead the work. There will not be barriers to accessing services or requirements to receive support. TTD's mission, vision and value statements guide our work with each other as colleagues as well as those we serve. The CAIRET training that advocates complete explores power and oppression and teaches advocacy skills utilizing a victim-centered model. All staff are held accountable to MCEDV's Quality Assurance Plan for service delivery across domestic violence resource centers in Maine. TTD collects outcome data and offers feedback surveys to survivors utilizing our services regularly.

3) TTD staff receive training on trauma and trauma informed practices during organizational training and by attending workshops and conference from our partners. Domestic violence is a traumatic experience, and our advocates are well trained in working with survivors during and in the aftermath of trauma and in referring and linking survivors to resources and information on the effects of trauma.

4) Advocates are trained to use a variety of approaches to assist survivors of abuse such as active listening, crisis intervention, trauma-informed coaching specifically related developing safety plans that support survivor choice. TTD strives to create an environment that is inclusive, welcoming and nonjudgmental recognizing that survivors seek our services in a various stages of their journey. TTD provides holistic, comprehensive services to survivors of abuse and attend to the survivor's emotional as well as physical safety while also focusing on their practice needs such as access to housing and basic needs. In our residential programs, advocates work with survivors to create an individual plan of care to achieve their identified goals.

5) TTD is continuously learning and evolving to ensure that our services are centered on cultural responsiveness and inclusivity. TTD has policies and practices in place to solidify our commitment to cultural responsiveness and inclusivity such as our language access plan. TTD provides regular opportunities for continuing education for staff on equal access, cultural competence and nondiscrimination practices. TTD acknowledges and addresses gaps in cultural competency by actively seeking out partnerships with organizations that serve those with lived experience. We partner with New Mainer organizations, BIPOC-led and LGBTQ+ led organizations that also address survivor needs, disability rights, and indigenous survivor organizations to increase our knowledge of available resources and to offer services to survivors that are trauma sensitive and culturally appropriate while always supporting and honoring survivor choice.

6) TTD recognizes the unique and powerful role that peer-to-peer connections have on survivors. Isolation is often a tactic of abuse as abusers actively try to limit the support that victims have access to. Support groups, mentorships or peer-to-peer opportunities in which survivors can talk to others who are sharing similar experiences, or who have in the past, can be life-changing. TTD provides opportunities for connection for program participants by offering support and educational groups and solicits input on other ways to facilitate peer-to-peer connections based on survivors' wants and needs.

7) TTD regularly offers support for parenting. TTD provides referrals and links to community programs that provide parenting resources and childcare. TTD will provide childcare when possible, by securing volunteers so survivors can

attend apartment viewings, court proceedings related to domestic violence and meet with advocates confidentially. TTD relies on the needs and feedback of program participants and guides all programmatic offerings to best meet the needs of individuals served.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

	Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

TTD, founded in 1977, is the sole domestic violence resource center in Cumberland County, Maine therefore a full continuum of support services is available to victims and survivors of abuse experiencing homelessness and housing instability. Domestic violence occurs in the context of survivor's lives so there are often competing safety demands while addressing the need for permanent, safe, stable housing. TTD approaches all these needs in a holistic way and provides comprehensive safety planning and services to assess, prioritize and address the varied and complex needs of survivors of domestic abuse experiencing homelessness and housing instability. After survivors obtain housing, TTD continues to provide support services such as safety planning, crisis intervention, referrals, and linkages to mainstream resources, budgeting and financial planning support, civil legal assistance, and continued housing stability services. Continued safety planning and support is critical for survivors of abuse to maintain safe, stable housing.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	

	Describe in the field below examples of how the new project(s) will:
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths–for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1) TTD will rapidly place survivors of abuse in housing of their choice by honoring survivor agency and preference by working together and sharing resources and knowledge.

2) TTD will not restrict survivors' access to housing or shelter for any non-HUD mandated reason. TTD does not and will not use punitive measures to prohibit a survivor from accessing services, including housing services. TTD will utilize a housing-first model to determine the best resource and service options available to survivors and will allow survivors to make their own choices. Survivors struggling with additional barriers such as mental health disorders, substance use disorders, trauma, or other challenges are supported through advocacy and with referrals to other service providers as needed. TTD works to minimize power differentials in all aspects of our work and remains grounded in the belief that survivors know their safety best.

3) All TTD staff members attend trauma-informed practices training and the Comprehensive Advocacy, Intervention, Response and Ethics Training (CAIRET). This 44-hour training defines domestic abuse and violence and its intersection with trauma, mental health, and substance abuse as well as the civil and criminal justice systems. It provides best current practices for safety planning and social and systems change advocacy. Within CAIRET, there are specific modules for advocates who provide specialized services such as shelter, legal advocacy, and working with children affected by domestic violence. This orientation to domestic abuse and violence provides the foundation from which advocates have the knowledge and experience to provide supportive services such as safety and self-sufficiency planning, assistance with public benefits and referrals to community resources.

4) Advocates are trained to use a variety of approaches to assist survivors of abuse such as active listening, crisis intervention, trauma-informed coaching specifically related to developing safety plans that support survivor choice. TTD strives to create an environment that is inclusive, welcoming and nonjudgmental recognizing that survivors seek our services in various stages of their journey. TTD will provide holistic, comprehensive services to survivors of abuse and attend to the survivor's emotional as well as physical safety while also focusing on their practical needs such as access to housing and basic needs. In our residential programs, advocates will work with survivors to create an individual plan of care to achieve their identified goals.

5) TTD is continuously learning and evolving to ensure that our services are centered on cultural responsiveness and inclusivity. TTD has policies and practices in place to solidify our commitment to cultural responsiveness and inclusivity such as our language access plan. TTD provides regular opportunities for continuing education for staff on equal access, cultural competence, and nondiscrimination practices. TTD acknowledges and addresses gaps in cultural competency by actively seeking out partnerships with organizations that serve those with lived experience. We partner with New Mainer organizations, BIPOC-led and LGBTQ+ led organizations that also address survivor needs, disability rights, and indigenous survivor organizations to increase our knowledge of available resources and to offer services to survivors that are trauma sensitive and culturally appropriate while always supporting and honoring survivor choice.

6) TTD recognizes the unique and powerful role that peer-to-peer connections have on survivors. Isolation is often a tactic of abuse as abusers actively try to limit the support that victims have access to. Support groups, mentorships or peer-to-peer opportunities in which survivors can talk to others who are sharing similar experiences, or who have in the past, can be life-changing and will be available to participants. TTD provides opportunities for connection for program

participants by offering support and educational groups and solicits input on other ways to facilitate peer-to-peer connections based on survivors' wants and needs.

7) TTD regularly offers support for parenting. TTD provides referrals and links to community programs that provide parenting resources and childcare. TTD will provide childcare when possible, by securing volunteers so survivors can attend apartment viewings, court proceedings related to domestic violence and meet with advocates confidentially. TTD relies on the needs and feedback of program participants and guides all programmatic offerings to best meet the needs individuals served.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	

	Describe in the field below how the new project will involve survivors:
1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

(limit 2,500 characters)

1)TTD seeks feedback from survivors, in real time, regarding the services offered, how services are structured and how they meet their needs. This feedback helps inform programmatic changes and additional training that may be needed to improve access and/or survivor experience. TTD's staff, board of directors and volunteers include individuals who are themselves survivors of abuse; in this way, their lived experience directly informs the program development and delivery process and ensures that services are provided in a trauma-informed and survivor-centered manner.

2)We regularly conduct surveys of individuals who are using our services to answer very specific questions that may help our approach to policy and program development. Both questions ask about whether survivors have learned more (either about safety and planning for safety or community resources). TTD reviews this data quarterly to address areas in need of improvement.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
	. We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8.	Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/19/2023
1C-7. PHA Moving On Preference	No	PHA Moving-on Pre...	09/19/2023
1D-11a. Letter Signed by Working Group	Yes	Signed Letters fr...	09/21/2023
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	09/26/2023
1E-1. Web Posting of Local Competition Deadline	Yes	Web Posting of Lo...	09/19/2023
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/19/2023
1E-2a. Scored Forms for One Project	Yes	Scored Form from ...	09/19/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	Notificatoin - No...	09/19/2023
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/19/2023
1E-5b. Local Competition Selection Results	Yes	Local Competition...	09/19/2023
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posting - CoC...	09/26/2023

1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of C...	09/26/2023
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD HDX Competiti...	09/19/2023
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA Homeless Preference Docs

Attachment Details

Document Description: PHA Moving-on Preference Docs

Attachment Details

Document Description: Signed Letters from Working Groups

Attachment Details

Document Description: Housing First Evaluation Information

Attachment Details

Document Description: Web Posting of Local Competition Deadline Docs

Attachment Details

Document Description: Local Competition Scoring Tools

Attachment Details

Document Description: Scored Form from one Project

Attachment Details

Document Description: Notificatoin - No Projects were Rejected or Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: Web Posting - CoC Approved Consolidated Application and Project Priority Listing

Attachment Details

Document Description: Notification of CoC-Approved Consolidated
                         Application and Project Priority Listing

Attachment Details

Document Description: HUD HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	07/27/2023
1B. Inclusive Structure	09/05/2023
1C. Coordination and Engagement	09/15/2023
1D. Coordination and Engagement Cont'd	09/26/2023
1E. Project Review/Ranking	09/26/2023
2A. HMIS Implementation	09/05/2023
2B. Point-in-Time (PIT) Count	09/07/2023
2C. System Performance	09/18/2023
3A. Coordination with Housing and Healthcare	09/12/2023
3B. Rehabilitation/New Construction Costs	09/12/2023
3C. Serving Homeless Under Other Federal Statutes	09/12/2023

4A. DV Bonus Project Applicants	09/18/2023
4B. Attachments Screen	09/26/2023
Submission Summary	No Input Required

Maine State Housing Authority Homeless Preference Policy:

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

Local Preferences [24 CFR 982.207; HCV p. 4-16]
PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

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

Priority and Local Preference Admissions
1. Priority
    a. MaineHousing will offer a priority to any family that has been terminated from the HCV program due to insufficient program funding.
    b. Homeless Priority
    MaineHousing will set aside 60% of available funding for undedicated vouchers for any applicant family that:
        1) Is an active STEP voucher holder who has successfully completed 18 months with the STEP program and without assistance would be spending more than 30% of the family's income on housing, or
        2) Is homeless, and
        3) Is referred by a provider receiving Stabilization Share funds under the MaineHousing Emergency Shelter and Housing Assistance Program and receiving additional case management follow-up from the provider's navigator under the Home to Stay Program; or
        4) Is referred by partner agencies administering Emergency Rental Assistance Housing Stability Services and Housing Navigators connected to MaineHousing's Housing Navigation Pilot Program
        5) Is referred by a Bridging Rental Assistance Program caseworker, or homeless shelter or domestic violence provider that is not receiving Stabilization Share funds under the MaineHousing Emergency Shelter and Housing Assistance Program and meets MaineHousing's jurisdictional preference. MaineHousing maintains a list of approved providers.

Homeless is defined as:

> i. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
> ii. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground;
> iii. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by federal, state or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing of 24 months or less);
> iv. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
> v. Any individual or family who:
>> 1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
>> 2) Has no other residence; and
>> 3) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

If an individual or family is homeless, to qualify for a MaineHousing residency preference, the individual or family must have had a permanent residence in MaineHousing's jurisdiction within 6 months prior to becoming homeless or be referred by a shelter located in MaineHousing's jurisdiction.

> c. Priority for People with Disabilities receiving Medicaid waiver services under Sections 18, 19, 20, 21 and 29

Portland Housing Authority Homeless Preference Policy:

Public Housing: Homeless Preference (4-12 ACOP)

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

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

HCV: 4-III-C Selection Method (4-14 HCV Administrative Plan)

The PHA will use the following local preferences, as well as date and time of the application, establish placement position on a waiting list. Families who have also applied for Project Based Vouchers will be selected according to Chapter 17.

Preferences:

The following preference groups are prioritized and offered vouchers based on qualification for funding, availability of vouchers, and the administrative need to for PHA to utilize available vouchers. All households must be on the Centralized Waitlist prior to receiving a voucher other than those indicated in 1, 2, 3 & 6.

> (1) The PHA will offer a preference to any participating family that has been terminated from its HCV program due to insufficient program funding.
>
> (2) PHA, under the direction of the Department of Housing and Urban Development, may give preference for tenant-based assistance to persons displaced by natural or national disaster as designated by the Federal Emergency Management Agency (FEMA) until such time that funding designated for this preference has been committed.
>
> (3) The PHA may offer a preference to families who include victims of domestic violence, dating violence, sexual assault, or stalking who are seeking an emergency transfer under VAWA from PHA's public housing program or other covered housing program operated by PHA. The applicant must certify that the abuser will not reside with the applicant unless PHA gives prior written approval.
>
> (4) The PHA may offer a preference to FYI-TPV or FYI recipients who have successfully completed 36 months with the FYI-TPV or FYI Program and can demonstrate an ongoing need for assistance. (see Chapter 19 for details)
>
> (5) The PHA may offer a preference to current Bridging Rental Assistance Program recipients
>
> (6) The PHA may offer a preference to VASH recipients who no longer qualify or choose to receive VASH services if HCV's are currently available. (see Chapter 19 for details)
>
> (7) The PHA may offer a preference to First-Place recipients. (see Chapter 19 for details)
>
> (8) The PHA must offer a preference for 40 one-time Vouchers for applicants that that meet the criteria for Homelessness (per FY17 Mainstream NOFA). This obligation has been met by the PHA and are no longer being issued.

MEMORANDUM OF UNDERSTANDING
BETWEEN
MAINE STATE HOUSING AUTHORITY AND
MAINE CONTINUUM OF CARE

Affordability is a primary issue preventing current permanent supportive housing (PSH) tenants living in MCOC-funded projects who are no longer in need of or desire of intensive services from moving on. Many tenants in PSH are on fixed incomes (often SSI/SSD) or employed in jobs that are intermittent and pay low wages. Given the extremely low-income nature of PSH tenants, Move On programs often include partnerships regarding rental assistance and/or units with affordable rents such as Section 8 vouchers and public housing units.

The purpose of this Memorandum of Understanding (MOU) is to describe and formalize the existing collaborative relationship between the Maine State Housing Authority (MaineHousing) and the Maine Continuum of Care (MCOC).

This MOU is evidence of the current participation and continuing commitment in working jointly to implement Move On Strategies. MaineHousing has awarded Project-Based Section 8, through previous RFP processes, to numerous properties in its jurisdiction, including MCOC-funded PSH properties. MaineHousing allows current Project-Based Section 8 holders, including people living in MCOC-funded PSH projects and non MCOC-funded PSH projects, to port their Project-Based voucher to a Tenant-Based voucher upon move-out, if they have been under lease in the PBV unit for one year or more, pending Tenant-Based voucher availability at the discretion of MaineHousing. This creates the opportunity for people living in MCOC-funded PSH who no longer desire intensive supportive services to Move On to housing with a mechanism to make the rent affordable.

This MOU represents the entire MOU and understanding of the parties. This MOU may be amended in as long as there is agreement in writing by both parties.

MAINE CONTINUUM OF CARE	MAINE STATE HOUSING AUTHORITY
_____	_____
Signature	Signature
Name: Vickey Rand	**Name: Allison Gallagher**
Title: MCOC Tri-Chair	**Title: Director of Housing Choice Vouchers**
Date: 9/6/19	**Date: 9/6/19**

MEMORANDUM OF UNDERSTANDING
BETWEEN
PORTLAND HOUSING AUTHORITY AND
MAINE CONTINUUM OF CARE

Affordability is a primary issue preventing current permanent supportive housing (PSH) tenants living in MCOC-funded projects who are no longer in need of or desire of intensive services from moving on. Many tenants in PSH are on fixed incomes (often SSI/SSD) or employed in jobs that are intermittent and pay low wages. Given the extremely low-income nature of PSH tenants, Move On programs often include partnerships regarding rental assistance and/or units with affordable rents such as Section 8 vouchers and public housing units.

The purpose of this Memorandum of Understanding (MOU) is to describe and formalize the existing collaborative relationship between the Portland Housing Authority (PHA) and the Maine Continuum of Care (MCOC).

This MOU is evidence of the current participation and continuing commitment in working jointly to implement Move On Strategies. PHA has awarded Project-Based Section 8, through previous RFP processes, to numerous properties in its jurisdiction, including MCOC-funded PSH properties. PHA allows current Project-Based Section 8 holders, including people living in MCOC-funded PSH (i.e. Huston Commons and Logan Place), and non MCOC-funded PSH (i.e. Florence House), to port their Project-Based voucher to a Tenant-Based voucher upon move-out, if they have been under lease in the PBV unit for one year or more, pending Tenant-Based voucher availability at the discretion of PHA. This creates opportunity for people living in MCOC-funded PSH who no longer desire intensive supportive services to Move On to housing with a mechanism to make the rent affordable.

This Agreement represents the entire Agreement and understanding of the parties. This agreement may be amended in as long as there is agreement by both parties.

MAINE CONTINUUM OF CARE	PORTLAND HOUSING AUTHORITY
Signature	Signature
Name: Vicky Rand	Name: Mark B. Adelson
Title: MCOC Tri-Chair	Title: Executive Director
Date: 8/27/19	Date: 8/27/19

MEMORANDUM OF UNDERSTANDING
BETWEEN
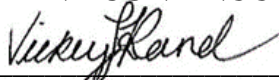## COMMUNITY HOUSING OF MAINE AND
MAINE CONTINUUM OF CARE

Affordability is a primary issue preventing current permanent supportive housing (PSH) tenants living in MCOC-funded projects who are no longer in need of or desire of intensive services from moving on. Many tenants in PSH are on fixed incomes (often SSI/SSD) or employed in jobs that are intermittent and pay low wages. Given the extremely low-income nature of PSH tenants, Move On programs often include partnerships regarding rental assistance and/or units with affordable rents such as Section 8 vouchers and public housing units.

The purpose of this Memorandum of Understanding (MOU) is to describe and formalize the existing collaborative relationship between Community Housing of Maine (CHOM) and the Maine Continuum of Care (MCOC).

This MOU is evidence of the current participation and continuing commitment in working jointly to implement Move On Strategies. CHOM and the MCOC work collaboratively to implement Move On strategies, and CHOM is welcoming of people exiting MCOC-funded (i.e. Huston Commons and Logan Place), and non MCOC-funded PSH and non MCOC-funded PSH (i.e. Florence House) as an MCOC Move On strategy. CHOM, being an affordable housing developer, and the largest provider of supportive housing for people experiencing homelessness in Maine, welcomes and encourages people who have experienced homelessness, currently residing in MCOC-funded and non MCOC-funded PSH into its affordable housing portfolio. This creates opportunity for people living in MCOC-funded PSH who no longer desire intensive supportive services to Move On to housing with affordable rents.

This Agreement represents the entire Agreement and understanding of the parties. This agreement may be amended in as long as there is agreement by both parties.

MAINE CONTINUUM OF CARE

Vickey Rand
Signature

Name: Vickey Rand

Title: MCOC Tri-Chair

Date: 8/28/19

COMMUNITY HOUSING OF MAINE

Kyra Walker
Signature

Name: Kyra Walker

Title: Chief Operating Officer

Date: 8/28/19

September 20, 2019

To Whom It May Concern,

Avesta Housing is a nonprofit affordable housing provider with 45+ years of experience as a leader in affordable housing development and property management in southern Maine and New Hampshire. Our mission is to improve lives and strengthen communities by promoting and providing quality affordable homes for people in need.

This mission aligns us closely with the work of the Maine Continuum of Care (MCoC). We have an over a decade-long established relationship with the MCoC and support the MCoC's Move On Strategies. As such, we welcome tenants exiting CoC-funded housing programs to apply for housing in Avesta-managed properties. Additionally, we work closely with members of the CoC to maximize supportive resources available to Avesta tenants in order promote housing stability.

Sincerely,

Dana Totman
President & Chief Executive Officer
Avesta Housing

307 Cumberland Avenue • Portland, Maine 04101
207-553-7777 • 1-800-339-6516 Voice/TTY
207-553-7778 Fax • www.avestahousing.org

NeighborWorks®
CHARTERED MEMBER

Maine Continuum of Care

c/o MaineHousing

26 Edison Drive

Augusta, ME 04330

Dear MCOC Chairs,

Homeless Advocacy for All is pleased to provide this Letter of Support for the Maine Continuum of Care (MCOC) application to the U.S. Department of Housing and Urban Development for the Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Renewal or Replacement of Youth Homeless Demonstration Program Grants FR-6700-N-25.

We continue to fully support efforts of the MCOC, the priorities outlined in their Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs, and the initiatives detailed in the Project Applications that will accompany the MCOC submission.

We wish MCOC and all Project Applicants the best of luck with their proposals and we look forward to continuing our collaborative partnership with MCOC as we work to end and prevent homelessness in Maine.

Sincerely,

William E Higgins Jr

CEO and Founder, Homeless Advocacy for All

Homeless Advocacy for All, 83 Middle Street, Suite 314, Portland, ME 04101

THE MAINE STATEWIDE YOUTH ACTION BOARD

20 September 2023
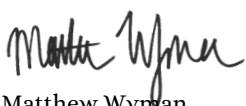
DEAR MCOC CHAIRS,

We, the Maine Statewide Youth Action Board, are writing this Letter of Support for the Maine Continuum of Care (MCOC) application to the U.S. Department of Housing and Urban Development for the Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Renewal or Replacement of Youth Homeless Demonstration Program Grants FR-6700-N-25.

We continue to fully support efforts of the MCOC, the priorities outlined in their Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs, and the initiatives detailed in the Project Applications that will accompany the MCOC submission.

We wish MCOC and all Project Applicants the best of luck with their proposals and we look forward to continuing our collaborative partnership with MCOC as we work to end and prevent homelessness in Maine.

Yours in community,

Matthew Wyman
Youth Action Board
Specialist

Julia Galvez
YAB Member

Avery Witham
YAB Member

Beverly Hubbard
YAB Member

Youth Action Board
MAINE

📞 207-402-9106

🏠 134 COLLEGE ST. LEWISTON, ME

✉ MWYMAN@NEWBEGINMAINE.ORG

Operating Projects Through the Housing First Approach

"Housing First is 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." *(HUD Housing First in Permanent Supportive Housing Brief)*

The Maine Continuum of Care (MCOC) expects all CoC-funded projects to implement the Housing First approach. MCOC evaluates how projects implement Housing First (HF) in a variety of ways. Each project answers a set of questions in their Project Applications and the MCOC evaluates these answers to the Housing First and Low-Barriers questions in all Project Applications. To further incentivize adopting a Housing First Approach, MCOC Scoring Tools include points awarded based on how well projects say they have adopted a Housing First approach, with additional points given for each aspect of Housing First and Low-Barrier principles indicated in the application. How well projects follow Housing First is also addressed in Coordinated Entry case conferencing where projects that have committed to using a Housing First approach are expected to do so in practice during referral and intake. MCOC also ensures that any client complaints, grievances, or appeals are reviewed through a Housing First lens, and address any inconsistencies with the Project in question.

MCOC has recognized that these methods alone are not sufficient and we have engaged HUD TA to help us update and improve our Monitoring Tools to incorporate factors such as review of project policies and procedures related to referrals, assessment, intake, and tenant selection to ensure projects have no or low barriers to program entry and facilitate rapid placement and stabilization in Permanent Housing. MCOC also ensures projects do not screen out applicants based on poor rental history, bad credit ratings, criminal histories, histories of substance use disorder, histories of victimization, low or no income, or impose any other preconditions on potential tenants. MCOC is also examining termination policies and procedures to ensure that projects do not evict clients for failure to participate in support services or to make progress on service plans, based on loss of or no income; or any activity or condition that would not be covered or acceptable in a standard lease.

MCOC is adopting HUD's Housing First Assessment Tool (attached) and the UCISH and each project will be examined for Housing First fidelity through monitoring using this tool. Additionally, MCOC is adopting the USICH "Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation" tool/checklist (attached) for project and system level review. All funded Projects shall be provided Corporation for Supportive Housing's "Housing First and Access to Housing" (attached) and HUD's "Housing First in Permanent Supportive Housing Brief" (attached) to better understand Housing First, how to streamline access to housing including lowering barriers.

The Maine Legislature recently approved development of state funded Housing First Projects in Maine, and MCOC shall work with those projects to ensure they follow all Housing First principles and best practices.

Home (https://www.csh.org) / Supportive Housing Quality Toolkit (https://www.csh.org/?
post_type=toolkit&p=6329) / Property and Housing Management (https://www.csh.org/toolkit/supportive-housing-
quality-toolkit/housing-and-property-management/) / **Housing First and Access to Housing
(https://www.csh.org/toolkit/supportive-housing-quality-toolkit/housing-and-property-management/housing-
first-model/)**

Housing First and Access to Housing

Understanding Housing First

Housing first is a philosophy that homelessness can be most efficiently ended by providing someone with access to safe, decent and affordable housing. Although an individual experiencing homelessness may benefit from supportive services such as mental health or substance abuse counseling, participation in these services is not a prerequisite to access housing or a condition of maintaining it. In fact, the stability that a housing unit provides bolsters a tenant's ability to participate in these services.

The housing first philosophy focuses on simplifying the process of accessing housing through streamlining the application process and removing unnecessary documentation or site visits. It also ensures that supportive housing tenants are not subject to conditions of tenancy exceeding that of a normal leaseholder, including participation in treatment or other services. Research has demonstrated that this approach is effective in promoting housing stability, particularly among people who have been homeless for long periods of time and have serious psychiatric disabilities, substance use disorders and/or other disabilities.

Streamlining Access to Housing

Moving tenants into housing quickly is beneficial to all stakeholders in a supportive housing project. Tenants gain housing as a stable platform, which they can use for health, recovery and personal growth. Property managers and owners are able to fill units quickly and consistently. Service providers can more effectively work with clients who they can consistently locate and contact. In order to ensure that these bene ts, and many others, can be achieved, the supportive housing should have an entrance process in which:

- The eligibility criteria for the supportive housing meet the minimum that the funder(s) or landlord require (without additional criteria imposed).

- Sobriety is not an entrance requirement.

- Medication compliance is not an entrance requirement.

- Agreement to participate in services is not an entrance requirement.

- There is no minimum income requirement.

- The application process for the supportive housing project is streamlined, clearly stated and separate from any assessment for services. It includes the minimum number of questions needed to determine tenant eligibility. Click here for a [Sample Supportive Housing Application](https://cshorg.wpengine.com/wp-content/uploads/2013/08/SampleApplication_T.pdf) (https://cshorg.wpengine.com/wp-content/uploads/2013/08/SampleApplication_T.pdf).

- The housing application and screening processes are fully accessible to persons with disabilities. In addition, appropriate, reasonable accommodations and necessary supports are provided, as needed, during the application and screening processes.The housing application is separate from the service needs assessment and does not request detailed clinical information.

  - Click here to learn more about [Reasonable Accommodations in Tenant Selection Processes](https://cshorg.wpengine.com/wp-content/uploads/2013/08/AccommScreening_T.pdf) (https://cshorg.wpengine.com/wp-content/uploads/2013/08/AccommScreening_T.pdf).

  - Click here for [Sample Reasonable Accommodation Request Notices and Forms](https://cshorg.wpengine.com/wp-content/uploads/2013/08/SampleAccomondNoticeandFormsCombined_T.pdf) (https://cshorg.wpengine.com/wp-content/uploads/2013/08/SampleAccomondNoticeandFormsCombined_T.pdf).

- There is a timely and clearly stated process for the approval or denial of housing applications and appeals. There
- is an established system for staff to communicate with tenants during this process and to track and retain documentation. Click here to learn more about [Tenant File Maintenance and Record Keeping](https://cshorg.wpengine.com/wp-content/uploads/2013/09/TenantFiles_F.pdf) (https://cshorg.wpengine.com/wp-content/uploads/2013/09/TenantFiles_F.pdf) and a [Sample Applicant Appeal Procedure](https://cshorg.wpengine.com/wp-content/uploads/2013/08/ApplicantAppeal_T.pdf) (https://cshorg.wpengine.com/wp-content/uploads/2013/08/ApplicantAppeal_T.pdf).

  Tenants' permission is obtained prior to sharing or seeking information regarding their application for housing.

- Click here for a [Sample Consent to Release or Obtain Information Form](https://cshorg.wpengine.com/wp-content/uploads/2013/08/ROIConsent_T.pdf) (https://cshorg.wpengine.com/wp-content/uploads/2013/08/ROIConsent_T.pdf).

For projects that are leasing or supporting tenants in leasing existing units or housing in the community that may be owned by landlords who are not members of the supportive housing team, housing management staff should: Have relationships with landlords who are willing to consider tenants who have poor credit, criminal backgrounds or prior evictions.

With tenant permission, assist tenants in advocating for themselves with landlords and explaining potential background issues.

Such landlord relationships and housing advocacy support can streamline the process of connecting tenants with housing in the community. Building Landlord Relationships will be outlined following the section on Cultural Competency in the Application Process.

The MAINE CONTINUUM OF CARE

MCOC RENEWAL SCORECARD 2023

Agency/Project Name: _____ Scorer Number: _____

	2023	HMIS ONLY	CE ONLY	POINTS
Project Effectiveness				
Housing First and/or Low Barrier to Entry (8 boxes, 2 pts per check box) *Data Source: Application 3b and 3c*	16			
Perfromance Measures				
Data Source: Monitoring				
Length of Stay	7			
RRH- On average, participants stay in project "a minimum of 180" days				
PSH - On average, participants stay in project "a minimum of 180" days				
TH- On average, participants stay in project less than twenty four months				
Exits to Permanent Housing	18			
RRH- **Min of "80%" move to or remain PH** (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
PSH- **Min of "80%" move to or remain in PH** (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
TH- **Min of "65%" move to PH** (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
Returns to Homelessness, Data Source: TBD	5			
New, Increased or Maintained Income for Project <u>Stayers</u>	5			
New, Increased or Maintained Income for Project <u>Leavers</u>	5			
Serving High Needs Populations (Local approach)				
Data Source: Application Question + Narrative				
Chronic Homeless	2		2	
Long Term Stayers	1		1	
Veterans	1		1	
Families with children	1		1	
Unaccompanied Youth (under 25)	1		1	
Domestic Violence	1		1	
Substance use	1		1	
Mental Illness	1		1	
HIV AIDS	1		1	
LOCAL EVALUATION - MAINE COC				
Project Cost Effectiveness - Local				
Data Source: Monitoring				
Budget staffing and expenses are adequate to support the proposed project	5	5	5	
Matched resources account for at least 25% of amount requested	5	5	5	
Quarterly drawdowns ("yes," 1 pt; "no," 0 pts)	1	1	1	
Money recaptured by HUD at end of contract year ("yes," 0 pts; "no," 1 pt)	1	1	1	
COC Participation - Local				
Data Source: Monitoring				
Is the Applicant Agency currently an eligible voting member of MCOC?	7	7	7	
Does the Applicant Agency participate in any MCOC committee?	3	3	3	
			Total from Page One:	

MCOC RENEWAL SCORECARD 2023				
	MCOC	**HMIS ONLY**	**CE ONLY**	
LOCAL EVALUATION - MAINE COC - Continued				
COC Review - Local				
Data Source: Application and Supplements.				
Does the applicant provide documented, secured minimum match letter(s)? [Attached]	1	1	1	
Is the Project Financially feasible? [Self Certification, Attached.]	1	1	1	
Project Type - Local				
Permanently Supportive Housing with no services (paid by COC) [10 pts]	10			
Permanently Supportive Housing with services (paid by COC) [9 pts]	9			
Transitional Housing for Special Populations (DV, Youth, SUD) [8 pts]	8			
Rapid Rehousing Project [7 pts]	7			
Transitional Housing, other (not Special Populations) [5 pts]	5			
SSO Coordianted Entry			6	
Renewal HMIS		10		
For Special Projects				
Coordinated Entry ONLY Application Review				
The project's activities will assist in the implementation and/or capacity of the Coordinated Entry system.			10	
The project's activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.			10	
The project's activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.			10	
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.			6	
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.			6	
There is a standardized assessment process.			6	
Ensures program participants are directed to appropriate housing and services that fit their needs.			6	
The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).			6	
HMIS ONLY Application Review				
Percentage of new users that receive initial HMIS training based on percentage *[1 point for 10% points]		10		
Was the Longitudinal System Analysis (LSA) completed by the HMIS Lead and accepted by HUD as accurate and complete information from HMIS?		10		
Has the info available in HMIS and reported to HUD on the annual Housing Inventory Chart (HIC) been accurate to meet the needs of the NOFA and COC?		10		
Is the HMIS system available 365 days a year 24/7 with the ability to produce updates minimally 2 times a day		10		
Can HMIS produce System Performance Measures as outlined by HUD?		6		
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.		5		
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.		5		
HMIS has the ability to unduplicate client records.		5		
The HMIS produces all HUDrequired reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.		5		
			Total from Page Two:	
			Total from Page One:	
Total	100	100	100	

9. Unscored Categories (These items will not be scored this NOFO, but may be used in subsequent MCoC Scorecards)		
Equity Section:		
Leadership/Board Composition	Yes	No
Anti-Discriminiation/DEI Statement	Yes	No
MOU for Interpreter Services	Yes	No
EEO Clause in Hiring	Yes	No
Provides Equity Training for Staff	Yes	No
Process for receiving feedback from those with lived experience	Yes	No
Review policies and procedures with equity lens	Yes	No
Review outcomes with equity lens	Yes	No
Cost per Household:		
Project Type		
Cost per Household		
Landlord Engagement:		
Did the project have a robust plan for landlord engagement?	Yes	No

MAINE CONTINUUM OF CARE
2023 NEW PROJECT MCOC SCORECARD

Agency/Project Name: _____ **Scorer Number:** _____

1. CoC Thresholds (In order to be eligible for funding consideration a project must meet all the established thresholds).		Met	Not Met
Commitment to Housing First Priniciples			
Full Participation in Coordinated Entry			
Low Barrier Implementation Plan			

If project application met all CoC criteria please complete the rest of the scorecard. If the project application failed to meet all of the threshold criteria please stop the scoring process as they are not eligible for funding.

2. Capacity/Experience	Application Score	Housing (PSH, RRH, Joint TH-RRH)	HMIS Only	CES Only
Experience operating HUD/Federal/Other State funded programs (2 pts per year of experience, Max: 10 Points)		10	10	10
Agency level participation in COC Activities (5 pts if eligible to vote at CoC and 5 pts if agency participated in any COC committee)		10	10	10
Experience operating project(s) to scope of the project proposed or the populations for whom it's designed (2 pts per year of experience Max: 10 Points)		10	10	10
3. Project and System Level Performance				
Does the project application effectively explain how this project will contribute toward improving system performance measures? (Length of Time Homeless; Returns to Homelessness; Exits to Permanent Housing; Number of Persons Homeless; New/Increased/Maintained Income; First Time Homeless; Successful Placement or Retention in Permanent Housing) (Max score: 10)		Up To 10	Up To 10	Up To 10
Commitment to partcipate in HMIS or for **DV providers a comparable database allowing for project level data to be reviewed and evaluated**		10	10	10
4. Serving High Need Populations (based on Application Narrative)				
Does the project target one or more the MCoC's identified high needs populations? (Chronic Homelessness/Long Term Stayer, Disabled, Veterans, Families with Children, Unaccompanied Youth, Domestic Violence) (Yes: 5 No: 0 points)		5		
5. Cost Effectiveness				
Does the project application present financial information in accordance with HUD and other funding source requirements?		8	8	8
Match resources account for at least 25% of amount requested (bricks and mortar projects require 100% match)?		8	8	8
Does the project budget adequately address staffing and other program expenses to support the proposed project in a cost effective manner?		5	5	5
6. Project Design and Activities (Partial points can be awarded) *For Housing Projects*				
Application clearly demonstrates how the project will assist clients to access mainstream resources, increase income, and maximize ability to live independently?		Up To 3		
Application clearly describes how it is using a race equity lens to address racial disparities in the homeless service system		Up To 3		
Application clearly desciribes that the type and location of the housing proposed will fit the community's need for the proposed project activities; and demonstrates an understanding of the needs of the clients to be served.		Up To 3		

Criteria		Blue	Orange (HMIS)	Yellow (CE)
Application demonstrates a clear plan to assist clients to rapidly secure and maintain housing that is safe, affordable, and meets their needs and **for domestic violence providers their ability to improve safety for the population they serve.**		Up To 3		
Application clearly describes the types of supportive services that will be offered to clients, including the role of project staff and coordination with other providers, to maximize positive outcomes for clients and **for domestic violence providers their ability to improve safety for the population they serve.**		Up To 3		
For HMIS Projects Only				
The project's proposed activities will help improve the quality and functionality of the existing HMIS system, to the benefit of the CoC			Up To 4	
The project's proposed activities will help ensure compliance with federal reporting requirements pertaining to data, including HIC, PIC, LSA, and CAPER reports.			Up To3	
The project's proposed activities will help ensure the CoC has a fully functional, operational, and funded HMIS system.			Up To 4	
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.			Up To 4	
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.			Up To 3	
HMIS has the ability to unduplicate client records.			Up To 3	
The HMIS produces all HUDrequired reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.			Up To 3	
For Coordinated Entry Projects Only				
The project's proposed activities will assist in the implementation and/or capacity of the Coordinated Entry system.				Up To 3
The project's proposed activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.				Up To 3
The project's proposed activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.				Up To 3
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.				Up To 3
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.				Up To 3
There is a standardized assessment process.				Up To 3
Ensures program participants are directed to appropriate housing and services that fit their needs.				Up To 3
The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, SNAP, local Workforce office, early childhood education).				Up To 3
7. Timeliness				
Application clearly describes a plan for rapid implementation of the project, including a schedule of proposed activities after grant award.		Up To 5	Up To 5	Up To 5

8. Local CoC Priorities and HUD Priorities		
Project has a formal partnership with a Public Housing Authority, Healthcare Organization and/or an Indian Tribe or Tribally Designated Housing Entities, LGBTQ+ Advocacy Organizations and/or BIPOC Advocacy Organization		1
Projects that target Unsheltered Homelessness		1
Prioritized CoC Regions: Hubs 4 and 5		1
Total Score	0	

9. Unscored Categories (These items will not be scored this NOFO, but may be used in subsequent MCoC Scorecards)		
Equity Section:		
Leadership/Board Composition	Yes	No
Anti-Discriminiation/DEI Statement	Yes	No
MOU for Interpreter Services	Yes	No
EEO Clause in Hiring	Yes	No
Provides Equity Training for Staff	Yes	No
Process for receiving feedback from those with lived experience	Yes	No
Review policies and procedures with equity lens	Yes	No
Review outcomes with equity lens	Yes	No
Cost per Household:		
Project Type		
Cost per Household		
Landlord Engagement:		
Did the project have a robust plan for landlord engagement?	Yes	No

Maine Continuum of Care FY23 NOFO Supplemental Questions

MCOC is asking these questions to collect information. These items will not be scored in FY23, but might in future years. Answering these questions is completely voluntary this year. Your answers, or not answering at all, will have no impact on your Score this year.

Equity:

Does your agency have underrepresented individuals (BIPOC, LGBTQ+, etc.) in leadership positions and/or on the board of directors? Yes   No

Does your organization have an anti-discrimination or DEI statement?   Yes   No

Does your organization have an MOU for interpreter services?   Yes   No

Does your organization have an EEO clause in job postings?   Yes   No

Does your organization provide equity training for staff?   Yes   No

Does your organization have a relational process for receiving and incorporating feedback from persons with lived experience of homelessness?

Yes   No

Has your organization reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers?

Yes   No

Has your organization reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, age, and/or other underserved populations?

Yes   No

Landlord Engagement:

Please describe your projects plan for an effective landlord engagement strategy (max 300 words):

Maine CoC Monitoring For:	
Agency Name	
Program Name	
Grant Number	

Program Overview			Comments/Notes
Program Type			
Housing First			
Chronic Priority			

Financial Information			Comments/Notes
Award Amount:			
Amount Received *(Pick each:)*			
Supportive Services			
Project Admin			
Total:			
Match Amount			
Match Percentage		Sufficent?	
Budget Feasible?			
Drawdowns Quarterly?			
Funding recapture?			
Resubmitted APR?			
Outstanding federal debts?			
Reported violation of fed law?			

Self Sufficiency/ Assistance to participants					
Mainstream Resources provided/ assisted with"					
☐	Assessment of service needs		☐	Outreach Services	
☐	Assistance with moving costs		☐	Legal Services	
☐	Case Management		☐	Life Skills Training	
☐	Food		☐	Transportation	
☐	Child Care		☐	Substance Abuse Svcs	
☐	Education Services		☐	Outpatient Health Svcs	
☐	Mental Health Services		☐	Utility Deposits	
☐	Housing Search and Counseling		☐	Employment Assistance and Job Training	
Non-Cash benefits received by participants:					
☐	WIC		☐	SNAP	
☐	Medicaid		☐	SCHIP	
☐	Medicare		☐	TANF Child Care	
☐	TRA		☐	TANF Transportation	
☐	VA Medical		☐	Other TANF	
☐	Section 8, Public Housing, Rental assistance		☐	Other Source: State ins. for adults	

Program Procedures			Comments/Notes
Homeless Verifications			
Disability Verifications			
HQS Completed		Date:	
Educational services designee			

Program Data				
Measure	Data	Threshold	Met?	Comments/Notes
Average Unit Utilization Rate (Q02)		85%		
% participants employed at exit		20%		
% of leavers with maintained/ increased income		20%		
% of leavers with maintained/ increased mainstream benefits		20%		
% of leavers moved from TH to PH		65%		
% of participants who are in PH or left for PH		80%		
Program Goals	Performance Measure 1: Housing Stability Goal Met?			
	Performance Measure 2: a. Increased total income or b.increased earned income goal			

HMIS/Data Quality			
UDE Completeness			
DNK Grade	Grade:		

Participation		Comments/Notes
HMIS Participation		
CoC- voting attendance record		
Subcommittee Participation		

Timeliness		Comments/Notes
APR to HUD on time?		
Monitoring submitted on time?		
Responded in timely manner?		

HOUSING FIRST IN PERMANENT SUPPORTIVE HOUSING

What is Housing First?

Housing First is 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.

Housing First emerged as an alternative to the linear approach in which people experiencing homelessness were required to first participate in and graduate from short-term residential and treatment programs before obtaining permanent housing. In the linear approach, permanent housing was offered only after a person experiencing homelessness could demonstrate that they were "ready" for housing. By contrast, Housing First is premised on the following principles:

➢ Homelessness is first and foremost a housing crisis and can be addressed through the provision of safe and affordable housing.

➢ All people experiencing homelessness, regardless of their housing history and duration of homelessness, can achieve housing stability in permanent housing. Some may need very little support for a brief period of time, while others may need more intensive and long-term supports.

➢ Everyone is "housing ready." Sobriety, compliance in treatment, or even criminal histories are not necessary to succeed in housing. Rather, homelessness programs and housing providers must be "consumer ready."

➢ Many people experience improvements in quality of life, in the areas of health, mental health, substance use, and employment, as a result of achieving housing.

➢ People experiencing homelessness have the right to self-determination and should be treated with dignity and respect.

➢ The exact configuration of housing and services depends upon the needs and preferences of the population.

While the principles of Housing First can be applied to many interventions and as an overall community approach to addressing homelessness, this document focuses primarily on Housing First in the context of permanent supportive housing models for people experiencing chronic homelessness.

Housing First Effectiveness in Permanent Supportive Housing

Permanent supportive housing models that use a Housing First approach have been proven to be highly effective for ending homelessness, particularly for people experiencing chronic homelessness who have higher service needs. Studies such as HUD's *The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness* have shown that Housing First permanent supportive housing

models result in long-term housing stability, improved physical and behavioral health outcomes, and reduced use of crisis services such as emergency departments, hospitals, and jails.

Core Components of Housing First

The core features of Housing First in the context of permanent supportive housing models are as follows:

- ➢ ***Few to no programmatic prerequisites to permanent housing entry*** – People experiencing homelessness are offered permanent housing with no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program. People are also not required to first enter a transitional housing program in order to enter permanent housing

- ➢ ***Low barrier admission policies*** – Permanent supportive housing's admissions policies are designed to "screen-in" rather than screen-out applicants with the greatest barriers to housing, such as having no or very low income, poor rental history and past evictions, or criminal histories. Housing programs may have tenant selection policies that prioritize people who have been homeless the longest or who have the highest service needs as evidenced by vulnerability assessments or the high utilization of crisis services.

- ➢ ***Rapid and streamlined entry into housing*** – Many people experiencing chronic homelessness may experience anxiety and uncertainty during a lengthy housing application and approval process. In order to ameliorate this, Housing First permanent supportive housing models make efforts to help people experiencing homelessness move into permanent housing as quickly as possible, streamlining application and approval processes, and reducing wait times.

- ➢ ***Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability*** - Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing may be useful. Harm reduction techniques can confront and mitigate the harms of drug and alcohol use through non-judgmental communication while motivational interviewing may be useful in helping households acquire and utilize new skills and information.

- ➢ ***Tenants have full rights, responsibilities, and legal protections*** – The ultimate goal of the Housing First approach is to help people experiencing homelessness achieve long-term housing stability in *permanent* housing. Permanent housing is defined as housing where tenants have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. Tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities. Landlords and providers in Housing First models abide by their legally defined roles and obligations. For instance, landlords and providers do not enter tenants' apartments without tenants' knowledge and permission except under legally-defined emergency circumstances. Many Housing First permanent supportive housing programs also have a tenant association or council to review program policies and provide feedback, and formal processes for tenants to submit suggestions or grievances.

➤ *Practices and policies to prevent lease violations and evictions* –Housing First supportive housing programs should incorporate practices and policies that prevent lease violations and evictions among tenants. For instance, program policies consistent with a Housing First approach do not consider alcohol or drug use in and of itself to be lease violations, unless such use results in disturbances to neighbors or is associated with illegal activity (e.g. selling illegal substances.) Housing First models may also have policies that give tenants some flexibility and recourse in the rent payment, which in many subsidized housing programs is 30% of the participant's income. For example, rather than moving towards eviction proceedings due to missed rent payments, programs may allow tenants to enter into payment installment plans for rent arrearages, or offer money management assistance to tenants.

➤ *Applicable in a variety of housing models* – The Housing First approach can be implemented in different types of permanent supportive housing settings, including: scattered-site models in private market apartments, where rental assistance is provided, and tenants have access mobile and site-based supportive services; single-site models in which permanent supportive housing buildings are newly constructed or rehabilitated and tenants have access to voluntary on-site services; and set-asides, where supportive services are offered to participants in designated units within affordable housing developments.

Adopting a Housing First Approach in Permanent Supportive Housing

Providers of permanent supportive housing that do not already use a Housing First approach can adopt this approach by reviewing existing program policies and procedures, and by learning and implementing new services and practices through training and clinical supervision. A provider that would like to move to a Housing First program model should start with the following steps:

➤ **Review current policies and procedures** – Providers should undertake a systematic review of their current operating policies and procedures. First, providers should assess tenant selection and admission policies to ensure that they do not screen out applicants on the basis of rental, credit, or criminal histories, sobriety, income, etc. They should also evaluate the application and admission process to identify ways to streamline and shorten the process. They should review the lease terms, lease compliance, and eviction policies to ensure that they are consistent with Housing First principles and housing laws. Lease provisions that require participation in services or that deem alcohol use as lease violations or grounds for eviction should be removed. Providers should consider adding policies that help prevent eviction when a tenant falls behind on rent or experiences other lease violations.

➤ **Learn and adopt Housing First services approaches and practices** – Providers can adopt supportive services approaches and practices that creatively engage tenants to maximize and ensure housing stability. Through training around harm reduction approaches, services staff can learn to confront and mitigate the harms of drug and alcohol use through non-judgmental communication. Staff can also receive training to develop competency around techniques like motivational interviewing, wellness self-management, and trauma-informed care. Adoption of these practices often also requires continual reinforcement through effective clinical supervision, which is key to supporting housing stability.

Useful Resources on Housing First

- ➢ **USICH's Housing First Checklist** - An easy-to-use tool for policymakers and practitioners to identify and assess whether a program or community is using a Housing First approach. This three-page tool breaks down the Housing First approach into distinguishing components at both the program and community levels.

- ➢ **Housing First in USICH's Solutions Database** – A description of Housing First along with links to examples and resources from USICH's Solutions Database.

- ➢ **The Housing First Fidelity model index** - In the April 2013 edition of *Substance Abuse Treatment, Prevention, and Policy*, Watson and colleagues (2013) discuss the development and testing of their Housing First Fidelity instrument. The study finds that the instrument is effective in assessing the quality of Housing First programs and for making implementation decisions.

- ➢ **Organizational Change: Adopting a Housing First Approach** - The National Alliance to End Homelessness' tool-kit on adopting Housing First as a community-wide strategy.

- ➢ **Pathways to Housing - Housing First Model** - Pathways to Housing produced a step-by-step manual presents a comprehensive guide to Pathways to Housing's Housing First approach.

- ➢ **DESC's Seven Standards of Housing First** - Seattle-based Downtown Emergency Service Center has identified seven standards essential to their Housing First approach.

- ➢ **Unlocking the Door: An Implementation Evaluation of Supportive Housing for Active Substance Users in New York City** - The National Center on Addiction and Substance Abuse at Columbia University and the Corporation for Supportive Housing evaluated the implementation of nine scattered-site Housing First permanent supportive housing programs serving approximately 500 people experiencing chronic homelessness with active substance abuse disorders in New York City. The report concludes with useful lessons for what is critical to implementing a Housing First permanent supportive housing model. A full impact evaluation of these programs will be completed later in 2013. Preliminary findings indicate that the programs were successful in helping people exit homelessness, remain stably housed, and reduce their use of emergency services.

Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation

Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. It is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services. Study after study has shown that Housing First yields higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes.[i]

This checklist was designed to help you make a quick assessment of whether and to what degree housing programs — and entire systems — are employing a Housing First approach. Robust tools and instruments are available elsewhere to quantitatively measure program quality and fidelity to Housing First. This tool is not meant to take the place of those more rigorous assessments, but is intended to help Continuums of Care, individual housing and services providers, funders, and other stakeholders to communicate about, and quickly assess, alignment with key Housing First approaches.

Core Elements of Housing First at the Program/Project Level

For your homelessness service system to work the most efficiently and effectively, individual programs must embrace a Housing First approach. This portion of the checklist can help you assess the extent to which your local programs are implementing Housing First. You can use this tool for trainings or planning sessions, during a site visit or program audit, as a guide when reviewing funding applications, or for many other uses.

☐ Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.

☐ Programs or projects do everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of "housing readiness."

☐ People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy, and building and apartment units include special physical features that accommodate disabilities.

Quick Screen: Does Your Project Use Housing First Principles?

1) Are applicants allowed to enter the program without income?

2) Are applicants allowed to enter the program even if they aren't "clean and sober" or "treatment compliant"?

3) Are applicants allowed to enter the program even if they have criminal justice system involvement?

4) Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?

☐ Programs or projects that cannot serve someone work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.

☐ Housing and service goals and plans are highly tenant-driven.

☐ Supportive services emphasize engagement and problem-solving over therapeutic goals.

☐ Participation in services or compliance with service plans are not conditions of tenancy, but are reviewed with tenants and regularly offered as a resource to tenants.

☐ Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.

☐ Substance use in and of itself, without other lease violations, is not considered a reason for eviction.

☐ Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.

☐ Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.

Core Elements of Housing First at the Community Level

Housing First should be adopted across your community's entire homelessness response system, including outreach and emergency shelter, short-term interventions like rapid re-housing, and longer-term interventions like supportive housing. You can use this part of the checklist to assess the extent to which your community has adopted a system-wide Housing First orientation, as well as guide further dialogue and progress.

☐ Your community has a coordinated system that offers a unified, streamlined, and user-friendly community-wide coordinated entry process to quickly assess and match people experiencing homelessness to the most appropriate housing and services, including rapid re-housing, supportive housing, and/or other housing interventions.

☐ Emergency shelter, street outreach, and other parts of your crisis response system implement and promote low barriers to entry or service and quickly identify people experiencing homelessness, provide access to safety, make service connections, and partner directly with housing providers to rapidly connect individuals and families to permanent housing.

☐ Outreach and other crisis response teams are coordinated, trained, and have the ability to engage and quickly connect people experiencing homelessness to the local coordinated entry process in order to apply for and obtain permanent housing.

☐ Your community has a data-driven approach to prioritizing housing assistance, whether through analysis of the shared community assessment and vulnerability indices, system performance measures from the Homeless Management Information System, data on utilization of crisis services, and/or data from other

systems that work with people experiencing homelessness or housing instability, such as hospitals and the criminal justice system.

☐ Housing providers and owners accept referrals directly from the coordinated entry processes and work to house people as quickly as possible, using standardized application and screening processes and removing restrictive criteria as much as possible.

☐ Policymakers, funders, and providers conduct joint planning to develop and align resources to increase the availability of affordable and supportive housing and to ensure that a range of options and mainstream services are available to maximize housing choice among people experiencing homelessness.

☐ Mainstream systems, including social, health, and behavioral health services, benefit and entitlement programs, and other essential services have policies in place that do not inhibit implementation of a Housing First approach. For instance, eligibility and screening policies for benefit and entitlement programs or housing do not require treatment completion or sobriety.

☐ Staff in positions across the entire housing and services system are trained in and actively employ evidence-based practices for client/tenant engagement, such as motivational interviewing, client-centered counseling, critical time interventions, and trauma-informed care.

Additional Resources

- [Implementing Housing First in Supportive Housing](#) (USICH, 2014) – discusses supportive housing and Housing First as tools for ending chronic homelessness and helping people with disabilities live independently in the community.

- [Webinar: Core Principles of Housing First and Rapid Re-Housing](#) (USICH, 2014) – describes the core components of the Housing First approach and the rapid re-housing model and how both work together to help end homelessness.

- [Four Clarifications about Housing First](#) (USICH, 2014) – clarifies some common misperceptions about Housing First.

- [It's Time We Talked the Walk on Housing First](#) (USICH, 2015) – advances our thinking on Housing First.

- [Housing First in Permanent Supportive Housing](#) (HUD, 2014) – provides an overview of the principles and core components of the Housing First model.

- [Permanent Supportive Housing Evidence-Based Practices KIT](#) (SAMHSA, 2010) – outlines the essential components of supportive housing, along with fidelity scales and scoresheets.

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[i] Lipton, F.R. et. al. (2000). "Tenure in supportive housing for homeless persons with severe mental illness," Psychiatric Services 51(4): 479-486. M. Larimer, D. Malone, M. Garner, et al. "Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems." *Journal of the American Medical Association*, April 1, 2009, pp. 1349-1357. Massachusetts Housing and Shelter Alliance. (2007). "Home and Healthy for Good: A Statewide Pilot Housing First Program." Boston.

Housing First Standards Assessment Tool

Overview: This tool aims to assess and document how closely a housing and service provider adheres to the recommended best practice standards of the Housing First model, in the context of the broader work to implement a Housing First orientation at the system-level. This tool specifically evaluates project-level fidelity to Housing First, which directly impacts a system's fidelity to Housing First. In addition to the universal best practice standards identified in this tool, Continuums should also take into account their local community context and local written standards pertaining to Housing First when assessing projects. A Continuum of Care can use this tool to prompt

Provider Info tab: The Provider Information tab should be completed *prior* to beginning the assessment. Specifically, the *Project Name, Project Type, Target Sub-Population* served, and *Date of Assessment* fields need to be completed in order to populate the assessment standards and report summary with questions that are specific to the project type and population. Please complete this section prior to printing any standards for assessment.

Standards: The standards have been arranged into the following categories: *Access, Evaluation, Services, Housing, Leases, and Project-Specific*. The "Tab" chart at the bottom of this page describes each of the categories in more detail. Some of the categories are not applicable for all project types, and those standards do not need to be

Project Type	Applicable Standards
Coordinated Entry	Access & Evaluation; Project-specific
Street Outreach	Access & Evaluation; Project-specific
Emergency Shelter	Access & Evaluation; Service & Housing; Project-specific
Transitional Housing	Access & Evaluation; Service & Housing; Leases; Project-specific
Rapid Rehousing	Access & Evaluation; Service & Housing; Leases; Project-specific
Permanent Supportive Housing	Access & Evaluation; Service & Housing; Leases; Project-specific

Safeguarding: Please keep in mind safeguarding concerns when assessing projects. In particular, we advise Continuums of Care to work with projects with victims of domestic violence to make sure that adequate safety and confidentiality policies and practices are in place before beginning assessments.

Scoring: For each standard, there are three scoring criteria: "Say It", "Document It", and "Do It" (as explained further below). To show that a project is in full compliance with each standard, the assessor should mark "Always" for each scoring criteria. Use the drop down in the three columns to the right to select "Always" or "Somewhat" or

- "*Say It*" means that project and agency staff can describe verbally what they do concerning each standard. The assessor should be able to identify that the organizational culture supports the standard by how staff talks about what is done.

- "*Document It*" means that there is written documentation that supports the project's compliance with each standard. Written documentation could include Policies and Procedures, Personnel Handbooks, Professional Development Plans, Project Rules, etc.

- "*Do It*" means that the assessor was able to find evidence that supports the project's compliance with each standard. Evidence could include information contained in client or other administrative files, client acknowledgement that something is being done, staff can point to documentation that supports implementation of the standard, etc.

Assessor Notes: A cell below each individual standard allows the assessor to add optional notes about the information collected for that particular standard. The notes can include where information was found, what questions were asked, who answered the questions, what additional information is needed to be able to mark that standard as

Tab	Description	Purpose

Instructions	Tool overview and aim	Offers instruction to users on the assessment tool
Provider Info	Input provider, project and general assessment information	Determines project-specific standards for consideration
Standards - Access & Evaluation	Input compliance with standards concerning participant access to the project and input, project evaluation and performance management	Assesses whether access and evaluation are compliant with Housing First principles
Standards - Leases	Input compliance with standards concerning the lease and occupancy agreements, where applicable	Assesses whether leases and occupancy agreements are compliant with Housing First principles
Standards - Services & Housing	Input compliance with standards concerning the service and housing models and structure, where applicable	Assesses whether services and housing are compliant with Housing First principles
Standards – Project-Specific	Prompts assessment standards based on project type and targeted sub-populations served by the project, where applicable	Assesses whether specific project standards are compliant with Housing First principles
Report Summary	Displays assessment scores and conclusions, and highlights non-compliant standards	Printable summary of the assessment

Please complete the information below on the organization being assessed.

Provider Information	
Provider's Legal Name	**[Test Provider]**
Acronym (If Applicable)	
Year Incorporated	
EIN	
Street Address	
Zip Code	

Project Information	
Project Name	
Project Budget	
Grant Number	
Name of Project Director	
Project Director Email Address	
Project Director Phone Number	
Which best describes the project *	**Joint Transitional Housing & Rapid Rehousing**
If project is a Safe Haven, please choose project type that it most operates like, e.g. shelter, transitional housing, or permanent housing	
Are your services targeted to any of the following populations specifically? Please select one if so, as this impacts your assessment questions.	**People in Recovery**

*Please note that when you select a project type, particular standards may not be relevant.

Management Information	
Name of CEO	
CEO Email Address	
CEO Phone Number	
Name of Staff Member Guiding Assessment	
Staff Email Address	
Staff Phone Number	

Assessment Information	
Name of Assessor	
Organizational Affiliation of Assessor	
Assessor Email Address	
Assessor Phone Number	
Date of Assessment	**Nov 02 2016**

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

No.	Standard	Access Definition / Evidence	Say It	Document it	Do it
Access 1	Projects are low-barrier	Admission to projects is not contingent on pre-requisites such as abstinence of substances, minimum income requirements, health or mental health history, medication adherence, age, criminal justice history, financial history, completion of treatment, participation in services, "housing readiness," history or occurrence of victimization, survivor of sexual assault or an affiliated person of such a survivor or other unnecessary conditions unless required by law or funding source. *Optional notes here*	Please select answer	Please select answer	Please select answer
Access 2	Projects do not deny assistance for unnecessary reasons	Procedures and oversight demonstrate that staff do everything possible to avoid denying assistance or rejecting an individual or family for the reasons listed in Access Standard #1. *Optional notes here*	Please select answer	Please select answer	Please select answer
Access 3	Access regardless of sexual orientation, gender identity, or marital status	Equal access is provided in accordance with the 2012 and 2016 Equal Access Rules, meaning that any project funded by HUD must ensure equal access for persons regardless of one's sexual orientation or marital status, and in accordance with one's gender identity. Adult only households, regardless of marital status, should have equal access to projects (if these project types are not available within a CoC, the CoC should conduct an assessment to determine if these project types are needed and work with providers to accommodate the need). Please see Equal Access Rules here: https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/ *Optional notes here*	Please select answer	Please select answer	Please select answer
Access 4	Admission process is expedited with speed and efficiency	Projects have expedited admission processes, to the greatest extent possible, including helping participants obtain documentation required by funding sources, as well as processes to admit participants regardless of the status of their eligibility documentation whenever applicable. *Optional notes here*	Please select answer	Please select answer	Please select answer

Name	Participant Input Definition / Evidence	Say It	Document it	Do it
Access 5	Intake and assessment procedures are focused on the individual's or family's strengths, needs, and preferences. Projects do not require specific appointment times, but have flexible intake schedules that ensure access to all households. Assessments are focused on identifying household strengths, resources, as well as identifying barriers to housing that can inform the basis of a housing plan as soon as a person is enrolled in the project. *Optional notes here*	Please select answer	Please select answer	Please select answer
Access 6	Projects actively participate in the CoC-designated Coordinated Entry processes as part of streamlined community-wide system access and triage. If these processes are not yet implemented, projects follow communities' existing referral processes. Referrals from Coordinated Entry are rarely rejected, and only if there is a history of violence, the participant does not want to be in the project, there are legally valid grounds (such as restrictions regarding sex offenders) or some other exceptional circumstance that is well documented. *Optional notes here*	Please select answer	Please select answer	Please select answer
Access 7	Projects that can no longer serve particular households utilize the coordinated entry process, or the communities' existing referral processes if coordinated entry processes are not yet implemented, to ensure that those individuals and families have access to other housing and services as desired, and do not become disconnected from services and housing. Households encounter these exits under certain circumstances, such as if they demonstrate violent or harassing behaviors, which are described within agencies' regulation-adherent policies. *Optional notes here*	Please select answer	Please select answer	Please select answer
Participant Input 1	Project participants receive ongoing education on Housing First principles as well as other service models employed in the project. In the beginning of and throughout tenancy, participants are informed about their full rights and responsibilities as lease holders, including the potential causes for eviction. *Optional notes here*	Please select answer	Please select answer	Please select answer
Participant Input 2	Input is welcomed regarding the project's policies, processes, procedures, and practices. Opportunities include involvement in: quality assurance and evaluation processes, a participant leadership/advisory board, processes to formally communicate with landlords, the design of and participation in surveys and focus groups, planning social gatherings, integrating peer specialists and peer-facilitated support groups to compliment professional services. *Optional notes here*	Please select answer	Please select answer	Please select answer

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

Standard	Lease and Occupancy Definition / Evidence	Say It	Document It	Do It
Leases 1	Housing is considered permanent (not applicable for Transitional Housing)	Housing is not time-limited (though rent assistance may be) and leases are automatically renewable upon expiration, except with prior notice by either party. *Optional notes here*	Please select answer	Please select answer	Please select answer
Leases 2	Participant choice is fundamental	A participant has, at minimum, choices in deciding the location and type of housing based on preferences from a range of housing types and among multiple units, as available and as practical. In project-based settings, participants should be offered choice of units within a particular building, or within the portfolio of single site properties. In projects that use shared housing, i.e. housing with unrelated roommates, participants should be offered choice of roommates, as available and as practical. Additionally, as applicable, participants are able to choose their roommates when sharing a room or unit. *Optional notes here*	Please select answer	Please select answer	Please select answer
Leases 3	Leases are the same for participants as for other tenants	Leases do not have any provisions that would not be found in leases held by any other tenant in the property or building and is renewable per the participants' and owner's choice. People experiencing homelessness who receive help moving into permanent housing should have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. For transitional housing, there may be limitations on length of stay, but a lease/occupancy agreement should look like a lease that a person would have in the normal rental market. *Optional notes here*	Please select answer	Please select answer	Please select answer
Leases 4	Participants receive education about their lease or occupancy agreement terms	Participants are also given access to legal assistance and encouraged to exercise their full legal rights and responsibilities. Landlords and providers abide by their legally-defined roles and responsibilities. *Optional notes here*	Please select answer	Please select answer	Please select answer

Leases 5	Measures are used to prevent eviction	Property or building management, with services support, incorporates a culture of eviction avoidance, reinforced through practices and policies that prevent lease violations and evictions among participants, and evict participants only when they are a threat to self or others. Clear eviction appeal processes and due process is provided for all participants. Lease bifurcation is allowed so that a tenant or lawful occupant who is a victim of a criminal act of physical violence committed against them by another tenant or lawful occupant is not evicted, removed or penalized if the other is evicted. *Optional notes here*	Please select answer	Please select answer	Please select answer
Leases 6	Providing stable housing is a priority	Providers engage in a continued effort to hold housing for participants, even if they leave their housing for short periods due to treatment, illness, or any other temporary stay outside of the unit. *Optional notes here*	Please select answer	Please select answer	Please select answer
Leases 7	Rent payment policies respond to tenants' needs (as applicable)	While tenants are accountable to the rental agreement, adjustments may be needed on a case by case basis. As necessary, participants are given special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements. *Optional notes here*	Please select answer	Please select answer	Please select answer

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

Standard	Services Definition / Evidence	Say it	Document it	Do it
Services 1 Projects promote participant choice in services	Participants are able to choose from an array of services. Services offered are housing focused and include the following areas of support: employment and income, childhood and education, community connection, and stabilization to maintain housing. These should be provided by linking to community-based services. *Optional notes here*	Please select answer	Please select answer	Please select answer
Services 2 Person Centered Planning is a guiding principle of the service planning process	Person-centered Planning is a guiding principle of the service planning process *Optional notes here*	Please select answer	Please select answer	Please select answer
Services 3 Service support is as permanent as the housing	Service connections are permanently available and accessible for participants in Permanent Supportive Housing. Rapid Re-Housing projects should, at a minimum, be prepared to offer services for up to 6 months after the rental assistance ends. In emergency shelter and transitional housing, services are available as long as the participant resides in the unit or bed – and up to 6 months following exit from transitional housing. *Optional notes here*	Please select answer	Please select answer	Please select answer
Services 4 Services are continued despite change in housing status or placement	Wherever possible, participants continue to be offered services even if they lose their housing unit or bed (for congregate projects), or if they are placed in a short-term inpatient treatment. Ideally, the service relationship should continue, despite a service hiatus during some institutional stays. *Optional notes here*	Please select answer	Please select answer	Please select answer

	Standard	Housing Definition / Evidence	Say It	Document It	Do It
Services 5	Participant engagement is a core component of service delivery	Staff provide effective services by developing relationships with participants that provide immediate needs and safety, develop trust and common ground, making warm hand-offs to other mainstream service providers, and clearly explain staff roles. Engagement is regular and relationships are developed over time. *Optional notes here*	Please select answer	Please select answer	Please select answer
Services 6	Services are culturally appropriate with translation services available, as needed	Project staff are sensitive to and support the cultural aspects of diverse households. Wherever possible, staff demographics reflect the participant population they serve in order to provide appropriate, culturally-specific services. Translation services are provided when needed to ensure full comprehension of the project. Projects that serve families with children should have family-friendly rules that allow for different schedules based on work and school hours and have services that allow parents to participate in activities without having to constantly supervise their children themselves (i.e. can use the bathroom or take a shower without their children being in the bathroom with them). *Optional notes here*	Please select answer	Please select answer	Please select answer
Services 7	Staff are trained in clinical and non-clinical strategies (including harm reduction, motivational interviewing, trauma-informed approaches, strength-based)	Services support a participant's ability to obtain and retain housing regardless of changes in behavior. Services are informed by a harm-reduction philosophy, such as recognizing that substance use and addiction are a part of some participants' lives. Participants are engaged in non-judgmental communication regarding their behavior and are offered education regarding how to avoid risky behaviors and engage in safer practices. *Optional notes here*	Please select answer	Please select answer	Please select answer
Standard		**Housing Definition / Evidence**	**Say It**	**Document It**	**Do It**
Housing 1	Housing is not dependent on participation in services	Participation in permanent and temporary housing settings, as well as crisis settings such as emergency shelter, is not contingent on participating in supportive services or demonstration of progress made on a service plan. Services must be offered by staff, but are voluntary for participants. *Optional notes here*	Please select answer	Please select answer	Please select answer

			Please select answer	Please select answer	Please select answer

| Housing 2 | Substance use is not a reason for termination | Participants are only terminated from the project for violations in the lease or occupancy agreements, as applicable. Occupancy agreements or an addendum to the lease do not include conditions around substance use or participation in services. If the project is a recovery housing model focused on people who are in early recovery from drugs or alcohol (as outlined in HUD's Recovery Housing Brief), different standards related to use and subsequent offer of treatment may apply. See HUD's Recovery Housing brief here: https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/

Optional notes here | Please select answer | Please select answer | Please select answer |

| Housing 3 | The rules and regulations of the project are centered on participants' rights | Project staff have realistic expectations and policies. Rules and regulations are designed to support safe and stable communities and should never interfere with a life in the community. Participants have access to the project at all hours (except for nightly in and out shelter) and accommodation is made for pets.

Optional notes here | Please select answer | Please select answer | Please select answer |

| Housing 4 | Participants have the option to transfer to another project | Transfers should be accommodated for tenants who reasonably believe that they are threatened with imminent harm from further violence if the tenant remains in the same unit. Whenever possible, transfers occur before a participant experiences homelessness.

Optional notes here | Please select answer | Please select answer | Please select answer |

Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

	Standard	Project -Specific Standards	Say It	Document it	Do it
Project 1	Quick access to RRH assistance	A Rapid Re-housing project ensures quick linkage to rapid re-housing assistance, based on participant choice.	Please select answer	Please select answer	Please select answer
		Optional notes here			
Project 2	RRH services support people in maintaining their housing	Participants and staff understand that a primary goal of rapid re-housing is to end homelessness and move participants to permanent housing as quickly as possible, regardless of perceived barriers.	Please select answer	Please select answer	Please select answer
		Optional notes here			
Project 3	Providers continuously assess a participant's need for assistance	On an ongoing basis, providers assess a participant's needs for continued assistance and provide tailored assistance based on those assessments.	Please select answer	Please select answer	Please select answer
		Optional notes here			
Project 4	Transitional housing is focused on safe and quick transitions to permanent housing	Participants and staff understand that the primary goals of transitional housing are to provide temporary accommodations that are safe, respectful, and responsive to individual needs, address the services needs of participants, and re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns, and as desired by the participant. Participation in transitional housing services does not inhibit participants from moving to permanent housing when they choose to. Assessment and planning for permanent housing placement begins as soon as the individual or family expresses a desire to transition to permanent housing.	Please select answer	Please select answer	Please select answer
		Optional notes here			

Standard	Say It	Document It	Do It
Project 5	Please select answer		
TH projects provide appropriate services TH projects provide appropriate services to meet the participants health and safety needs (e.g., persons in early recovery; domestic violence survivors; those who need special accommodations) when there are no permanent housing solutions available (with or without supportive services) or when the participant chooses transitional housing. Services are not required in order to participate in housing.		Please select answer	Please select answer
Optional notes here			
No additional standards			
Optional notes here			
No additional standards			
Optional notes here			
No additional standards			
Optional notes here			

Population Specific Standards

			Please select answer	Please select answer	Please select answer
Population 1	Recovery housing is offered as one choice among other housing opportunities	Connection to recovery housing reflects individual choice for this path toward recovery. Abstinence-only spaces are incorporated into a Housing First model wherever possible, thus providing this type of recovery option to those who choose it. Recovery supports are offered, particularly connections to community-based treatment options.			
		Optional notes here			
Population 2	Services include relapse support	Housing and services include relapse support that does not automatically evict or discharge a participant from the project for temporary relapse. Relapse support might include referrals to outpatient treatment or direct provision of outpatient services or the ability to hold a unit for a certain period of time (30-90 days) while the participant undergoes residential treatment.	Please select answer	Please select answer	Please select answer
		Optional notes here			
Population 3	Services support sustained recovery	Recovery housing projects provide services that align with participants' choice and prioritization of recovery, including but not limited to abstinence from substances (if that is a personal goal), long-term permanent housing stability, and stable income through employment or benefits. Support is offered through connections to community-based treatment options.	Please select answer	Please select answer	Please select answer
		Optional notes here			
Population 4	Population	No additional standards			
		Optional notes here			

https://www.mainehomelessplanning.org/maine-continuum-of-care-request-for-proposals-important-information-for-new-and-renewal-projects/   110%

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Date Posted

JULY 17, 2023 | SCOTT TIBBITTS | HUD, MAINE COC, NOFO

Maine Continuum of Care Request for Proposals! Important information for New and Renewal Projects

Please see the Notice, below, for information about how to apply though the Maine Continuum of Care for HUD COC funding for New and Renewal Projects to address homelessness in Maine.

Local Deadline

The LOCAL Deadline for all New and Renewal Applications to be submitted to MCOC in esnaps is August 28, 2023. Besides the Applications themselves, additional information will need to be submitted separately – see the announcement below for details.

Please check back regularly – new information will be posted here as it becomes available!

Full Details

2023-MCOC-RFP-Notice   DOWNLOAD

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City of Portland CoC

e-snaps

Maine Continuum of Care is pleased to announce a Request for Proposals (RFP) for Fiscal Year 2023 CoC NOFO Competition!

The Maine Continuum of Care (MCoC) invites interested eligible agencies, including agencies that have not previously received CoC grants, to apply for funding to create housing and related services to assist people experiencing homelessness in Maine.

This summary provides highlights of some important information in the FY 2023 CoC NOFO, but it is not intended to be exhaustive or complete. All potential <u>applicants must read the full NOFO and all HUD and esnaps guidance</u> for additional details.

Program Office: Community Planning and Development
Funding Opportunity Title: Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Renewal or Replacement of Youth Homeless Demonstration Program Grants
Funding Opportunity Number: FR-6700-N-25
Assistance Listing Number: 14.267
Application Due Date: *[for the CoC Level Application submission to HUD]* Sept. 28, 2023

The <u>September</u> Deadline is when everything needs to be submitted to <u>HUD</u>. All Maine Continuum of Care <u>New and Renewal Project Applications</u> must be submitted to <u>MCOC</u> via esnaps no later than 5:00 PM on <mark>Monday, August 28, 2023</mark> to allow time for local reviewing, scoring, and ranking of applications prior to our final submission to HUD.

> **2023 MCoC CoC Bonus funding: up to <mark>$1,239,889</mark>**
> **2023 MCoC DV Bonus Funding: up to <mark>$ TBD____</mark>**

The official NOFO announcement is available at Grants.gov:
https://www.grants.gov/web/grants/view-opportunity.html?oppId=349091
And a PDF version from HUD.gov can be found here:
https://www.hud.gov/sites/dfiles/CPD/documents/FY-2023-CoC-NOFO-Publication.pdf

Additional resources will be available in the coming days on the HUD.gov *CoC Program Competition page* and the HUD Exchange *e-snaps Resources page*. **Please** be sure you are following **2023** guidance – much of which has not yet been posted by HUD. Applicants are required to complete and submit their **applications via** esnaps. More information about esnaps, including detailed instructions and guidance will be posted on the *e-snaps page.*

Available Funds and Methodology: HUD is again using the Tier 1/Tier 2 methodology. Continuums must locally score their approved New and Renewal Project Applications, apply any local prioritization protocols, and list them in ranked order for submission. Projects closer to the top of the list are in Tier 1, while those near the bottom of the list will be in Tier 2.

For **2023** the amount of funding available for projects in Tier 1 is **equal to only 93%** of the Continuum's Annual Renewal Demand (ARD), minus the amounts needed to renew Round 2 or Later YHDP projects (our YHDP projects were in Round 3 – this is a temporary exception for YHDP Projects that may still be ramping up activities). 100% of ARD would be the amount of funding needed to continue to support all of our eligible Renewal Projects at their current funding levels.

According to the 2023 Grant Inventory Worksheets (GIWs) posted by HUD, Maine's 2023 total ARD is **$17,712,712,** and 93% of that is $16,472,822. Our YHDP projects total $1,638,773 so subtracting those leaves a **total Tier 1 amount of $14,834,049.** This means that even if we prioritize all Renewal Projects, some will end up, in whole or in part, in Tier 2.

Our Tier 2 amount is the difference between the Tier 1 amount and the CoC's total ARD, plus a 5% CoC Bonus. <u>Our 2023 CoC Bonus amount is $1,239,889</u>. This COC Bonus Funding can be used to create one or more eligible New Projects that meet the project eligibility and threshold requirements established by HUD in the NOFO.

HUD is once again offering DV Bonus Funding. The amount available for the DV Bonus is 10% of the Continuum's Preliminary Pro Rata Need (PPRN) amount. However, HUD has not yet released PPRN figures, so we are not able to calculate our DV Bonus Funding amount. Last year, the DV Bonus was approximately $621,000. The DV Bonus can be to create one or more qualifying New DV Project(s). Please read the NOFO carefully, as there have been several changes related to the DV Bonus.

There is also Planning Grant funding of **$885,635**. Only the Collaborative Applicant may apply for the Planning Grant, and this application is not scored or ranked, but needs to be approved by the Continuum.

> **2023 MCoC CoC Bonus funding: up to <mark>$1,239,889</mark>**
> **2023 MCoC DV Bonus Funding: up to <mark>$TBD</mark>**

Eligible Project Applicants: Eligibility information is described in Section V. of the NOFO.

Eligible Costs: Except as otherwise defined within the NOFO, eligible CoC Program costs are detailed in 24 CFR 578.37 through 578.63. For YHDP replacement projects eligible costs under the CoC program, including section 423(a)(13) of the Act (42 USC 11383(a)(13), and costs for eligible YHDP replacement activities described in V.B.4.a.(5) may be requested under this NOFO. Two NEW Eligible Activities have been added by HUD this year that both New and Renewal Projects may consider: VAWA Costs Budget Line Item and Rural Costs Budget Line Item. Read the NOFO for details.

Local Competition Deadlines: HUD REQUIRES that all Project Applications be submitted to the local CoC <u>no later than 30 days before the CoC Application deadline of September 28, 2023</u>. The CoC must notify all Project Applicants no later than 15 days before the final FY 2023 CoC Application deadline whether their Project Applications will be accepted and ranked, rejected, or reduced as part of the CoC Consolidated Application submission.

For Maine: All project applications - both New and Renewal - must be submitted in esnaps <u>no later than 5:00 PM</u> <mark>August 28, 2023</mark>. Applicants will be notified if their Project will be accepted and included in the CoC Consolidated Application no later than <mark>September 13, 2023.</mark>

MCoC Request for <u>Renewal Project Applications</u>: Renewal Projects will be reviewed based on annual Monitoring results and any new information found in their 2023 Renewal Applications.

For planning purposes, MCoC requests that each Renewal Applicant provide the following information via email to stibbitts@mainehousing.org for each eligible Renewal Project listed under their agency on the 2023 Grant Inventory Worksheet (GIW) found at: <mark>add</mark> Link t 2023 GIWs **no later than 5:00 PM on <mark>August 14, 2023</mark>:**

1. Does your agency intend to Renew the Grant(s)?
   a. If NO, will the funds be available for Reallocation?
2. Does your agency intend to Expand the Grant(s)?
   a. If yes, please state how, and see the New Project section, below.
   b. If yes, does the expansion intend to utilize newly eligible activities?
      i. Please describe the need for such activities and how they will be implemented.
3. Does your agency intend to Transition the Grant(s)?
   a. If yes, please state how, and see New Project section, below.
4. Does your agency intend to Consolidate 2 or more Grants?
   a. If yes, please indicate which Grants and refer to the Grant Consolidation sections of the NOFO and the Detailed Instructions.

YHDP Renewal and/or Replacement Applications – Both HUD and MCoC have decided that Round 2 and later YHDP Renewals (MCOC YHDP Projects are Round 3) will be funded without/regardless of scoring/ranking results, but agencies MUST STILL SUBMIT RENEWAL APPLICATIONS for these projects and follow all other rules and deadlines.

MCoC Request for <u>New</u> Project Applications, <u>Expansion</u> Applications, and <u>Transition</u> Applications: New, Expansion, and Transition Project proposals will be reviewed based primarily on their 2023 Project Applications. In order to better plan and coordinate resources, **MCoC requests that all agencies intending to submit a New, Expansion, or Transition Project Application provide the following information via email to stibbitts@mainehousing.org for each Project, no later than 5:00 PM on August 14, 2023. Please limit your response to two pages or less for <u>all</u> questions.**

1. Description of the proposed new/expansion/transition activities, services, staffing or capacity. Please include specific figures of current and proposed eligible activities.
2. Description of the community's need for the proposed activities.
3. Description of the target population to be served.
4. If your agency has not previously been awarded CoC funding, a description of your agency understanding of or experience with the population you are proposing to serve.
5. If the proposal includes development of new housing, describe the type, size, number, and location(s) of the housing units.

Additional Information that must be submitted outside of esnaps:
MCoC is requiring all Applicants, both New and Renewal, to submit additional information outside of esnaps. These documents must be emailed separately to stibbitts@mainehousing.org by 5:00 PM Aug. 28, 2023 – this is the same date as the local submission deadline.
Match Funding letters documenting agency commitments on their letterhead, dated after July 5, 2023, stating the dollar value of their Match commitment and when it will be available to the project.
Supplemental Questions – all applicants will need to provide answers to a set of MCOC Supplemental Questions. These will be posted on the www.mainehomelessplanning.org site once finalized. You are strongly encouraged to subscribe to this site because all important MCOC information is posted there.

HUD's Homeless Policy Priorities
Please see the NOFO for detailed descriptions of each of these Policy Priorities, and for important information that all applicants should consider regarding CoC Program Implementation

- *Ending homelessness for all persons.*
- *Use a Housing First approach.*
- *Reducing Unsheltered Homelessness.*
- *Improving System Performance.*
- *Partnering with Housing, Health, and Service Agencies.*

- *Racial Equity.*
- *Improving Assistance to LGBTQ+ Individuals.*
- *Persons with Lived Experience.*
- *Increasing Affordable Housing Supply.*

Training and Resources: The CoC Program rule can be found here: https://www.hud.gov/program_offices/comm_planning/coc/regulations Training materials, detailed instructions, and program resources will available here: https://www.hudexchange.info/programs/coc/ and https://www.hud.gov/program_offices/comm_planning/coc

Again – Please be sure you are following 2023 guidance (which is not yet posted).

Project Application Scoring/Ranking criteria:

Please refer to the "MCoC FY23 Scoring Criteria and Ranking Procedures" documents which will be posted on the www.mainehomelessplanning.org website as soon as they are finalized and approved.

Additional information related to MCoC in general and this NOFO competition in particular will be posted on the www.mainehomelessplanning.org website. If you have not already done so, we encourage you to subscribe to this site in order to receive automatic notifications whenever new information is posted there.

The HUD Exchange Ask A Question (AAQ). HUD Exchange AAQ is accessible 24 hours each day at https://www.hudexchange.info/program-support/my-question/ for questions regarding regulatory or programmatic requirements, or access to/functionality of esnaps. Always check the FAQ list first to see if your question has already been addressed.

HUD Homeless Assistance Mailing List: We encourage you to subscribe to relevant HUD Mailing Lists by visiting: https://www.hudexchange.info/mailinglist/subscribe/

For Further Information: Questions regarding Maine CoC specific requirements should be directed to MaineHousing at cochelpdesk@mainehousing.org . This notice and other MCoC related information will be posted on the www.MaineHomelessPlanning.org website. MCoC encourages all interested parties to subscribe to this site to receive notices of any new posts.

MCoC meets regularly on the third Thursday of each month from 1:00PM to 3:00PM via teleconferencing. Please see the Agendas posted on www.mainehomelessplanning.org prior to each meeting for more details. Meetings are open and we welcome participation by anyone with an interest in helping us work toward ending and preventing homelessness in the state of Maine.

MCoC also includes a number of committees that focus on particular aspects of the work we do. These include the Project Committee, HMIS & Data Committee, Resource Committee, Youth Action Board, Homeless Veteran's Action Committee, Lived Experience Committee and many others. If you have an interest in a specific topic or population, please consider joining a committee, even if you are not able to attend the full MCoC meetings.

MAINE CONTINUUM OF CARE
2023 NEW PROJECT MCOC SCORECARD

Agency/Project Name: _____ Scorer Number: _____

1. **CoC Thresholds** (In order to be eligible for funding consideration a project must meet all the established thresholds).	Met	Not Met
Commitment to Housing First Priniciples		
Full Participation in Coordinated Entry		
Low Barrier Implementation Plan		

If project application met all CoC criteria please complete the rest of the scorecard. If the project application failed to meet all of the threshold criteria please stop the scoring process as they are not eligible for funding.

2. Capacity/Experience	Housing (PSH, RRH, Joint TH-RRH)	HMIS Only	CES Only	Scores	Application Score
Experience operating HUD/Federal/Other State funded programs (2 pts per year of experience, Max: 10 Points)	10	10	10		
Agency level participation in COC Activities (5 pts if eligible to vote at CoC and 5 pts if agency participated in any COC committee)	10	10	10		
Experience operating project(s) to scope of the project proposed or the populations for whom it's designed (2 pts per year of experience Max: 10 Points)	10	10	10		
3. Project and System Level Performance					
Does the project application effectively explain how this project will contribute toward improving system performance measures? (Length of Time Homeless; Returns to Homelessness; Exits to Permanent Housing; Number of Persons Homeless; New/Increased/Maintained Income; First Time Homeless; Successful Placement or Retention in Permanent Housing) (Max score: 10)	Up To 10	Up To 10	Up To 10		
Commitment to participate in HMIS or for **DV providers a comparable database allowing for project level data to be reviewed and evaluated**	10	10	10		
4. Serving High Need Populations (based on Application Narrative)					
Does the project target one or more the MCoC's identified high needs populations? (Chronic Homelessness/Long Term Stayer, Disabled, Veterans, Families with Children, Unaccompanied Youth, Domestic Violence) (Yes: 5 No: 0 points)	5				
5. Cost Effectiveness					
Does the project application present financial information in accordance with HUD and other funding source requirements?	8	8	8		
Match resources account for at least 25% of amount requested (bricks and mortar projects require 100% match)?	8	8	8		
Does the project budget adequately address staffing and other program expenses to support the proposed project in a cost effective manner?	5	5	5		
6. Project Design and Activities (Partial points can be awarded) *For Housing Projects*					
Application clearly demonstrates how the project will assist clients to access mainstream resources, increase income, and maximize ability to live independently?	Up To 3				
Application clearly describes how it is using a race equity lens to address racial disparities in the homeless service system	Up To 3				
Application clearly describes that the type and location of the housing proposed will fit the community's need for the proposed project activities; and demonstrates an understanding of the needs of the clients to be served.	Up To 3				

Criteria					
Application demonstrates a clear plan to assist clients to rapidly secure and maintain housing that is safe, affordable, and meets their needs and **for domestic violence providers their ability to improve safety for the population they serve.**	Up To 3				
Application clearly describes the types of supportive services that will be offered to clients, including the role of project staff and coordination with other providers, to maximize positive outcomes for clients and **for domestic violence providers their ability to improve safety for the population they serve.**	Up To 3				
For HMIS Projects Only					
The project's proposed activities will help improve the quality and functionality of the existing HMIS system, to the benefit of the CoC		Up To 4			
The project's proposed activities will help ensure compliance with federal reporting requirements pertaining to data, including HIC, PIC, LSA, and CAPER reports.		Up To3			
The project's proposed activities will help ensure the CoC has a fully functional, operational, and funded HMIS system.		Up To 4			
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.		Up To 4			
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.		Up To 3			
HMIS has the ability to unduplicate client records.		Up To 3			
The HMIS produces all HUDrequired reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.		Up To 3			
For Coordinated Entry Projects Only					
The project's proposed activities will assist in the implementation and/or capacity of the Coordinated Entry system.			Up To 3		
The project's proposed activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.			Up To 3		
The project's proposed activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.			Up To 3		
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.			Up To 3		
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.			Up To 3		
There is a standardized assessment process.			Up To 3		
Ensures program participants are directed to appropriate housing and services that fit their needs.			Up To 3		
The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, SNAP, local Workforce office, early childhood education).			Up To 3		
7. Timeliness					
Application clearly describes a plan for rapid implementation of the project, including a schedule of proposed activities after grant award.	Up To 5	Up To 5	Up To 5		

8. Local CoC Priorities and HUD Priorities				
Project has a formal partnership with a Public Housing Authority, Healthcare Organization and/or an Indian Tribe or Tribally Designated Housing Entities, LGBTQ+ Advocacy Organizations and/or BIPOC Advocacy Organization	1			
Projects that target Unsheltered Homelessness	1			
Prioritized CoC Regions: Hubs 4 and 5	1			
Total Score				0

9. Unscored Categories (These items will not be scored this NOFO, but may be used in subsequent MCoC Scorecards)			
Equity Section:			
Leadership/Board Composition	Yes	No	
Anti-Discriminiation/DEI Statement	Yes	No	
MOU for Interpreter Services	Yes	No	
EEO Clause in Hiring	Yes	No	
Provides Equity Training for Staff	Yes	No	
Process for receiving feedback from those with lived experience	Yes	No	
Review policies and procedures with equity lens	Yes	No	
Review outcomes with equity lens	Yes	No	
Cost per Household:			
Project Type			
Cost per Household			
Landlord Engagement:			
Did the project have a robust plan for landlord engagement?	Yes	No	

The MAINE CONTINUUM OF CARE

MCOC RENEWAL SCORECARD 2023

Agency/Project Name: _____   **Scorer Number:** _____

	Max 2023	HMIS ONLY	CE ONLY	POINTS
Project Effectiveness				
Housing First and/or Low Barrier to Entry (8 boxes, 2 pts per check box) *Data Source: Application 3b and 3c*	16			
Perfromance Measures				
Data Source: Monitoring				
Length of Stay	7			
RRH- On average, participants stay in project "a minimum of 180" days				
PSH - On average, participants stay in project "a minimum of 180" days				
TH- On average, participants stay in project less than twenty four months				
Exits to Permanent Housing	18			
RRH- **Min of "80%" move to or remain PH** (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
PSH- **Min of "80%" move to or remain in PH** (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
TH- **Min of "65%" move to PH** (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
Returns to Homelessness, Data Source: TBD	5			
New, Increased or Maintained Income for Project _Stayers_	5			
New, Increased or Maintained Income for Project _Leavers_	5			
Serving High Needs Populations (Local approach)				
Data Source: Application Question + Narrative				
Chronic Homeless	2		2	
Long Term Stayers	1		1	
Veterans	1		1	
Families with children	1		1	
Unaccompanied Youth (under 25)	1		1	
Domestic Violence	1		1	
Substance use	1		1	
Mental Illness	1		1	
HIV AIDS	1		1	
LOCAL EVALUATION - MAINE COC				
Project Cost Effectiveness - Local				
Data Source: Monitoring				
Budget staffing and expenses are adequate to support the proposed project	5	5	5	
Matched resources account for at least 25% of amount requested	5	5	5	
Quarterly drawdowns ("yes," 1 pt; "no," 0 pts)	1	1	1	
Money recaptured by HUD at end of contract year ("yes," 0 pts; "no," 1 pt)	1	1	1	
COC Participation - Local				
Data Source: Monitoring				
Is the Applicant Agency currently an eligible voting member of MCOC?	7	7	7	
Does the Applicant Agency participate in any MCOC committee?	3	3	3	

Total from Page One: 0

MCOC RENEWAL SCORECARD 2023				
	MCOC	**HMIS ONLY**	**CE ONLY**	
LOCAL EVALUATION - MAINE COC - Continued				
COC Review - Local				
Data Source: Application and Supplements.				
Does the applicant provide documented, secured minimum match letter(s)? [Attached]	1	1	1	
Is the Project Financially feasible? [Self Certification, Attached.]	1	1	1	
Project Type - Local				
Permanently Supportive Housing with no services (paid by COC) [10 pts]	10			
Permanently Supportive Housing with services (paid by COC) [9 pts]	9			
Transitional Housing for Special Populations (DV, Youth, SUD) [8 pts]	8			
Rapid Rehousing Project [7 pts]	7			
Transitional Housing, other (not Special Populations) [5 pts]	5			
SSO Coordianted Entry			6	
Renewal HMIS		10		
For Special Projects				
Coordinated Entry ONLY Application Review				
The project's activities will assist in the implementation and/or capacity of the Coordinated Entry system.			10	
The project's activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.			10	
The project's activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.			10	
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.			6	
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.			6	
There is a standardized assessment process.			6	
Ensures program participants are directed to appropriate housing and services that fit their needs.			6	
The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).			6	
HMIS ONLY Application Review				
Percentage of new users that receive initial HMIS training based on percentage *[1 point for 10% points]		10		
Was the Longitudinal System Analysis (LSA) completed by the HMIS Lead and accepted by HUD as accurate and complete information from HMIS?		10		
Has the info available in HMIS and reported to HUD on the annual Housing Inventory Chart (HIC) been accurate to meet the needs of the NOFA and COC?		10		
Is the HMIS system available 365 days a year 24/7 with the ability to produce updates minimally 2 times a day		10		
Can HMIS produce System Performance Measures as outlined by HUD?		6		
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.		5		
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.		5		
HMIS has the ability to unduplicate client records.		5		
The HMIS produces all HUDrequired reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.		5		
Total from Page Two:				
Total from Page One:				
Total	100	100	100	0

9. Unscored Categories (These items will not be scored this NOFO, but may be used in subsequent MCoC Scorecards)		
Equity Section:		
Leadership/Board Composition	Yes	No
Anti-Discriminiation/DEI Statement	Yes	No
MOU for Interpreter Services	Yes	No
EEO Clause in Hiring	Yes	No
Provides Equity Training for Staff	Yes	No
Process for receiving feedback from those with lived experience	Yes	No
Review policies and procedures with equity lens	Yes	No
Review outcomes with equity lens	Yes	No
Cost per Household:		
Project Type		
Cost per Household		
Landlord Engagement:		
Did the project have a robust plan for landlord engagement?	Yes	No

The MAINE CONTINUUM OF CARE

MCOC RENEWAL SCORECARD 2023

Agency/Project Name: _____CHOM_____ Scorer Number: _____

	Max 2023	HMIS ONLY	CE ONLY	POINTS
Project Effectiveness				
Housing First and/or Low Barrier to Entry (8 boxes, 2 pts per check box) *Data Source: Application 3b and 3c*	16			16
Perfromance Measures				
Data Source: Monitoring				
Length of Stay	7			
RRH- On average, participants stay in project "a minimum of 180" days				
PSH - On average, participants stay in project "a minimum of 180" days				
TH- On average, participants stay in project less than twenty four months				7
Exits to Permanent Housing	18			
RRH- Min of "80%" move to or remain PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
PSH- Min of "80%" move to or remain in PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
TH- **Min of "65%" move to PH** (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				18
Returns to Homelessness, Data Source: TBD	5			5
New, Increased or Maintained Income for Project Stayers	5			5
New, Increased or Maintained Income for Project Leavers	5			5
Serving High Needs Populations (Local approach)				
Data Source: Application Question + Narrative				
Chronic Homeless	2		2	2
Long Term Stayers	1		1	
Veterans	1		1	1
Families with children	1		1	
Unaccompanied Youth (under 25)	1		1	
Domestic Violence	1		1	
Substance use	1		1	1
Mental Illness	1		1	1
HIV AIDS	1		1	
LOCAL EVALUATION - MAINE COC				
Project Cost Effectiveness - Local				
Data Source: Monitoring				
Budget staffing and expenses are adequate to support the proposed project	5	5	5	5
Matched resources account for at least 25% of amount requested	5	5	5	5
Quarterly drawdowns ("yes," 1 pt; "no," 0 pts)	1	1	1	1
Money recaptured by HUD at end of contract year ("yes," 0 pts; "no," 1 pt)	1	1	1	1
COC Participation - Local				
Data Source: Monitoring				
Is the Applicant Agency currently an eligible voting member of MCOC?	7	7	7	7
Does the Applicant Agency participate in any MCOC committee?	3	3	3	3
			Total from Page One:	83

MCOC RENEWAL SCORECARD 2023				
	MCOC	**HMIS ONLY**	**CE ONLY**	
LOCAL EVALUATION - MAINE COC - Continued				
COC Review - Local				
Data Source: Application and Supplements.				
Does the applicant provide documented, secured minimum match letter(s)? [Attached]	1	1	1	1
Is the Project Financially feasible? [Self Certification, Attached.]	1	1	1	1
Project Type - Local				
Permanently Supportive Housing with no services (paid by COC) [10 pts]	10			
Permanently Supportive Housing with services (paid by COC) [9 pts]	9			
Transitional Housing for Special Populations (DV, Youth, SUD) [8 pts]	8			
Rapid Rehousing Project [7 pts]	7			
Transitional Housing, other (not Special Populations) [5 pts]	5			10
SSO Coordianted Entry			6	
Renewal HMIS		10		
For Special Projects				
Coordinated Entry ONLY Application Review				
The project's activities will assist in the implementation and/or capacity of the Coordinated Entry system.			10	
The project's activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.			10	
The project's activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.			10	
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.			6	
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.			6	
There is a standardized assessment process.			6	
Ensures program participants are directed to appropriate housing and services that fit their needs.			6	
The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).			6	
HMIS ONLY Application Review				
Percentage of new users that receive initial HMIS training based on percentage *[1 point for 10% points]		10		
Was the Longitudinal System Analysis (LSA) completed by the HMIS Lead and accepted by HUD as accurate and complete information from HMIS?		10		
Has the info available in HMIS and reported to HUD on the annual Housing Inventory Chart (HIC) been accurate to meet the needs of the NOFA and COC?		10		
Is the HMIS system available 365 days a year 24/7 with the ability to produce updates minimally 2 times a day		10		
Can HMIS produce System Performance Measures as outlined by HUD?		6		
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.		5		
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.		5		
HMIS has the ability to unduplicate client records.		5		
The HMIS produces all HUDrequired reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.		5		
			Total from Page Two:	12
			Total from Page One:	83
Total	100	100	100	95

9. Unscored Categories (These items will not be scored this NOFO, but may be used in subsequent MCoC Scorecards)		
Equity Section:		
Leadership/Board Composition	Yes	No
Anti-Discriminiation/DEI Statement	Yes	No
MOU for Interpreter Services	Yes	No
EEO Clause in Hiring	Yes	No
Provides Equity Training for Staff	Yes	No
Process for receiving feedback from those with lived experience	Yes	No
Review policies and procedures with equity lens	Yes	No
Review outcomes with equity lens	Yes	No
Cost per Household:		
Project Type		
Cost per Household		
Landlord Engagement:		
Did the project have a robust plan for landlord engagement?	Yes	No

Email sent 9-13-2023 as Notification to all Applicants, outside of esnaps, that ALL New and Renewal Project Applications were Approved and Accepted. NO Projects were Rejected or Reduced by the Selection Committee.

FW: MCOC Selection Update - Message (HTML)

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To...

Cc...

Subject: FW: MCOC Selection Update

From: Scott Tibbitts <stibbitts@mainehousing.org>
Sent: Wednesday, September 13, 2023 3:44 PM
To: Kyra Walker <kyra@chomhousing.org>; 'AGiarratano@shalomhouseinc.org' <AGiarratano@shalomhouseinc.org>; Ali Lovejoy <alovejoy@preblestreet.org>; Andrew Bove <above@preblestreet.org>; 'awa.conteh@bangormaine.gov'; 'blake.hatt@tnlh.org' <blake.hatt@tnlh.org>; Brandi Farrington <bfarrington@kbhmaine.org>; Charron, Lauren E <Lauren.E.Charron@maine.gov>; Chris Bicknell <chris@newbeginmaine.org>; 'Cullen Ryan' <cullen@chomhousing.org>; Damren, Melissa A <Melissa.A.Damren@maine.gov>; Danielle <Danielle@tedfordhousing.org>; David McCluskey <dmccluskey@comcareme.org>; Elena Schmidt <eschmidt@preblestreet.org>; Elise Johansen <ejohansen@safevoices.org>; Erin Kelly <ekelly@preblestreet.org>; Francine Garland Stark <francine@mcedv.org>; 'giff@tedfordhousing.org'; grantsdev@preblestreet.org; Heidi Rackliffe <hrackliffe@acap-me.org>; Hooks Wayman, Richard <rich.hookswayman@voanne.org>; hvirusso@preblestreet.org; Janeen L Feero <JFeero@penquis.org>; Jason Parent <jparent@acap-me.org>; Jennifer S <jennys@throughthesedoors.org>; JStevenson@comcareme.org; Kara Hay <khay@penquis.org>; Kathy Bennett <kbennett@preblestreet.org>; 'Kayla Murchison' <kayla.murchison@tnlh.org>; Kelly Watson <kwatson@mainehousing.org>; Kirk, Rebecca <rebecca.kirk@bangormaine.gov>; kjohnson@kbhmaine.org; Lauren Bustard <lbustard@mainehousing.org>; Lisa Roye <lroye@ohimaine.org>; lmcdonald@preblestreet.org; Merrill, Michael <michael.merrill@voanne.org>; Michael Shaughnessy <mshaughnessy@mainehousing.org>; Mike Parks <Michael.parks@maine.gov>; mkane@penquis.org; "Mr. Tom McAdam' <tmcadam@kbhmaine.org>; 'mswann@preblestreet.org'; mward@ohimaine.org; Noelle Coyne <ncoyne@safevoices.org>; "Patricia Hamilton' <patty.hamilton@bangormaine.gov>; Preble Street Grants <grants@preblestreet.org>; Rachel Spencer-Reed <rachel@newbeginmaine.org>; Rebecca Hobbs <rebeccah@throughthesedoors.org>; Rebekah Paredes <rparedes@newhopeforwomen.org>; Rich Romero <rromero@ohimaine.org>; Sarah Grant <sarah@mcedv.org>; Scott Tibbitts <stibbitts@mainehousing.org>; SH-Alison Small <AlisonSmall@shawhouse.us>; Sherry Locke <slocke@acap-me.org>; tallen@kbhmaine.org; terry.baldwin@voanne.org; Tina Chapman (tchapman@kbhmaine.org) <tchapman@kbhmaine.org>; TMathieu@penquis.org; 'Tricia Matthews' <tmatthews@preblestreet.org>; "Vickey Rand' <vickey@chomhousing.org>; 'virginia.dill@maine.gov' <virginia.dill@maine.gov>; 'Wade, Sara' <Sara.Wade@maine.gov>
Subject: MCOC Selection Update

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The recommendations of the Selection Committee will be sent to the MCOC and MCOC Board for review and approval. Final Ranking results will be announced upon approval by the MCOC and MCOC Board.

Thank you all for the hard work your put into your applications, and more importantly, for the work you do every day to help the most vulnerable among us.

-Scott

Scott Tibbitts
CoC Planning & Grants Coordinator
MaineHousing
26 Edison Drive
Augusta, ME 04330
stibbitts@mainehousing.org

MAINE HOMELESS PLANNING

ABOUT THIS SITE INITIATIVES RESOURCES CALENDAR CONTACT US

Date Posted

SEPTEMBER 19, 2023 | SCOTT TIBBITTS | HUD, MAINE COC, NOFO | EDIT

MCOC Selection Committee Results

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DRAFT-2023-MCOC-Project-Ranking-Tool   **DOWNLOAD**

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MCOC Project Ranking 2023

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2	100	1	State of Maine, DHHS	Portland 13	Renewal	TRA	$3,144,056	$7,003,038	$3,144,056			
3	100	1	State of Maine, DHHS	Maine 2	Renewal	TRA	$2,467,740	$9,470,778	$2,467,740			ALL Project Applications submitted: New, Renewal, YHDP Renewal, & Planning were approved & will all be included in the 2023 MCOC Project Priority Lisiting submitted to HUD.
4	100	1	State of Maine, DHHS	Penobscot 1	Renewal	TRA	$578,996	$10,049,774	$578,996			
5	100	1	City of Bangor	TRA Consolidated 8715	Renewal	TRA	$490,714	$10,540,488	$490,714			
6	100	1	State of Maine, DHHS	Maine 23	Renewal	TRA	$471,769	$11,012,257	$471,769			
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8	100	1	State of Maine, DHHS	Maine 10	Renewal	TRA	$342,667	$11,795,633	$342,667			
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20	98	1/2	Preble Street	Logan Place	Renewal	PH	$310,118	$15,185,248	$73,633	$236,485		This project falls on the T1/T2 line, using the last of the T1 funding, with T2 funding the rest.
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N/A	N/A		Maine State Housing Authority	MCOC Planning	Planning		$885,636	$20,509,125				

*1st time renewals with no APR's submitted yet -protocols place these in T1 above HMIS
**Protocols place HMIS at bottom of T1 but not split
*** New Projects seeking CoC Bonus Funding
****NEW Project specified DV Bonus Funding (but HUD may fund w/ non-DV Bonus $)
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	Total ask	T1 total ask	T2 total ask	Total awarded
	$20,509,125	$14,948,763	$3,035,953	

COC Bonus ask is $1,137,529 of $1,239,890 available ($102,361 under)

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From: Scott Tibbitts <stibbitts@mainehousing.org>
Sent: Wednesday, September 13, 2023 3:44 PM
To: Kyra Walker <kyra@chomhousing.org>; 'AGiarratano@shalomhouseinc.org' <AGiarratano@shalomhouseinc.org>; Ali Lovejoy <alovejoy@preblestreet.org>; Andrew Bove <above@preblestreet.org>; 'awa.conteh@bangormaine.gov'; 'blake.hatt@tnlh.org' <blake.hatt@tnlh.org>; Brandi Farrington <bfarrington@kbhmaine.org>; Charron, Lauren E <Lauren.E.Charron@maine.gov>; Chris Bicknell <chris@newbeginmaine.org>; 'Cullen Ryan' <cullen@chomhousing.org>; Damren, Melissa A <Melissa.A.Damren@maine.gov>; Danielle <Danielle@tedfordhousing.org>; David McCluskey <dmccluskey@comcareme.org>; Elena Schmidt <eschmidt@preblestreet.org>; Elise Johansen <ejohansen@safevoices.org>; Erin Kelly <ekelly@preblestreet.org>; Francine Garland Stark <francine@mcedv.org>; 'giff@tedfordhousing.org'; grantsdev@preblestreet.org; Heidi Rackliffe <hrackliffe@acap-me.org>; Hooks Wayman, Richard <rich.hookswayman@voanne.org>; hvirusso@preblestreet.org; Janeen L Feero <JFeero@penquis.org>; Jason Parent <jparent@acap-me.org>; Jennifer S <jennys@throughthesedoors.org>; JStevenson@comcareme.org; Kara Hay <khay@penquis.org>; Kathy Bennett <kbennett@preblestreet.org>; 'Kayla Murchison' <kayla.murchison@tnlh.org>; Kelly Watson <kwatson@mainehousing.org>; Kirk, Rebecca <rebecca.kirk@bangormaine.gov>; kjohnson@kbhmaine.org; Lauren Bustard <lbustard@mainehousing.org>; Lisa Roye <lroye@ohimaine.org>; lmcdonald@preblestreet.org; Merrill, Michael <michael.merrill@voanne.org>; Michael Shaughnessy <mshaughnessy@mainehousing.org>; Mike Parks <Michael.parks@maine.gov>; mkane@penquis.org; 'Mr. Tom McAdam' <tmcadam@kbhmaine.org>; 'mswann@preblestreet.org'; mward@ohimaine.org; Noelle Coyne <ncoyne@safevoices.org>; ''Patricia Hamilton' <patty.hamilton@bangormaine.gov>; Preble Street Grants <grants@preblestreet.org>; Rachel Spencer-Reed <rachel@newbeginmaine.org>; Rebecca Hobbs <rebeccah@throughthesedoors.org>; Rebekah Paredes <rparedes@newhopeforwomen.org>; Rich Romero <rromero@ohimaine.org>; Sarah Grant <sarah@mcedv.org>; Scott Tibbitts <stibbitts@mainehousing.org>; SH-Alison Small <AlisonSmall@shawhouse.us>; Sherry Locke <slocke@acap-me.org>; tallen@kbhmaine.org; terry.baldwin@voanne.org; Tina Chapman (tchapman@kbhmaine.org) <tchapman@kbhmaine.org>; TMathieu@penquis.org; 'Tricia Matthews' <tmatthews@preblestreet.org>; ''Vickey Rand' <vickey@chomhousing.org>; 'virginia.dill@maine.gov' <virginia.dill@maine.gov>; 'Wade, Sara' <Sara.Wade@maine.gov>
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MAINE HOMELESS PLANNING

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Date Posted

SEPTEMBER 19, 2023 | SCOTT TIBBITTS | HUD, MAINE COC, NOFO | EDIT

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	Total ask	T1 total ask	T2 total ask	Total awarded
	$20,509,125	$14,948,763	$3,035,953	

COC Bonus ask is $1,137,529 of $1,239,890 available ($102,361 under)

MCOC Project Ranking 2023

Total ARD	$17,712,712	
Tier 1	$14,948,763	
Tier 2		
CoC Bonus	$1,239,890	
DV Bonus	$774,340	
Reallocation	$0	(no projects were reallocated this year)
YHDP Renewals (not scored)	$1,638,773	(YHDP renewals are non-competitive this year)
Planning	$885,636	(Planning Grants are not scored or ranked, just reviewed)

RANK	Score	Tier	Applicant Name	Project Name	Project Type	Component Type	Amount Requested	Running total	TIER 1	TIER 2	Amount Awarded (TBD)	NOTES
1	100	1	State of Maine, DHHS	Maine 1	Renewal	TRA	$3,858,982	$3,858,982	$3,858,982			
2	100	1	State of Maine, DHHS	Portland 13	Renewal	TRA	$3,144,056	$7,003,038	$3,144,056			
3	100	1	State of Maine, DHHS	Maine 2	Renewal	TRA	$2,467,740	$9,470,778	$2,467,740			
4	100	1	State of Maine, DHHS	Penobscot 1	Renewal	TRA	$578,996	$10,049,774	$578,996			ALL Project Applications submitted: New, Renewal, YHDP Renewal, & Planning were approved & will all be included in the 2023 MCOC Project Priority Lisiting submitted to HUD.
5	100	1	City of Bangor	TRA Consolidated 8715	Renewal	TRA	$490,714	$10,540,488	$490,714			
6	100	1	State of Maine, DHHS	Maine 23	Renewal	TRA	$471,769	$11,012,257	$471,769			
7	100	1	City of Bangor	TRA Consolidated 8714	Renewal	TRA	$440,709	$11,452,966	$440,709			
8	100	1	State of Maine, DHHS	Maine 10	Renewal	TRA	$342,667	$11,795,633	$342,667			
9	100	1	State of Maine, DHHS	Portland 12	Renewal	TEA	$166,619	$11,962,252	$166,619			
10	100	1	City of Bangor	TRA 8716	Renewal	TRA	$147,679	$12,109,931	$147,679			
11	100	1	City of Bangor	TRA-8719	Renewal	TRA	$72,830	$12,182,761	$72,830			
12	99	1	State of Maine, DHHS	SB York County	Renewal	SRA	$196,027	$12,378,788	$196,027			
13	99	1	State of Maine, DHHS	SB Milbridge	Renewal	SRA	$48,559	$12,427,347	$48,559			
14	99	1	OHI	Chalila Apartments	Renewal	PH	$42,567	$12,469,914	$42,567			
15	98	1	Preble Street	Huston Commons	Renewal	PH	$477,648	$12,947,562	$477,648			
16	62	1	MCEDV	PH-RRH (Joint TH & PH-RRH)	1st Renewal		$1,143,812	$14,091,374	$1,143,812			
17	62	1	Preble Street	Survivor (Joint TH & PH-RRH)	1st Renewal		$283,648	$14,375,022	$283,648			
18	53	1	Safe Voices	Safe Voices (Joint TH & PH-RRH)	1st Renewal		$155,220	$14,530,242	$155,220			
19	99	1	Maine State Housing Authority	State of Maine HMIS**	Renewal	HMIS	$344,888	$14,875,130	$344,888			
20	98	1/2	Preble Street	Logan Place	Renewal	PH	$310,118	$15,185,248	$73,633	$236,485		This project falls on the T1/T2 line, using the last of the T1 funding, with T2 funding the rest.
21	97	2	Through These Doors	DV Bonus 2019*	Renewal	PH	$316,578	$15,501,826		$316,578		
22	97	2	New Beginnings	Transitional Living Program for Homeless Youth	Renewal	TH	$164,339	$15,666,165		$164,339		The total of these Projects approximately equal the % of ARD HUD deducts from Tier 1.
23	95	2	Community Housing of Maine, Inc	Permanent Housing for Homeless Veterans with Disabilities	Renewal	PH	$29,803	$15,695,968		$29,803		
24	94	2	Tedford Housing	Everett Street Supportive Housing	Renewal	PH	$16,283	$15,712,251		$16,283		
25	90	2	Kennebec Behavioral Health	Mid Maine Supported Housing	Renewal	PH	$49,535	$15,761,786		$49,535		
26	79	2	Preble Street	Survivor RRH*	Renewal	PH	$312,153	$16,073,939		$312,153		
27	97	New	Preble Street	Lewiston/Auburn RRH	NEW	PH	$421,066	$16,495,005		$421,066		These are New Projects - seeking DV or CoC Bonus Funds.
28	95	New	MCEDV	MCEDV PH-RRH FY23	NEW/Exp	PH	$576,575	$17,071,580		$576,575		
29	91	New	Through These Doors	TTD/NH DV Bonus Project Renewal Expansion	NEW/Exp	PH	$196,673	$17,268,253		$196,673		
30	90	New	ACAP	Supportive Housing	NEW	PH	$247,472	$17,515,725		$247,472		
31	86	New	The Northern Lighthouse	Transitional Living Program (3 year term, but $518, 492 per yr)	NEW		$468,991	$17,984,716		$468,991		
N/A	N/A		PENQUIS COMM ACTION PROGRAM INC	YHDP Greater Piscataquis Host Homes	YHDP 1st Ren		$100,000	$18,084,716				The Planning Grant, and at least for this year, the YHDP Grants, are not scored or ranked, just approved (or not).
N/A	N/A		PREBLE STREET	YHDP Mobile Diversion and Navigation	YHDP 1st Ren		$250,000	$18,334,716				
N/A	N/A		PREBLE STREET	YHDP Joint Transitional Housing to Rapid Re-Housng	YHDP 1st Ren		$333,412	$18,668,128				
N/A	N/A		Community Care	YHDP Community Care Joint TH RRH FY2019	YHDP 1st Ren		$545,561	$19,213,689				
N/A	N/A		Community Care	YHDP Community Care Mobile Diversion	YHDP 1st Ren		$250,000	$19,463,689				
N/A	N/A		VOA-NNE	YYA Rapid ReHousing Initiative	YHDP 1st Ren		$159,800	$19,623,489				
N/A	N/A		Maine State Housing Authority	MCOC Planning		Planning	$885,636	$20,509,125				

*1st time renewals with no APR's submitted yet -protocols place these in T1 above HMIS
**Protocols place HMIS at bottom of T1 but not split
*** New Projects seeking CoC Bonus Funding
****NEW Project specified DV Bonus Funding (but HUD may fund w/ non-DV Bonus $)
***** This year, First time YHDP Project renewals/replacements are not scored or ranked
******Planning Grant is Reviewed and approved by the Selection Committee but not scored or ranked.

	Total ask	T1 total ask	T2 total ask	Total awarded
	$20,509,125	$14,948,763	$3,035,953	

COC Bonus ask is $1,137,529 of $1,239,890 available ($102,361 under)

MaineHomelessPlanning.org is the official website of the Maine Continuum of Care. All information posted here is available to and viewable by the general public. All MCOC member agencies and project applicant agencies subscribe to the site – this is free and we currently have over 3500 subscribers. Subscribers are sent an automatic email notification whenever a new post is added to the site – this ensures that all members, applicants, and other interested members of the pubic are fully informed and kept up to date on MCOC activities – including the posting of our Application and Project Priority Listing.

Maine Homeless Planning – Welcon ×   +

🔒 https://www.mainehomelessplanning.org

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MAINE HOMELESS PLANNING

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HOMELESS PROVIDER RESOURCES FOR COVID-19

STATEWIDE HOMELESS COUNCIL

MAINE CONTINUUM OF CARE

SHELTER REDESIGN INITIATIVE RESOURCES

Date of Posting: September 26, 2023. Clicking on this headline opens the post as seen on the next page, which includes the PDF versions of both the Application and the Project Priority Listing.

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SEPTEMBER 26, 2023   SCOTT TIBBITTS | HUD, MAINE COC, NOFO

2023 Maine Continuum of Care NOFO Application and Project Priority Listing Submissions to HUD!

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SEPTEMBER 26, 2023 | SCOTT TIBBITTS | HUD, MAINE COC, NOFO

2023 Maine Continuum of Care NOFO Application and Project Priority Listing Submissions to HUD!

The Maine Continuum of Care Consolidated Application for HUD Homeless Assistance Program Funding and the accompanying Project Priority Listing for 2023 are now complete!

Thank you to EVERYONE who worked so hard – whether on the CoC level application, one or more project level applications, participating on committees or in discussions at various meetings – to help us collect and assemble all the information that goes into this final product. It is a tremendous amount of work, but it is just the beginning – the projects created and funded through this process will help to provide housing and related services to some of the most vulnerable members of our communities every single day, and that makes it worth all the effort. Thank you again!

[The Application and the Listing are submitted to HUD electronically through a system called "esnaps". The PDF versions here are generated by that system. For those not familiar with esnaps, narrative answers have specific character count limits, so lots of abbreviations and acronyms are used to save space and pack as much information into each box as possible. If you have any questions about any of the information here, feel free to send us an email at cochelpdesk@mainehousing.org.]
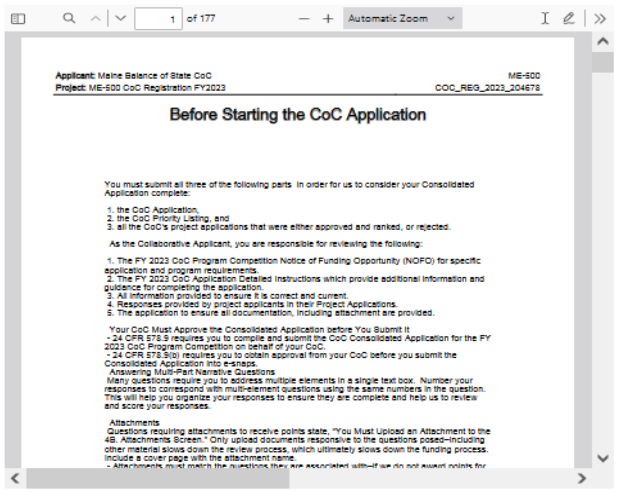
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United States Interagency Council on Homelessness

Q ∧ ∨   1 of 177   — +   Automatic Zoom

Applicant: Maine Balance of State CoC   ME-500
Project: ME-500 CoC Registration FY2023   COC_REG_2023_204678

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,

Q ∧ ∨   1 of 177   — +   Automatic Zoom

Applicant: Maine Balance of State CoC   ME-500
Project: ME-500 CoC Registration FY2023   COC_REG_2023_204678

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions
Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments
Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
- Attachments must match the questions they are associated with–if we do not award points for

Maine Housing Search

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Site Basics

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2023-MCOC-NOFO-Application   **DOWNLOAD**

Q ∧ ∨   1 of 38   — +   Automatic Zoom

Applicant: Maine Balance of State CoC   ME-500
Project: ME-500 CoC Registration FY2023   COC_REG_2023_204678

Before Starting the Project Listings for the CoC Priority Listing

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

The CoC Priority Listing includes:

This email was automatically sent to all Subscribers to the MaineHomelessPlanning.org site – the Official website of the Maine Continuum of Care. The site has over 3500 subscribers including all MCOC Member Agencies, all New and Renewal Project Applicant Agencies, and members of the general public with an interest in ending and preventing homelessness in the state of Maine.

Email screenshot — Outlook message:

Tue 9/26/2023 1:48 PM

Maine Homeless Planning <donotreply@wordpress.com>

[New post] 2023 Maine Continuum of Care NOFO Application and Project Priority Listing Submissions to HUD!

To   Scott Tibbitts

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EXTERNAL EMAIL

Maine Homeless Planning

2023 Maine Continuum of Care NOFO Application and Project Priority Listing Submissions to HUD!

Scott Tibbitts

Sep 26

The Maine Continuum of Care Consolidated Application for HUD Homeless Assistance Program Funding and the accompanying Project Priority Listing for 2023 are now complete!

Thank you to EVERYONE who worked so hard – whether on the CoC level application, one or more project level applications, participating on committees or in discussions at various meetings – to help us collect and assemble all the information that goes into this final product. It is a tremendous amount of work, but it is just the beginning – the projects created and funded through this process will help to provide housing and related services to some of the most vulnerable members of our communities every single day, and that makes it worth all the effort. Thank you again!

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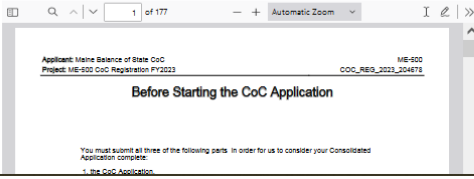
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2023 HDX Competition Report
PIT Count Data for ME-500 - Maine Statewide CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	**2097**	**2204**	**4411**	**4258**
Emergency Shelter Total	1,000	1,082	3,276	3153
Safe Haven Total	15	15	15	15
Transitional Housing Total	941	966	956	791
Total Sheltered Count	**1956**	**2063**	**4247**	**3959**
Total Unsheltered Count	**141**	**141**	**164**	**299**

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**248**	**342**	**679**	**370**
Sheltered Count of Chronically Homeless Persons	204	298	603	284
Unsheltered Count of Chronically Homeless Persons	44	44	76	86

2023 HDX Competition Report

PIT Count Data for ME-500 - Maine Statewide CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**260**	**248**	**597**	**996**
Sheltered Count of Homeless Households with Children	259	247	597	994
Unsheltered Count of Homeless Households with Children	1	1	0	2

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**69**	**103**	**101**	**243**	**123**
Sheltered Count of Homeless Veterans	63	93	91	237	100
Unsheltered Count of Homeless Veterans	6	10	10	6	23

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

HIC Data for ME-500 - Maine Statewide CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	3,361	913	3,191	28.61%	170	170	100.00%	1,083	32.22%
SH Beds	15	15	15	100.00%	0	0	NA	15	100.00%
TH Beds	862	763	768	99.35%	94	94	100.00%	857	99.42%
RRH Beds	521	508	516	98.45%	5	5	100.00%	513	98.46%
PSH Beds	2,262	2,241	2,262	99.07%	0	0	NA	2,241	99.07%
OPH Beds	559	442	538	82.16%	21	21	100.00%	463	82.83%
Total Beds	7,580	4,882	7,290	66.97%	290	290	100.00%	5,172	68.23%

2023 HDX Competition Report

HIC Data for ME-500 - Maine Statewide CoC

Notes
*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.
**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.
In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	261	262	223	218

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

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	67	55	85	74

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	309	276	486	521

2023 HDX Competition Report

HIC Data for ME-500 - Maine Statewide CoC

2023 HDX Competition Report
FY2022 - Performance Measurement Module (Sys PM)

Summary Report for ME-500 - Maine Statewide CoC

Measure 1: Length of Time Persons Remain Homeless

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

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	4103	5891	80	68	-12	49	20	-29
1.2 Persons in ES, SH, and TH	5231	6836	267	210	-57	88	35	-53

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.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	4925	6709	640	426	-214	240	113	-127
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	7564	7603	652	433	-219	282	160	-122

2023 HDX Competition Report

FY2022 - 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		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	147	15	10%	12	8%	7	5%	34	23%
Exit was from ES	1208	153	13%	27	2%	57	5%	237	20%
Exit was from TH	244	11	5%	10	4%	10	4%	31	13%
Exit was from SH	2	0	0%	1	50%	0	0%	1	50%
Exit was from PH	776	21	3%	24	3%	30	4%	75	10%
TOTAL Returns to Homelessness	2377	200	8%	74	3%	104	4%	378	16%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

FY2022 - Performance Measurement Module (Sys PM)

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

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		4411	
Emergency Shelter Total	1082	3276	2194
Safe Haven Total	15	15	0
Transitional Housing Total	966	956	-10
Total Sheltered Count	2063	4247	2184
Unsheltered Count		164	

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	5067	6916	1849
Emergency Shelter Total	3917	5942	2025
Safe Haven Total	22	30	8
Transitional Housing Total	1278	1066	-212

FY2022 - Performance Measurement Module (Sys PM)

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	1019	1090	71
Number of adults with increased earned income	76	80	4
Percentage of adults who increased earned income	7%	7%	0%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	1019	1090	71
Number of adults with increased non-employment cash income	491	535	44
Percentage of adults who increased non-employment cash income	48%	49%	1%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	1019	1090	71
Number of adults with increased total income	534	595	61
Percentage of adults who increased total income	52%	55%	3%

FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	237	353	116
Number of adults who exited with increased earned income	24	42	18
Percentage of adults who increased earned income	10%	12%	2%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	237	353	116
Number of adults who exited with increased non-employment cash income	99	105	6
Percentage of adults who increased non-employment cash income	42%	30%	-12%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	237	353	116
Number of adults who exited with increased total income	117	143	26
Percentage of adults who increased total income	49%	41%	-8%

2023 HDX Competition Report
FY2022 - 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

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	3964	5709	1745
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.	1241	1106	-135
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)	2723	4603	1880

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

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	4550	6462	1912
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.	1505	1298	-207
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.)	3045	5164	2119

FY2022 - Performance Measurement Module (Sys PM)

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

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

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

	Submitted FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	473	509	36
Of persons above, those who exited to temporary & some institutional destinations	185	192	7
Of the persons above, those who exited to permanent housing destinations	135	122	-13
% Successful exits	68%	62%	-6%

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

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FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	3141	5398	2257
Of the persons above, those who exited to permanent housing destinations	1112	1302	190
% Successful exits	35%	24%	-11%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	2550	2572	22
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	2475	2461	-14
% Successful exits/retention	97%	96%	-1%

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FY2022 - SysPM Data Quality

ME-500 - Maine Statewide CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	1096	1425	3467	954	947	892	2434	2557	2769	309	272	480			
2. Number of HMIS Beds	940	1279	902	946	940	892	2413	2540	2750	309	272	480			
3. HMIS Participation Rate from HIC (%)	85.77	89.75	26.02	99.16	99.26	100.00	99.14	99.34	99.31	100.00	100.00	100.00			
4. Unduplicated Persons Served (HMIS)	4172	3884	4093	1260	1303	1086	2686	2529	2454	917	3284	3559	881	729	873
5. Total Leavers (HMIS)	2945	3142	2891	360	430	343	405	284	314	384	1480	1862	429	492	600
6. Destination of Don't Know, Refused, or Missing (HMIS)	103	121	116	25	15	5	33	8	7	60	115	122	77	32	64
7. Destination Error Rate (%)	3.50	3.85	4.01	6.94	3.49	1.46	8.15	2.82	2.23	15.63	7.77	6.55	17.95	6.50	10.67

2023 HDX Competition Report
FY2022 - SysPM Data Quality

2023 HDX Competition Report
Submission and Count Dates for ME-500 - Maine Statewide CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/24/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/28/2023	Yes
2023 HIC Count Submittal Date	4/28/2023	Yes
2022 System PM Submittal Date	2/28/2023	Yes