

## **Before Starting the Exhibit 1 Continuum of Care (CoC) Application**

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:

- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps.
- As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions [click here](#).

## 1A. Continuum of Care (CoC) Identification

### Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at [www.hudhre.info](http://www.hudhre.info).

**CoC Name and Number (From CoC Registration): (dropdown values will be changed)** ME-500 - Maine Balance of State CoC  
**Collaborative Applicant Name:** Maine State Housing Authority  
**CoC Designation:** CA

## 1B. Continuum of Care (CoC) Operations

### Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

**Name of CoC Structure:** Maine Continuum of Care

**How often does the CoC conduct open meetings?** Monthly

**Are the CoC meetings open to the public?** Yes

**Is there an open invitation process for new members?** Yes

**If 'Yes', what is the invitation process?  
(limit 750 characters)**

Notice of monthly Maine Continuum of Care (MCOC) meetings, including agendas indicating the time, date and location of the meeting, the minutes of previous meetings, and any other relevant materials, are distributed electronically a week prior to each meeting to an email list of over 200 agencies, service providers, advocates and individuals from across the state. This information is then forwarded on to other lists or individuals who may wish to attend. Regular meetings of MCOC are open to the public, and are held in various locations to encourage participation from different areas. We also provide remote connectivity through on-line, Call-in, and ITV options for people who cannot attend in person but still wish to participate.

**Are homeless or formerly homeless  
representatives  
members part of the CoC structure?**

Yes

**If formerly homeless, what is the connection  
to the  
community?**

Community Advocate

**Does the CoC provide**

| CoC Checks                  | Response |
|-----------------------------|----------|
| Written agendas of meeting? | Yes      |
| Centralized assessment?     | No       |
| ESG monitoring?             | No       |

**If 'No' to any of the above what processes does the CoC plan to  
implement in the next year?  
(limit 1000 characters)**

MCOC is requesting that MaineHousing allocate a portion of Planning Project funds to develop & establish a statewide Coordinated Assessment process that will meet all HUD criteria & accomplish our own goal of increasing access to information and resources for those seeking assistance regardless of what agency or program they first connect to. The development of this system will be coordinated with the Portland (Maine) Continuum, ensuring statewide coverage across both CoC areas.

MaineHousing oversees ESG Funding & has conducted regular monitoring of ESG funded programs for many years. MCOC will coordinate with MaineHousing to ensure that this process is updated and refined as needed to meet all HEARTH Act criteria including Performance Measures and increased CoC/ESG coordination. The MCOC Project Committee is currently developing a quarterly monitoring process for all CoC funded programs and has already begun exploring ways to incorporate ESG monitoring into that process for 2013.

**Based on the selection made above, specifically describe each of the  
processes chosen  
(limit 1000 characters)**

Notice of monthly Maine Continuum of Care (MCOC) meetings, including agendas indicating the time, date and location of the meeting, the minutes of previous meetings, and any other relevant materials, are distributed electronically a week prior to each meeting to an email list of over 200 agencies, service providers, advocates and individuals from across the state. MCOC Members and other interested parties are able to request that items be added to the agenda prior to or at the beginning of each meeting. The agenda guides the discussion for the meeting and includes a review of each sub-committee's work for the prior month.

**Does the CoC have the following written and approved documents:**

| Type of Governance   | Yes/No |
|--|--------|
| CoC policies and procedures  | Yes    |
| Code of conduct for the Board  | No     |
| Written process for board selection  | No     |
| Governance charter among collaborative applicant, HMIS lead, and participating agencies. | No     |

## 1C. Continuum of Care (CoC) Committees

### Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, LGBT homeless issues, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meets less than quarterly, please explain.

### Committees and Frequency:

| Name of Group      | Role of Group<br>(limit 750 characters)   | Meeting Frequency |
|--------------------|---|-------------------|
| Steering Committee | The MCOC Steering Committee is made up of the 3 Chairs of MCOC, at least 1 Chair from each standing committee, Chair of the Statewide Homeless Council, & at least 1 representative each from DHHS & MaineHousing. Steering keeps track of policy issues & conducts an annual review of Governance to ensure consistency with the State Plan to End & Prevent Homelessness & full compliance with HUD. Steering facilitates collection & integration of information & materials provided by other committees for inclusion in the CoC Application. Whenever possible, these are presented to the full group at regular meetings for discussion & approval. If time does not permit, the larger group may authorize Steering to complete the Application on behalf of MCOC.  | Monthly or more   |
| Project Committee  | The Project Committee oversees the process & methodology used to monitor Renewal Projects that receive funding through MCOC. It evaluates their program performance & offers appropriate referrals to training or technical assistance. The Project Committee also establishes the criteria used to score & rank New Projects seeking funding through MCOC. This Committee works closely with other committees to determine appropriate criteria for the Scoring Templates for New Projects based on priorities established by MCOC & HUD, and establishes a list of protocols & a set of instructions to be provided to the Selection Committee – a group with no financial stake in any of the applications, recruited specifically to review, Score & Rank applications. | Monthly or more   |
| Data Committee     | The MCOC Data Committee works with the MaineHousing HMIS Team to improve data collection & analysis techniques; to improve reporting on this data to better inform members & the general public regarding homelessness in Maine; works with other MCOC Committees to ensure they have the information they require to make informed decisions; organizes the annual Point-in-Time count & Housing Inventory Chart survey, coordinating these efforts with the Portland CoC to ensure statewide coverage & consistency. The information collected is used to help determine Unmet Need & identify Gaps in our Housing & Services that must be addressed. This Committee has developed an ongoing Data Quality Monitoring process to improve HMIS reporting & accountability. | Monthly or more   |

|                            |  |                 |
|----------------------------|--|-----------------|
| Resource Committee         | The MCOC Resource Committee collects, organizes & shares information to educate MCOC members & the general public on issues of homelessness & availability & access to mainstream & other resources; Works to recruit & orient new members to MCOC & its Committees & involve the broader public including businesses, landlords, law enforcement, educators, citizens, faith based groups & persons who are or were homeless in MCOC planning activities; Plans & implements training opportunities for members agencies; Assists in resource development strategies to access new funding sources & improve connections with other agencies & organization; Engages with the community & supports local initiatives to reduce & end homelessness throughout the MCOC area. | Monthly or more |
| Statewide Homeless Council | The Statewide Homeless Council (SHC) provides leadership in the development & enactment of Maine's Plan to End & Prevent Homelessness & its members represent agencies, populations (DV, Youth, Veterans) & regions from across the state, including members of MCOC & Portland CoC & homeless and formerly homeless. The Council acts as an advisory committee to the Governor, the Legislature, MaineHousing, & other State Agencies. The SHC addresses discharge planning, disaster planning & other issues on a statewide level. Overlapping membership with MCOC ensures ongoing communication & coordination of our mutual efforts. The Governor appoints the Chair of the SHC & the current Chair is a long time member of MCOC & a member of our Steering Committee. | Monthly or more |

**If any group meets less than quarterly, please explain  
(limit 750 characters)**

N/A

## 1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

| Membership Type |
|-----------------|
| Public Sector   |
| Individual      |
| Private Sector  |



## 1D. Continuum of Care (CoC) Member Organizations Detail

### Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

**Public Sectors:** Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

**Private Sectors:** Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

**Individuals:** Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

**Type of Membership:** Public Sector  
 Click Save after selection to view grids

### Number of Public Sector Organizations Represented in Planning Process

|              | Law Enforcement/Corrections | Local Government Agencies | Local Workforce Investment Act Boards | Public Housing Agencies | School Systems/Universities | State Government Agencies | Other |
|--------------|-----------------------------|---------------------------|---------------------------------------|-------------------------|-----------------------------|---------------------------|-------|
| Total Number | 1                           | 1                         | 0                                     | 1                       | 0                           | 2                         | 2     |

### Number of Public Sector Organizations Serving Each Subpopulation

|                        | Law Enforcement/Corrections | Local Government Agencies | Local Workforce Investment Act Boards | Public Housing Agencies | School Systems/Universities | State Government Agencies | Other |
|------------------------|-----------------------------|---------------------------|---------------------------------------|-------------------------|-----------------------------|---------------------------|-------|
| Subpopulations         |                             |                           |                                       |                         |                             |                           |       |
| Seriously mentally ill | 0                           | 0                         | 0                                     | 0                       | 0                           | 1                         | 0     |
| Substance abuse        | 0                           | 0                         | 0                                     | 0                       | 0                           | 1                         | 0     |
| Veterans               | 0                           | 0                         | 0                                     | 0                       | 0                           | 0                         | 1     |

|                                     |   |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|---|
| HIV/AIDS                            | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Domestic violence                   | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Children (under age 18)             | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unaccompanied youth (ages 18 to 24) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

### Number of Public Sector Organizations Participating in Each Role

|  | Law<br>Enforcem<br>ent/<br>Correctio<br>ns | Local<br>Governm<br>ent<br>Agencies | Local<br>Workforc<br>e<br>Investme<br>nt Act<br>Boards | Public<br>Housing<br>Agencies | School<br>Systems/<br>Universiti<br>es | State<br>Governm<br>ent<br>Agencies | Other |
|--|--|-------------------------------------|--|-------------------------------|--|-------------------------------------|-------|
| <b>Roles</b>   |  |                                     |  |                               |  |                                     |       |
| Committee/Sub-committee/Work Group   | 1  | 1                                   | 0  | 1                             | 0                                      | 2                                   | 2     |
| Authoring agency for consolidated plan                                     | 0  | 1                                   | 0  | 0                             | 0                                      | 1                                   | 0     |
| Attend consolidated plan planning meetings during past 12 months           | 0  | 1                                   | 0  | 0                             | 0                                      | 1                                   | 0     |
| Attend consolidated plan focus groups/ public forums during past 12 months | 0  | 1                                   | 0  | 1                             | 0                                      | 1                                   | 1     |
| Lead agency for 10-year plan   | 0  | 0                                   | 0  | 0                             | 0                                      | 0                                   | 1     |
| Attend 10-year planning meetings during past 12 months                     | 0  | 1                                   | 0  | 0                             | 0                                      | 2                                   | 1     |
| Primary decision making group  | 0  | 1                                   | 0  | 0                             | 0                                      | 2                                   | 1     |

## 1D. Continuum of Care (CoC) Member Organizations Detail

### Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

**Public Sectors:** Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

**Private Sectors:** Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

**Individuals:** Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

**Type of Membership:** Individual  
**Click Save after selection to view grids**

### Number of Individuals Represented in Planning Process

|              | Homeless | Formerly Homeless | Other |
|--------------|----------|-------------------|-------|
| Total Number | 0        | 1                 | 1     |

### Number of Individuals Serving Each Subpopulation

|                                     | Homeless | Formerly Homeless | Other |
|-------------------------------------|----------|-------------------|-------|
| Subpopulations                      |          |                   |       |
| Seriously mentally ill              | 0        | 0                 | 0     |
| Substance abuse                     | 0        | 0                 | 0     |
| Veterans                            | 0        | 0                 | 0     |
| HIV/AIDS                            | 0        | 0                 | 0     |
| Domestic violence                   | 0        | 0                 | 0     |
| Children (under age 18)             | 0        | 0                 | 0     |
| Unaccompanied youth (ages 18 to 24) | 0        | 0                 | 0     |

### Number of Individuals Participating in Each Role

|  | Homeless | Formerly Homeless | Other |
|--|----------|-------------------|-------|
| Roles  |          |                   |       |
| Committee/Sub-committee/Work Group   | 0        | 1                 | 1     |
| Authoring agency for consolidated plan                                     | 0        | 0                 | 0     |
| Attend consolidated plan planning meetings during past 12 months           | 0        | 0                 | 0     |
| Attend consolidated plan focus groups/ public forums during past 12 months | 0        | 0                 | 1     |
| Lead agency for 10-year plan   | 0        | 0                 | 0     |
| Attend 10-year planning meetings during past 12 months                     | 0        | 1                 | 0     |
| Primary decision making group  | 0        | 0                 | 0     |

## 1D. Continuum of Care (CoC) Member Organizations Detail

### Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

**Public Sectors:** Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

**Private Sectors:** Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

**Individuals:** Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

**Type of Membership:** Private Sector  
**Click Save after selection to view grids**

### Number of Private Sector Organizations Represented in Planning Process

|              | Businesses | Faith-Based Organizations | Funder Advocacy Group | Hospitals/ Med Representatives | Non-Profit Organizations | Other |
|--------------|------------|---------------------------|-----------------------|--------------------------------|--------------------------|-------|
| Total Number | 0          | 1                         | 0                     | 1                              | 33                       | 0     |

### Number of Private Sector Organizations Serving Each Subpopulation

|                        | Businesses | Faith-Based Organizations | Funder Advocacy Group | Hospitals/ Med Representatives | Non-Profit Organizations | Other |
|------------------------|------------|---------------------------|-----------------------|--------------------------------|--------------------------|-------|
| Subpopulations         |            |                           |                       |                                |                          |       |
| Seriously mentally ill | 0          | 0                         | 0                     | 1                              | 13                       | 0     |
| Substance abuse        | 0          | 0                         | 0                     | 1                              | 6                        | 0     |

|                                     |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|
| Veterans                            | 0 | 0 | 0 | 0 | 0 | 0 |
| HIV/AIDS                            | 0 | 0 | 0 | 0 | 1 | 0 |
| Domestic violence                   | 0 | 0 | 0 | 0 | 7 | 0 |
| Children (under age 18)             | 0 | 0 | 0 | 0 | 4 | 0 |
| Unaccompanied youth (ages 18 to 24) | 0 | 0 | 0 | 0 | 4 | 0 |

### Number of Private Sector Organizations Participating in Each Role

|  | Businesses | Faith-Based Organizations | Funder Advocacy Group | Hospitals/ Med Representatives | Non-Profit Organizations | Other |
|--|------------|---------------------------|-----------------------|--------------------------------|--------------------------|-------|
| <b>Roles</b>   |            |                           |                       |                                |                          |       |
| Committee/Sub-committee/Work Group   | 0          | 1                         | 0                     | 1                              | 30                       | 0     |
| Authoring agency for consolidated plan                                     | 0          | 0                         | 0                     | 0                              | 0                        | 0     |
| Attend consolidated plan planning meetings during past 12 months           | 0          | 0                         | 0                     | 0                              | 0                        | 0     |
| Attend Consolidated Plan focus groups/ public forums during past 12 months | 0          | 0                         | 0                     | 0                              | 0                        | 0     |
| Lead agency for 10-year plan   | 0          | 0                         | 0                     | 0                              | 0                        | 0     |
| Attend 10-year planning meetings during past 12 months                     | 0          | 0                         | 0                     | 0                              | 3                        | 0     |
| Primary decision making group  | 0          | 0                         | 0                     | 0                              | 3                        | 0     |

## 1E. Continuum of Care (CoC) Project Review and Selection Process

### Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

**Open Solicitation Methods  
(select all that apply):** c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, f. Announcements at Other Meetings, e. Announcements at CoC Meetings

**Rating and Performance Assessment Measure(s)  
(select all that apply):** l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, b. Review CoC Monitoring Findings, a. CoC Rating & Review Committee Exists, p. Review Match, r. Review HMIS participation status, f. Review Unexecuted Grants, e. Review HUD APR for Performance Results

**Describe how the CoC uses the processes selected above in rating and ranking project applications.  
(limit 750 characters)**

For Renewal Applicants the Project committee reviews Monitoring Questionnaires, APRs, HMIS participation & data quality reports to determine if each project meets minimum thresholds to be recommended for inclusion in the CoC application. This information is then summarized & used for Renewal Project Scoring & Ranking based on templates & protocols developed by the Project Committee. The process & results are approved by the full membership. The Scoring & Ranking of New Project applications is conducted by an unbiased Selection Committee recruited specifically for this purpose who review all New Project Applications & Presentations using Scoring Templates & protocols developed by the Project Committee & approved by the full membership.

**Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community?** No

**Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds?** No

**Voting/Decision-Making Method(s) (select all that apply):** d. One Vote per Organization, e. Consensus (general agreement)

**Is the CoC open to proposals from entities that have not previously received funds in the CoC process?** Yes

**If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)**

MCOC offers a "Bidder's Conference" to provide information regarding the application process and other HUD requirements for all interested parties to attend. Existing members are available to meet with potential new applicants and/or Continuum participants to provide technical assistance regarding funding, the development process, match requirements, Continuum of Care processes and participation. All new project applicants are provided with the results of their project scoring, compared to the average scores of all other applications, broken out by categories such as Capacity, Experience, Budget, and HMIS Data Quality (if applicable).

**Were there any written complaints received by the CoC regarding any matter in the last 12 months?** No

**If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)**

N/A

## 1F. Continuum of Care (CoC) Housing Inventory Count - Change in Beds Available

### Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

**Emergency Shelter:** Yes

**Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable  
(limit 750 characters)**

Comparing our 2011 to our 2012 HIC shows an overall increase of 5 Year Round Beds in Emergency Shelter. While there were 36 fewer Beds in Households (Hh) with Children in 2012, 16 of them still exist but are now listed in the Hh with Only Children category. Many of our programs serve both individuals & families have the ability to utilize beds based on the needs of the clients present at the time so some were part of the 25 Bed increase in the Hh without Children category. Other significant changes include: Bread of Life Ministries added 12 new EHVA Beds for Homeless Veterans; PCHC added 10 ES beds for Hh without Children; & in 2012, none of our DV Safe Home programs or Municipal Emergency Vouchers were in use on the night of the PIT.

**HPRP Beds:** Yes

**Briefly describe the reason(s) for the change in HPRP beds or units, if applicable  
(limit 750 characters)**

The HPRP program in the MCOC coverage area officially stopped accepting new clients for Housing Assistance in July 2011, but there were still two Households with Children, for a total of 5 people (5 Beds), still receiving assistance through the end of January 2012 when the PIT occurred. All other HPRP housing assistance had ended before the date of the PIT resulting in the removal of 282 HPRP beds from the MCOC inventory.

**Safe Haven:** Not Applicable

**Briefly describe the reason(s) for the change in Safe Haven beds, if applicable  
(limit 750 characters)**



There are no Safe Haven beds in MCOC.

**Transitional Housing:** Yes

**Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters)**

There was a decrease of 82 Transitional Housing Beds in MCOC between 2011 & 2012. We believe many people who might have used TH vouchers were assisted by HPRP, thus reducing demand. There were 90 fewer TH Beds for Hh with Children, & 8 more Beds in Hh without Children. The most significant change was due to the phasing out of the RAC+ program, which showed 134 fewer Beds for Hh with Children. Some beds in this category were 'replaced' by the new STEP program, which created 24 Beds for Hh with Children, & an increase of 31 Beds for Hh with Children in the BRAP program. RAC+, STEP & BRAP are voucher based TH, & therefore considered 'Transition in Place', as tenants have the option to remain in the unit after their time in the program is up.

**Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing?** Yes

**If yes, how many transitional housing units in the CoC are considered "transition in place":** 582

**Permanent Housing:** Yes

**Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters)**

There was an overall increase of 105 Year Round PSH Beds in MCOC between 2011 and 2012. Of these 25 were in Households (Hh) with Children and 80 were in Hh without Children. The CHAMP Woods Place project, once again dedicated to serving homeless clients, is now back on the HIC with 18 Beds for Hh with Children. OHI Rachel's House changed from ES to PSH with 8 Beds for Hh with Children. Milestone opened an Extended Care facility with 10 Beds for Hh without Children, and 3 projects Under Development include a total of 13 Beds for Hh without Children. There were many small changes at a number of programs but the biggest change was in the overall Shelter Plus Care numbers, which showed an increase of more than 50 Beds in Hh without Children.

**CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding:** Yes

## 1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

### Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters) N/A

Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply): HMIS plus housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply): Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation

Must specify other:

N/A

Indicate the type of data or method(s) used to determine unmet need (select all that apply): HUD unmet need formula

Specify "other" data types:

N/A

If more than one method was selected, describe how these methods were used together (limit 750 characters)

## **2A. Homeless Management Information System (HMIS) Implementation**

### **Intructions:**

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

**Select the HMIS implementation coverage area:** Statewide

**Select the CoC(s) covered by the HMIS (select all that apply):** ME-500 - Maine Balance of State CoC, ME-502 - Portland CoC

**Is there a governance agreement in place with the CoC?** No

**If yes, does the governance agreement include the most current HMIS requirements?**

**If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)**

With the assistance of HUD TA, MCOC is currently working with the HMIS Lead Agency to develop a formal HMIS governance agreement. The final agreement will include formal privacy, security, and data quality plans. A Draft of the governance is expected to be ready for review by February 2013.

**Does the HMIS Lead Agency have the following plans in place?** Data Quality Plan

**Has the CoC selected an HMIS software product?** Yes

**If 'No', select reason:**

**If 'Yes', list the name of the product:** ServicePoint

**What is the name of the HMIS software company?** Bowman Systems LLC

**Does the CoC plan to change HMIS software within the next 18 months?** No

**Indicate the date on which HMIS data entry started (or will start):** 03/02/2004  
**(format mm/dd/yyyy)**

**Indicate the challenges and barriers impacting the HMIS implementation (select all the apply):** Lack of MOU between CoC and HMIS administering agency, No CoC formal data quality plan

**If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters)**

N/A

**If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters)**

With the assistance of HUD TA, MCOC is currently working with the HMIS Lead Agency to develop a formal HMIS governance agreement. The final agreement will include formal privacy, security, and data quality plans. Maine CoC has worked collaboratively with the Portland CoC, and regularly scheduled meetings have been happening since August 2012 including 10 representatives from the combined CoCs and the HMIS Lead Agency. The formal Data Quality Plan has been drafted and will go to the full MCOC for approval in the Spring of 2013.

**Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured?** Yes

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

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

|                            |          |      |
|----------------------------|----------|------|
| Operating Start Month/Year | January  | 2012 |
| Operating End Month/Year   | December | 2012 |

### Funding Type: Federal - HUD

| Funding Source               | Funding Amount |
|------------------------------|----------------|
| SHP                          | \$348,965      |
| ESG                          | \$0            |
| CDGB                         | \$0            |
| HOPWA                        | \$0            |
| HPRP                         | \$0            |
| Federal - HUD - Total Amount | \$348,965      |

### Funding Type: Other Federal

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

### Funding Type: State and Local

| Funding Source                 | Funding Amount |
|--------------------------------|----------------|
| City                           | \$10,000       |
| County                         | \$0            |
| State                          | \$83,354       |
| State and Local - Total Amount | \$93,354       |

**Funding Type: Private**

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

**Funding Type: Other**

| Funding Source     | Funding Amount |
|--------------------|----------------|
| Participation Fees | \$0            |

|                                 |           |
|---------------------------------|-----------|
| Total Budget for Operating Year | \$442,319 |
|---------------------------------|-----------|

**Is the funding listed above adequate to fully fund HMIS?** No

**If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)**

Due to a request from the Maine CoC for a reduction of \$87,864 (20%) in the 2012 NOFA application grant amount for HMIS, the statewide HMIS implementation no longer has full funding, which may lead to the need to begin charging licensing and participation fees from all participants. Per the Maine CoC Steering Committee, which was authorized by vote to act on behalf of the entire CoC for the 2012 NOFA, "MaineHousing will work with the HMIS Advisory Group and the CoC to come up with a formula for determining user fees."

**How was the HMIS Lead Agency selected by the CoC?** Agency was Appointed

**If Other, explain (limit 750 characters)**

N/A

## 2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

### Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

**Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:**

|                                  |                                    |
|----------------------------------|------------------------------------|
| * Emergency Shelter (ES) beds    | 76-85%                             |
| * HPRP beds                      | 86%+                               |
| * Safe Haven (SH) beds           | Housing type does not exist in CoC |
| * Transitional Housing (TH) beds | 86%+                               |
| * Rapid Re-Housing (RRH) beds    | Housing type does not exist in CoC |
| * Permanent Housing (PH) beds    | 86%+                               |

**How often does the CoC review or assess its HMIS bed coverage?** At least Annually

**If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:**

N/A

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

### Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

| Types of Services   | Volume coverage percentage |
|---------------------|----------------------------|
| Outreach            | 100%                       |
| Rapid Re-Housing    | 0%                         |
| Supportive Services | 100%                       |

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

| Type of Housing      | Average Length of Time in Housing (Months) |
|----------------------|--|
| Emergency Shelter    | 1  |
| Transitional Housing | 7  |
| Safe Haven           | 0  |

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

| Universal Data Element | Records with no values (%) | Records where value is refused or unknown (%) |
|------------------------|----------------------------|---|
| Name                   | 0%                         | 0%  |
| Social security number | 1%                         | 4%  |
| Date of birth          | 1%                         | 0%  |
| Ethnicity              | 0%                         | 3%  |



| Universal Data Element             | Records with no values (%) | Records where value is refused or unknown (%) |
|------------------------------------|----------------------------|---|
| Race                               | 0%                         | 3%  |
| Gender                             | 0%                         | 0%  |
| Veteran status                     | 0%                         | 2%  |
| Disabling condition                | 4%                         | 1%  |
| Residence prior to program entry   | 4%                         | 6%  |
| Zip Code of last permanent address | 4%                         | 9%  |
| Housing status                     | 4%                         | 5%  |
| Destination                        | 0%                         | 9%  |
| Head of household                  | 0%                         | 0%  |

**How frequently does the CoC review the quality of project level data, including ESG?** At least Monthly

**Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)**

Self-service data quality reports, training videos on demand and sample data collection forms are available to all HMIS participating agencies via [www.mainehmis.org](http://www.mainehmis.org). For data quality oversight purposes, the HMIS Lead Agency sends the MCOC Data Committee a monthly report that details both project level and aggregate client level data quality. The HMIS Lead staff are available to answer any questions the MCOC Data Committee may have during and pursuant to their review of the monthly reports.

**How frequently does the CoC review the quality of client level data?** At least Monthly

**If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)**

N/A

**Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS?** Yes

**Indicate which reports the CoC submitted usable data (Select all that apply):** 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

**Indicate which reports the CoC plans to submit usable data (Select all that apply):** 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

## 2E. Homeless Management Information System (HMIS) Data Usage

### Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

**Indicate the frequency in which the CoC uses HMIS data for each of the following:**

|  |                    |
|--|--------------------|
| <b>Integrating or warehousing data to generate unduplicated counts:</b>          | At least Monthly   |
| <b>Point-in-time count of sheltered persons:</b>                                 | At least Quarterly |
| <b>Point-in-time count of unsheltered persons:</b>                               | At least Annually  |
| <b>Measuring the performance of participating housing and service providers:</b> | At least Monthly   |
| <b>Using data for program management:</b>  | At least Monthly   |
| <b>Integration of HMIS data with data from mainstream resources:</b>             | At least Quarterly |

**Indicate if your HMIS software is able to generate program-level reporting:**

| Program Type             | Response |
|--------------------------|----------|
| HMIS                     | Yes      |
| Transitional Housing     | Yes      |
| Permanent Housing        | Yes      |
| Supportive Services only | Yes      |
| Outreach                 | Yes      |
| Rapid Re-Housing         | Yes      |
| Emergency Shelters       | Yes      |
| Prevention               | Yes      |

## 2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

### Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

**For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:**

|   |                  |
|---|------------------|
| * Unique user name and password                     | At least Monthly |
| * Secure location for equipment                     | At least Monthly |
| * Locking screen savers                             | At least Monthly |
| * Virus protection with auto update                 | At least Monthly |
| * Individual or network firewalls                   | At least Monthly |
| * Restrictions on access to HMIS via public forums  | At least Monthly |
| * Compliance with HMIS policy and procedures manual | At least Monthly |
| * Validation of off-site storage of HMIS data       | At least Monthly |

**How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices?** At least Monthly

**How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?** At least Monthly

**Does the CoC have an HMIS Policy and Procedures Manual?** Yes

**If 'Yes', does the HMIS Policy and Procedures manual include governance for:**

|  |                                     |
|--|-------------------------------------|
| HMIS Lead Agency                       | <input checked="" type="checkbox"/> |
| Contributory HMIS Organizations (CHOs) | <input checked="" type="checkbox"/> |

**If 'Yes', indicate date of last review  
or update by CoC:** 12/18/2012

**If 'Yes', does the manual include a glossary of  
terms?** No

**If 'No', indicate when development of manual  
will be completed (mm/dd/yyyy):** 02/28/2013

## **2G. Homeless Management Information System (HMIS) Training**

### **Instructions:**

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

**Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:**

|   |                    |
|---|--------------------|
| * Privacy/Ethics training                           | At least Monthly   |
| * Data security training                            | At least Monthly   |
| * Data quality training                             | At least Monthly   |
| * Using data locally                                | At least Monthly   |
| * Using HMIS data for assessing program performance | At least Quarterly |
| * Basic computer skills training                    | Never              |
| * HMIS software training                            | At least Monthly   |
| * Policy and procedures                             | At least Monthly   |
| * Training  | At least Quarterly |
| * HMIS data collection requirements                 | At least Monthly   |

## **2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count**

### **Instructions:**

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

**How frequently does the CoC conduct the its sheltered point-in-time count:** annually (every year)

**Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):** 01/25/2012

**If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012?** Not Applicable

**Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012?** Yes

**If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)**

N/A

**Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:**

| Housing Type         | Observation | Provider Shelter | Client Interview | HMIS |
|----------------------|-------------|------------------|------------------|------|
| Emergency Shelters   | 0%          | 9%               | 26%              | 65%  |
| Transitional Housing | 0%          | 3%               | 36%              | 61%  |
| Safe Havens          | 0%          | 0%               | 0%               | 0%   |

**Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)**

According to the HDX, from 2011 to 2012 sheltered PIT counts increased by 307 HH with 396 people (158 HH w/183 people in ES and 149 HH w/206 people in TH.) These increases are 45% in ES and 22% in TH from 2011 to 2012. The reasons for the increases include the continued poor economy and State of Maine cuts to programs that support special needs and working poor populations.

**Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:**

| Need/Gap               | Identified Need/Gap (limit 750 characters)  |
|------------------------|---|
| * Housing              | Based purely on sheltered PIT data gathered for the January 2012 count, housing gaps were identified as follows: 26 beds are needed for TH-IND, 207 beds are needed for PSH-IND and 148 beds are needed for PSH-FAM.  |
| * Services             | Based purely on sheltered PIT data gathered for the January 2012 count, there is no way to calculate or derive needs/gaps in services. That said, for 2013 or 2014 it might be possible to begin collecting data on client needs that have been identified but not met, thereby allowing for a calculation of total unmet services needed.  |
| * Mainstream Resources | Based purely on sheltered PIT data gathered for the January 2012 count, there is no way to calculate or derive needs/gaps in mainstream resources. That said, for 2013 or 2014 it might be possible to begin collecting data on clients who may qualify for mainstream resources but are not yet receiving them (we already collect which clients receive them,) thereby allowing for a calculation of total unmet mainstream resources needed. |



## 2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

### Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

**Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):**

|                   |                                     |
|-------------------|-------------------------------------|
| Survey providers: | <input checked="" type="checkbox"/> |
| HMIS:             | <input checked="" type="checkbox"/> |
| Extrapolation:    | <input type="checkbox"/>            |
| Other:            | <input type="checkbox"/>            |

**If Other, specify:**

N/A

**Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)**

PIT homeless population data comes from one of two sources: 1) HMIS or 2) paper surveys for non-HMIS-participating agencies, including VAWA providers. The HMIS Lead Agency combines de-identified client data from both HMIS and non-HMIS sources in a data warehouse. The warehouse uses a unique identifier for each client, which is created using data elements common to both HMIS and the paper survey process, in order to calculate unduplicated counts across programs. MCOC reports the count of unduplicated clients for each population category as calculated directly from the data warehouse. The methods were selected through discussion and meetings between the HMIS Lead and the Data Committees of both CoCs in Maine. The number of homeless, and the providers that serve them, is at a scale that allows us to use these methods to get a highly accurate count per provider that also protects consumers' confidentiality.

## 2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

### Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

**Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):**

|  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | HMIS                     | <input checked="" type="checkbox"/> |
|  | HMIS plus extrapolation: | <input type="checkbox"/>            |
| Sample of PIT interviews plus extrapolation: |                          | <input type="checkbox"/>            |
|  | Sample strategy:         | <input type="checkbox"/>            |
|  | Provider expertise:      | <input type="checkbox"/>            |
|  | Interviews:              | <input checked="" type="checkbox"/> |
| Non-HMIS client level information:           |                          | <input checked="" type="checkbox"/> |
|  | None:                    | <input type="checkbox"/>            |
|  | Other:                   | <input type="checkbox"/>            |

**If Other, specify:**

N/A

**Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)**

Individual surveys collect detailed data on those clients willing to be interviewed. The surveys collect all of the HMIS UDEs as well as the HMIS Program-Specific disability questions that constitute the HUD specified subpopulations for the PIT. Shelters, Safe Havens and Transitional Housing programs with access to HMIS enter the Individual Survey data into the statewide HMIS. VAWA providers and other non-participating providers transmit their data to the HMIS Lead Agency via secure e-mail (Ironmail,) and all of the data (both HMIS and non-HMIS) is de-identified and loaded into a PIT reporting warehouse, which calculates unduplicated population and subpopulation counts across programs based on a derived unique key. The warehouse then breaks down the counts by sheltered/unsheltered status for each population and sub-population count. The methods were selected through discussion and meetings between the HMIS Lead and the Data Committees of both of Maine's CoCs. The number of homeless, and the providers that serve them, is at a scale that permits use of these methods to get a highly accurate count per provider that also protects consumers' confidentiality.

## 2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

### Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons  
(select all that apply):

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Instructions:                       | <input checked="" type="checkbox"/> |
| Training:                           | <input checked="" type="checkbox"/> |
| Remind/Follow-up                    | <input checked="" type="checkbox"/> |
| HMIS:                               | <input checked="" type="checkbox"/> |
| Non-HMIS de-duplication techniques: | <input checked="" type="checkbox"/> |
| None:                               | <input type="checkbox"/>            |
| Other:                              | <input type="checkbox"/>            |

If Other, specify:

N/A

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count  
(limit 1000 characters)

All PIT individual survey data, both HMIS and non-HMIS, is loaded into a PIT data warehouse at the HMIS Lead Agency. A unique key is derived from elements of a client's name, date of birth and gender. This is done both for HMIS and for non-VAWA-non-HMIS data, and the derived key is used to de-duplicate client counts across all non-VAWA programs, regardless of HMIS participation status. VAWA providers are encouraged to use a unique alphanumeric key that does not use any part of a client's name, date of birth or gender. Moreover a given VAWA provider's ids are unique to a specific VAWA agency, which is why VAWA level data cannot be de-duplicated even across different VAWA providers in our PIT data warehouse.

**Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)**

Written instructions explicitly describe which questions to ask and how to ask them. Training is made available in person and through online videos on [www.mainehmis.org](http://www.mainehmis.org) detailing how to fill out and submit paper forms for non-HMIS providers, as well as how to enter data collected via survey into HMIS for HMIS providers. Reminders/Follow-up are used both before and after the PIT date. Reminders prior to the PIT ensure all providers are aware of trainings and information needed to complete the survey. Reminders after the PIT are to ensure data is submitted in a timely manner, and also to notify providers of any questions the Collaborative Applicant agency might have about the data that is submitted after the data is reviewed. HMIS captures all client level data from participating providers, and data quality reports are available for agencies to double check the completeness and quality of their client-level data prior to confirming that the data is ready for review by the Collaborative Applicant agency. A certification form is required from each program submitting data, so that an authorized person can certify the completeness and quality of the program's data. De-identified HMIS data is transferred to a PIT reporting warehouse, where it is deduplicated as described in 2K above, which incorporates non-HMIS de-duplication techniques for VAWA providers.

## **2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count**

### **Instructions:**

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

**How frequently does the CoC conduct an unsheltered point-in-time count?** annually (every year)

**Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy):** 01/25/2012

**If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012?** Not Applicable

**Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012?** Yes

**If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)**

N/A

**Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)**

According to the HDX, from 2011 to 2012 unsheltered PIT there was a decrease of 1 family of 2 in HH with Adults and Children; an increase of 2 HH with 2 children in HH with Only Children; and an increase of 7 HH with 7 Adults in HH without Children. These increases represent an overall increase of 33% unsheltered people from 2011 to 2012. The primary reason the numbers increased was better coordination of street counting that was piloted in York County. A Maine Veterans group mobilized their resources, and assigned 2 people to cover each town. They found 55 people, many of which were doubled up or at risk, but several of which were unsheltered living on the streets. This method will be expanded geographically to 4 additional counties in the 2013 PIT.

## 2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

### Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

|  |                                     |
|--|-------------------------------------|
| Public places count:   | <input type="checkbox"/>            |
| Public places count with interviews on the night of the count: | <input checked="" type="checkbox"/> |
| Public places count with interviews at a later date:           | <input type="checkbox"/>            |
| Service-based count:   | <input type="checkbox"/>            |
| HMIS:  | <input type="checkbox"/>            |
| Other:   | <input type="checkbox"/>            |
| None:  | <input type="checkbox"/>            |

If Other, specify:

N/A

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

In order to ensure that the unsheltered count is more than simply a head count and includes richer demographic and sub-population data in the unsheltered count, MCOC organized an outreach effort to survey unsheltered individuals through a public places count with interviews on the night of the count. The form used for the unsheltered surveys is identical to the sheltered form and collects all of the PIT data elements. This allows for de-duplication of unsheltered counts from all geographic areas against the sheltered data, as well as calculation of the subpopulation data from the unsheltered surveys.



## **2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage**

### **Instructions:**

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

**Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:** A Combination of Locations

**If Other, specify:**

N/A

## 20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

### Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

**Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):**

|                            |                                     |
|----------------------------|-------------------------------------|
| Training:                  | <input checked="" type="checkbox"/> |
| HMIS:                      | <input type="checkbox"/>            |
| De-duplication techniques: | <input checked="" type="checkbox"/> |
| "Blitz" count:             | <input type="checkbox"/>            |
| Unique identifier:         | <input checked="" type="checkbox"/> |
| Survey question:           | <input checked="" type="checkbox"/> |
| Enumerator observation:    | <input type="checkbox"/>            |
| Other:                     | <input checked="" type="checkbox"/> |

**If Other, specify:**

Written instructions explicitly describe which questions to ask and how to ask them.

**Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)**

Training is made available in person and through online videos on [www.mainehmis.org](http://www.mainehmis.org) detailing how to fill out and submit paper forms for the unsheltered count. In order to ensure that the unsheltered count is more than simply a head count and includes richer demographic and sub-population data in the unsheltered count, MCOC organized an outreach effort to survey unsheltered individuals through a public places count with interviews on the night of the count. The form used for the unsheltered surveys is identical to the sheltered form and collects all of the PIT data elements. This allows for creation of a unique identifier for all unsheltered people counted, which in turn allows for de-duplication of unsheltered counts from all geographic areas against the sheltered data, as well as calculation of the subpopulation data from the unsheltered surveys.

**Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan  
(limit 1500 characters)**

MCOC did not find any unsheltered homeless households with dependent children in the 2012 PIT, which is a reduction from 2011 of 1 household with 2 people in the unsheltered category. We believe that this is more a reflection of the need for increased outreach efforts for this population than an actual decrease in the number of unsheltered households with dependent children. There are plans in place to increase our rural unsheltered outreach efforts in the 2013 PIT count.

**Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation  
(limit 1500 characters)**

MCOC is increasing outreach efforts, particularly in rural areas, with the help of volunteers organized by the Maine Military and Community Network (MMCN). The 2012 unsheltered count efforts described in 2L above will be expanded for the 2013 PIT count from York County to also include Androscoggin, Oxford, Franklin and Kennebec counties. There are only 16 counties in Maine, so this expansion effort will increase coverage from 6% to 31% of the state.

## **3A. Continuum of Care (CoC) Strategic Planning Objectives**

### **Objective 1: Create new permanent housing beds for chronically homeless persons.**

#### **Instructions:**

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

**How many permanent housing beds are currently in place for chronically homeless persons?** 93

**In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 99

**In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 123

**In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 173

**Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)**

DHHS Shelter Plus Care Grant ME-22 will be leasing up 6 CH Beds in the next twelve months. MCOC will encourage and support PHAs to apply for VASH vouchers as available, and pursue other resources that will support housing and services to CH.

To help direct where new CH beds should be developed, in the next 12 months the Maine CoC Steering Committee will examine HMIS data to analyze total CH numbers to identify where CH are concentrated within the CoC. This will help direct future planning for where CH beds should be located.

**Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless  
(limit 1000 characters)**

CHOM has applied to develop a 4 CH project in Bangor. The MCOC Steering Committee will continue to analyze HMIS data to determine how many CH beds are needed and where they should be developed. The MCOC will also continue to support PHAs to apply for VASH vouchers (projected at 40 beds over the next 10 years), and to direct HUD CoC permanent housing bonus for serving CH, projected at 40 beds over 10 years. MCOC's preference is to 'prioritize' rather than to limit beds exclusively for CH clients, in order to avoid creating barriers to serving general homeless clients in these beds if no CH clients can be identified. This strategy has proven effective in our rural continuum where documentation of CH status can be difficult due to the scarcity of shelters. It also makes the most effective use of scarce resources, as beds can be used even if eligible CH participants can't be found.

**Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015  
(limit 1000 characters)**

Using local, state and federal resources MCOC will create at least 18 new beds for CH by 2015, helping to achieve the national goal to end chronic homelessness. The MCOC Steering Committee will complete a review of HMIS data to determine where in the state CH bed needs are most acute, and begin working with providers and funders to create those beds. The MCOC will learn from a Portland CoC pilot to use Section 8 vouchers to create 40 new Housing First beds for CH, and advocate with PHAs to use vouchers for this if it seems to be a viable model. In January 2013 Maine DHHS will implement a statewide PATH/CDBG/ESG-funded initiative to improve outreach to homeless with MH issues. Several of the subcontractors include MCOC members. We believe this will improve providers' ability to help homeless individuals find and retain housing, reducing CH numbers.

## 3A. Continuum of Care (CoC) Strategic Planning Objectives

**Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.**

### Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

**What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?** 88%

**In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 80%

**In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 80%

**In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 80%

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)**

MCOC members will 1) advocate to prevent proposed MaineCare (Medicaid) cuts to serving young, single individuals. MaineCare pays for case management and other community support services that are vital to keeping people housed. Catholic Charities Maine (CCM) is launching a Maine DHHS/PATH-funded statewide outreach program for homeless, particularly CH. This includes providing intensive supports to stabilize participants in housing, including ensuring access to Mainstream Resources such as Social Security, housing assistance, and case management. Several MCOC members are subcontractors to this initiative. MCOC co-chairs will invite CCM to become an active MCOC member, and will work closely with CCM and subcontractors to ensure successful implementation. The MCOC Steering Committee will use HMIS data to identify which CoC-funded PH projects are performing well on this goal and which are struggling, and provide TA to struggling projects.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)**

MCOC members will continue to work with CCM and its subcontractors on the statewide outreach and stabilization program. MCOC Steering Committee will continue to use HMIS data to identify which CoC-funded PH projects are performing well on this goal and provide TA to struggling projects. We will research models for shared on-site managers or coordinators who can help reduce behaviors that lead to housing loss. We will review HMIS data to identify the characteristics of participants who are failing to stay for at least 6 months, and their reasons for losing housing. If there are commonalities we will research and implement models/funding that can improve success rates for these subpopulations. MCOC will use CoC planning grant funds to collaborate with Portland CoC to design and implement a year-round monitoring and evaluation process for CoC-funded projects, which will include a review of projects' performance on this measure. Projects that cannot meet these targets may be reallocated.

## 3A. Continuum of Care (CoC) Strategic Planning Objectives

**Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.**

### Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

**What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 73%

**In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 70%

**In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 70%

**In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 70%

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)**



MCOC exceeded the HUD benchmark for this measure. The MCOC Project Committee will review HMIS data to understand characteristics of clients who aren't making the transition, and to identify if there are particular CoC-funded programs or areas of the state where performance is lower. The Project Committee will survey participants to learn what would help them transition to PH. The MCOC Project and Steering committees will use the information collected to work with TH providers to design programs/services to improve performance.

Case managers working with CoC-funded transitional housing projects will help TH participants apply for PH and PSH.

MCOC members individually and as a CoC will advocate for the creation of new market rate and subsidized affordable housing to expand options for participants moving out of TH housing.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)**

Based on the analysis of why participants do not transition to PH, MCOC will continue to design and implement programs to improve performance.

Case managers working with MCOC-funded transitional housing projects will continue help TH participants apply for PH and PSH.

MCOC will collaborate with Portland CoC to use CoC Planning Grant funds to develop and implement a year-round monitoring and evaluation process for CoC-funded projects. This will help MCOC track project performance and either work with providers to make necessary changes or to reallocate funds to another provider or purpose.

MCOC will continue to advocate for the creation of new market rate and subsidized affordable housing to expand options for participants moving out of TH housing.

## **3A. Continuum of Care (CoC) Strategic Planning Objectives**

**Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.**

### **Instructions:**

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

**What is the current percentage of participants in all CoC-funded projects that are employed at program exit?** 10%

**In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?** 12%

**In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** 15%

**In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** 17%

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters)**

The MCOC Resource Committee will provide TA to MCOC-funded providers to increase referrals and connections to Vocational Rehabilitation (VR). The Resource Committee will also partner with Portland CoC Mainstream Resources Committee to obtain training to ensure providers are capturing employment data at any time during their participation as well as at exit, and entering the data into HMIS. A promising option is use of [www.worknumber.com](http://www.worknumber.com) to verify employment.

The MCOC Resource Committee will also identify CoC-funded projects such as New Beginnings and Shaw House, as well as other programs, that are exceeding this goal and determine what they are doing that could be replicated throughout the CoC.

Maine Dept. of Labor has recently begun participating in the Statewide Homeless Council and is open to discussions about how the Career Centers, VR, and other department initiatives can explore ways of working with shelters and other homeless service providers and their clients.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more  
(limit 1000 characters)**

MCOC will collaborate with Portland CoC to use CoC Planning Grant funds to develop and implement a year-round monitoring and evaluation process for CoC-funded projects. This will help MCOC track project performance on this employment goal and either work with providers to make necessary changes, advocate for new resources, or to reallocate funds to another provider or purpose. The Project Committee will monitor CoC-funded programs on a quarterly basis to track performance, and provide additional TA to those who are falling below the benchmark.

The MCOC Project Committee will continue to work with Career Centers and Vocational Rehabilitation to identify strategies for improving performance in this goal.

## **3A. Continuum of Care (CoC) Strategic Planning Objectives**

**Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.**

### **Instructions:**

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

|  |            |
|--|------------|
| <b>What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?</b> | <b>68%</b> |
| <b>in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?</b>     | <b>65%</b> |
| <b>in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?</b>       | <b>70%</b> |
| <b>in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?</b>      | <b>75%</b> |

**Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)**

The Maine DHHS/PATH/CDBG-funded homeless outreach project that is about to be implemented established the following performance measures: 80% of all PATH enrolled participants will apply for a housing resource; 80% of all PATH enrolled participants will apply for or already be enrolled in MaineCare and/or medical services provided by the Veterans Administration; 80% of all PATH enrolled participants will apply for or already be enrolled in a MaineCare and/or other behavioral health care related resource or a Veterans Administration service resource. 80% of all PATH enrolled participants who are not currently enrolled in SSI/SSDI/VA benefits will apply for SSI/SSDI utilizing the SOAR method and/or Veterans Administration benefits. Date of Application and Date of Acceptance will be measured. MCOC will work with Catholic Charities Maine and its subcontractors to support successful implementation of this initiative.

**Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)**

MCOC already exceeds 20% and will continue to utilize the successful strategies implemented such as Case Management at the program level, to ensure that clients continue to apply for and access these resources. MCOC will continue to work with Catholic Charities Maine and its subcontractors to support successful implementation of the PATH/CDBG-funded initiative.

## 3A. Continuum of Care (CoC) Strategic Planning Objectives

### Objective 6: Decrease the number of homeless individuals and families:

#### Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

**What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 136%

**In 12 months, what will be the total number of homeless households with children?** 140%

**In 5 years, what will be the total number of homeless households with children?** 135%

**In 10 years, what will be the total number of homeless households with children?** 130%

#### **Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)**

Due to reductions in state-funded General Assistance and TANF due to budget cuts, the loss of HUD HPRP, and the weak economy in rural areas, family homelessness may increase in the next 12 months. MCOC Steering will analyze HPRP data to determine effective elements, and determine how to use CoC or other resources to replicate them. MCOC will also advocate to retain and expand mainstream resources for families, such as Head Start and childcare. We will work closely with CCM and its subcontractors to implement the Maine DHHS/PATH initiative, which includes outreach to families with a head of household with serious mental illness. MCOC Resources Committee will identify resources for security deposits. MCOC members will advocate for GA bonds and other funds to create new market-rate and subsidized housing affordable to LI families.

**Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)**

MCOC members will advocate for additional Section 8 subsidies and with local housing authorities to target housing for families that are homeless. We will also continue to advocate for GO bonds and other funding to create new market-rate and subsidized housing that is affordable to low income families.

The MCOC will use CoC Planning funds to design and implement a coordinated assessment process to identify families at risk of homelessness and help them remain housed. Once the coordinated assessment process is in place families may be referred to other resources to prevent homelessness (i.e. GA) to provide short term housing assistance to help ensure their stability. MCOC Steering will review the potential for use of up to 10% of the COC award to serve families who are homeless using other federal definitions. MCOC Steering Committee will use HMIS to assess where the most critical needs are to help direct resources to those areas.

## **3A. Continuum of Care (CoC) Strategic Planning Objectives**

### **Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.**

#### **Instructions:**

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocation it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

**Indicate the current number of projects submitted on the current application for reallocation:**

0

**Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013):**

0

**Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition):**

0

**Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition):**

0

**If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)**

N/A.



**If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)**

N/A.

## 3B. Continuum of Care (CoC) Discharge Planning: Foster Care

### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?** State Mandated Policy

**If "Other," explain:**

**Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)**

In 2003 Maine DHHS adopted new policies emphasizing family reunification & kinship care, using residential care placements for medical necessity only, reducing the number of children in care by 50 percent. Youth in custody of Maine DHHS or on V9 Agreement who are homeless or at-risk are among those with priority for transition services. Transition planning for discharge should begin when youth in custody turn 15 years old. Maine DHHS policy prohibits discharge of youth leaving foster care to homeless shelters, but DHHS will work with licensed shelters when youth in custody flee placements (which happens more frequently). Formal discharge from foster care to the shelters is very rare. Maine Children's Alliance and Muskie Institute at USM do trainings on foster care and discharge policies; MCOC members participate in these trainings, as well as in committees or task forces working with Maine DHHS to improve foster care policy and care.

**If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)**

While a discharge policy exists, a statewide group of providers has been meeting to update the policy, to cover youth & young adults ages 24-26; the Moving Forward Policy Advisory Group (MFPAG). MFPAG completed a draft of a new policy in June 2012; this has been shared with the Maine DHHS Commissioner. Response was delayed due to turnover in the Director's position of the DHHS Office of Child and Family Services. The position was filled in Dec 2012. New Beginnings (MCOC member and youth shelter provider) is participating in the provider group and will serve as a liaison with MCOC.

**Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)**

STATE/LOCAL GOVERNMENTS: Maine DHHS- Office of Child and Family Services; MaineHousing; Cities of Bangor, Lewiston, Auburn.  
NON-PROFIT AGENCIES: Kennebec Behavioral Health, New Beginnings, and Shaw House (operate youth shelters & outreach programs for homeless and runaway youth). Members of the Maine DHHS Treatment Foster Care Provider Network include: Opportunity Alliance, SMART, Kidspeace, Catholic Charities, Community Health and Counseling, Community Care, Families and Children Together, Aroostook Mental Health Center, and Spurwink.  
University of Southern Maine- Muskie Institute.  
PRIVATE ORGANIZATIONS: Maine Children's Alliance, Homeless Youth Provider Network (Preble Street Teen Center, Shaw House, New Beginnings, Rumford Good Homes, MAPS) works with Maine DHHS to monitor, amend, or update foster care discharge policies and care for youth in custody who end up in shelters.  
COC COMMITTEE: MCoC Policy Committee

**Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)**

Youth being discharged from foster care are helped to transition to market rate apartments if they have employment or a Section 8 voucher, to boarding homes, and to state- or locally-funded housing options (i.e., residential recovery or transitional housing, group homes, and/or halfway houses). Those requiring ongoing case management or community support due to mental health or developmental disabilities are transitioned to Adult Services. Youth from age 18 up to age 21 can request a V-9 (extended care) agreement with Maine DHHS to receive extended placement and other supports.

## 3B. Continuum of Care (CoC) Discharge Planning: Health Care

### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" Other  
mandated  
policy or "CoC" adopted policy?

### If "Other," explain:

Hospital Discharge Planning Guidelines have been developed by the Statewide Homeless Council in concert with hospitals and the both the Portland and Maine CoCs. Maine DHHS also approved the guidelines.

### Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The Statewide Homeless Council (membership includes MCOC and Portland COC) worked with hospitals on guidelines governing discharge of homeless people with health issues from hospitals. Guidelines have been approved by the Statewide Homeless Council and Maine DHHS. Maine DHHS funds intensive case managers who assist with discharge planning & transition to the community. The Guidelines instruct hospitals to begin the discharge planning process on admission. Patients are to be discharged with appropriate clothing & with a plan for accessing required medications/supplies. Each Maine hospital or community discharge location must designate a management team member to oversee ongoing compliance with the Guidelines. MCOC members also work with their local hospitals to monitor discharges to shelters.

### If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

N/A

**Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)**

STATE AND LOCAL GOVERNMENTS: Maine DHHS, City of Bangor Social Services,

NON-PROFIT AGENCIES: York County Shelters, Community Health & Counseling Services, Bangor Area Homeless Shelter, Mid-Maine Homeless Shelter

PRIVATE ORGANIZATIONS: Maine hospitals, especially Eastern Maine Medical Center, PCHC, MaineHealth, Central Maine Medical Center, Saint Mary's, Southern Maine Medical Center, Northern Maine Medical Center, and Maine's 19 Federally Qualified Health Centers that are located all over the state. Families and friends.

COC COMMITTEE: MCoC Policy Committee

**Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)**

Placement options include family, residential treatment facilities, market rate apartments, boarding homes, and other federal-, state- or locally-funded housing options (such as Section 515 rental units, LIHTC-funded projects, or local- or state-funded residential recovery or transitional housing, group homes, and/or halfway houses). Individuals needing higher levels of medical care may be placed in PNMI facilities.

## 3B. Continuum of Care (CoC) Discharge Planning: Mental Health

### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" State Mandated Policy  
mandated  
policy or "CoC" adopted policy?

If "Other," explain:

N/A

**Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)**

Riverview & Dorothea Dix are Maine's 2 publicly-funded mental health hospitals. Both have adopted a discharge planning process that begins at admission & is pursued during the hospital stay to connect clients back to community supports. A treatment team that includes friends, family, and community-based housing and service providers works with clients to identify housing & services needed to support ongoing recovery once discharged. Maine DHHS remains under the AMHI Consent Decree, signed in 1990, which requires the agency to report quarterly to a Court Master on efforts to provide community-based housing and services to individuals with mental illness being discharged from the state's psychiatric hospitals. This helps provide additional oversight and strength to advocacy efforts to prevent discharge from psychiatric hospitals to the streets or shelters.

**If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)**

N/A

**Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)**

STATE AND LOCAL GOVERNMENTS: Maine DHHS, MaineHousing, Riverview, Dorothea Dix

NON-PROFIT AGENCIES: Kennebec Behavioral Health, Volunteers of America, York County Shelters, CHOM, CHCS, Shalom, Sweetser, Aroostook Mental Health Services, Common Ties; Spring Harbor Hospital; NAMI Maine; Maine Disability Rights Center; Maine Human Rights Commission. Members of the Maine DHHS Adult Mental Health PNMI Stakeholder Group include: MAMHS; Opportunity Housing, Inc.; Behavioral Health Collaborative; Shalom House Inc.; York County Shelters; Consumer Council of Maine; Daniel Wathen, Court Master; Disability Rights Center of Maine; and Maine Mental Health Partners.

PRIVATE ORGANIZATIONS: Families, friends

COC COMMITTEE: MCoC Policy Committee

**Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)**

Placement options include with family, in residential treatment facilities, market rate apartments, boarding homes, and other federal-, state- or locally-funded housing options (such as Section 515 rental units, LIHTC-funded projects, or local- or state-funded residential recovery or transitional housing, group homes, and/or halfway houses). Maine DHHS prioritizes use of state TBRA and other housing funds for people being discharged from psychiatric hospitals. Those needing higher levels of care may be discharged to PNMI group homes.

## 3B. Continuum of Care (CoC) Discharge Planning: Corrections

### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" Other  
mandated  
policy or "CoC" adopted policy?

### If "Other," explain:

No specific policy exists to prevent release of offenders to shelters. However, Maine DOC's goal is not to release to shelters. To achieve this, DOC's policy is to begin pre-release planning 45 days before release (County jails begin 90 days before release). MCOC providers work collaboratively with prison staff on pre-release planning, including finding housing and supportive services (when needed) for inmates following release. The Statewide Homeless Council (includes MCOC) refuses to support any policy that releases inmates to shelters.

### Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

Volunteers of America Northern New England (VOANNE) (active in MCOC) provides programming at the Maine Coastal Regional Reentry Center (MCRRC) in Belfast, Maine. MCRRC is a 32-bed pre-release program serving male ex-offenders transitioning from a Maine DOC facility or county detention center to Hancock, Knox, Lincoln, Sagadahoc, Waldo or Washington Counties. It is designated for individuals with a moderate to high-risk to re-offend, with 6-9 months remaining on their sentence), who are over 18 years, and have been classified as minimum or community custody. Offenders with 12 to 18 months remaining on their sentence are eligible if suitable for Supervised Community Confinement.

VOANNE is also working on a Federal Bureau of Prisons mixed bed re-entry program in Bangor at Dorothea Dix.

Maine DHHS also funds Intensive Case Managers (ICMs) at the county jails, who help with pre-release planning for inmates with mental health issues.



**If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan  
(limit 1000 characters)**

Lack of communication and coordination with DOC has been a gap. However, Maine DOC created a new position 1 year ago, Director of Re-Entry, and this individual is a member of the SHC. The Dir. of Re-Entry has established a pilot in Portland called the Greater Portland Re-Entry Council (GPRC), based on a model from Rhode Island. Greater Portland includes cities in MCOC. This group includes service providers, the Portland Police Department, and a representative from Homeless Voices for Justice (formerly homeless). The GPRC will develop and pilot new policies and programs designed to improve discharge policies, pre-release planning and housing and community services available to ex-offenders. MCOC will work with the Dir. of Re-Entry to expand the GPRC model to other areas of the state in coming years.

**Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness  
(limit 1000 characters)**

STATE/LOCAL GOV'T: Maine DOC and Maine DHHS; Greater Portland Re-Entry Council; Maine Drug Court; Veterans' Affairs- Togus  
NONPROFITS: Volunteers of America NNE; NAMI; York County Shelters; Bangor Area Homeless Shelter; City of Portland Oxford Street Shelter; Homeless Services of Aroostook; Preble Street Resource Center; H.O.M.E. Inc - Hospitality House; Bread of Life Ministries  
PRIVATE: Families and friends.  
COC/COMMITTEES: MCoC Policy Committee

**Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs  
(limit 1000 characters)**

The majority of offenders are released to families and friends. They may also be released to market rate apartments, boarding homes, and other federal-, state- or locally-funded housing options (such as Section 515 rental units, LIHTC-funded projects, or local- or state-funded residential recovery or transitional housing, group homes, and/or halfway houses). DOC operates 3 pre-release programs; 2 for men (in Augusta and Warren) and 1 for women (in Alfred). There is also a county-run program in the mid-coast that accepts state inmates as well. These programs require that inmates who have jobs pay room and board and any restitution they owe, and to save some earnings to help pay rental security deposits when released.

## 3C. Continuum of Care (CoC) Coordination

### Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

**Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?** Yes

**If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:**

The State of Maine Consolidated Plan-Action Plan for 2010 to 2014 includes the entire 2011 MBOS CoC Exhibit 1 application as an appendix. The Plan references a number of programs specifically designed to assist people who are homeless including CoC, ESG, NSP, & HPRP. Serving Homeless Persons and Families is listed as a HIGH Priority in the plan. In addition to the support provided to the Maine and Portland CoCs, MaineHousing, co-author of the plan with Maine DECD, sponsors an annual Housing for the Homeless RFP, operates the STEP tenant-based voucher program for people who are homeless, and prioritizes people who are homeless in the Section 8 programs they administer.

**Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)**

HPRP work is continuing with funding from Maine DHHS/PATH, CDBG, and ESG. This will support additional case managers to provide rapid-rehousing of homeless individuals and families, up to 6 months of follow-up, and a pool of funds that can be used for rental deposits, utility connections, and other purposes related to securing and retaining housing. Case Managers will receive SOAR training to assist consumers with obtaining SSI/SSDI. Maine DHHS selected Catholic Charities Maine (CCM) to implement the program statewide through a number of subrecipients, most of whom are MCOC members (Kennebec Behavioral Health, York County Shelters, New Beginnings, CHCS). The PATH program prioritizes first those who are literally homeless and who have mental health or co-occurring MH & substance abuse, and secondly those at-risk of homelessness. MCOC Steering will invite CCM to join MCOC to provide training and updates on the PATH implementation.

**Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG?  
(limit 2500 characters)**

Maine DECD received Maine's NSP allocation. A portion of the 25% VLI set-aside was used to create housing for homeless people. York County Shelter (YCS), an active MCOC member agency, utilized NSP funds to create 8 units of PH for Homeless families in Biddeford, ME and 10 units in Sanford, ME. They also acquired 6 homes to rehab and sell to formerly homeless families. The VA Maine Healthcare system partners with MaineHousing for administering 110 VASH vouchers. Currently all of the Vouchers have been allocated, and work continues to reissue vouchers as vets graduate or leave the HUD VASH program. VA Maine-HUD VASH will continue to participate in MCOC. VA Maine-Homeless program participates in the PIT to document homeless Vets. Also, VA Homeless Services completes an annual CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) report. The survey is distributed to Veterans and collaborating service organizations. This and other data collection of CH Veterans helps show the need for future allocation of HUD VASH vouchers. HOPWA: A representative from the HOPWA funded program in Portland (Frannie Peabody Center) is co-chair of the Maine CoC. She frequently reminds CoC members about the availability of HOPWA-funded services for eligible clients, such as Rental assistance (TBRA); Support Services; Case Management; Short-term rent, mortgage, and utility assistance; and Permanent Housing Placement assistance. CDBG: MCOC members are informed of and encouraged to attend CDBG public hearings organized by MaineHousing & DECD. CDBG-funded projects assisting homeless or at-risk in Maine include Bread of Life Ministries (Emergency Shelter, Life Skills Coordinator- Augusta); Food Pantry (Knox/Waldo Regional Homeless Coalition-South Thomaston); Planning Grant, Study of Homeless Youth/Young Adults-South Thomaston; Gleaning Grant- local farmers augmenting food pantry, Ellsworth. ESG: MaineHousing is the ESG administrator and the MCOC Collaborative Applicant. MCOC members participate in MaineHousing's ad hoc Committee on Shelter Funding to help develop shelter funding policies and priorities.

**Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?** Yes

**If 'Yes', describe the established policies that are in currently in place:** MCOC requires that CoC and ESG funded homeless service providers have on hand the forms & informational flyers needed to inform families with children and unaccompanied youth of their rights under the McKinney-Vento Educational Assurances Act, and to facilitate contact with their local Homeless School Liaison.

**Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)**

The MCOC Community Engagement Committee developed an intake form for shelters and other homeless providers to use to document school-aged children. The form collects each child's name, date of birth, and the name/school district where the child is enrolled or is seeking enrollment. The form also documents the household's current living situation to help determine eligibility. By checking a box and signing the form parents/guardians can request assistance in contacting the local LEA Liaison in order to coordinate the child's enrollment in school. The form is accompanied by an 'Information for Parents' brochure and the contact information for the State Educational Coordinator. "Keeping Maine Kids Connected" has organized quarterly meetings for school liaisons and homeless providers in order to improve communication and coordination. MCOC members attend these meetings. The statewide coordinator of the school homeless liaisons attends MCOC meetings 1-2 times annually to talk about the process for enrolling homeless children in school.

**Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)**

MCOC does not believe that families with children under 18 are denied admission or separated when entering TH or PH that is designated for families. However, this can occur in shelters (especially in the DV system) when there are male children over the age of 16. Each shelter is responsible for developing its own policies; there is no COC-wide policy regarding this. Shelter operators will work with families to find alternative living arrangements, either in another family shelter, in a motel, or in other temporary housing. MCOC members participated in the review and revision of the Maine homeless shelter rule, which does address shelter operating procedures.

**Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)**

VA Maine-HUD VASH staff participates in the MCOC meetings, local homeless coalitions, and Statewide Homeless Council. It also works closely with SSVF grantees which include Preble Street Resource Center (Greater Portland) and Veterans' Inc. (rest of Maine). These programs build on strategies established by HPRP. A VA Social Service Representative does outreach to the Oxford Street Shelter and the Preble Street Resource Center. While these are in Portland, homeless vets from other areas of the state sometimes do migrate to Portland and need help transitioning back to their home communities. The VA staffperson engages homeless Veterans, helps them establish eligibility for VA Health care and HUD VASH, and obtain referrals for other Mainstream Resources. VA Maine also has a contract with Bread of Life in Augusta for Emergency Housing Contract Beds. The Emergency housing provides immediate transitional housing for homeless Veterans and works collaboratively to refer eligible Veterans to the HUD VASH program. MCOC connects with Veterans, Inc., the SSVF provider for Maine outside Portland, around the annual PIT survey. The MCOC co-chair will reach out to Veteran's Inc. and to the VA in Togus to encourage them to participate in the MCOC.

**Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters)**

In 2009 LD 1127 established Maine's first comprehensive program for homeless youth and runaways and addressed the need for programs designed to provide a safety net for underserved Maine youth. The statute defines three program models-Emergency Shelters for Youth, Street Outreach Programs, and Transitional Living Programs-and creates statewide definitions of who will be served by these programs. Maine's Plan to End and Prevent Homelessness targets unaccompanied youth ages 12-23. It includes 4 goals, along with strategies and action steps, focused on engaging homeless youth and helping them transition back to their families, another safe placement, or to independence. Several MCOC members, including New Beginnings, Rumford Group Homes, VOA, Home Counselors, Inc., Shaw House and Youth and Family Services provide supports and housing for homeless youth. MCOC members are working more collaboratively with Homeless School Liaisons through regular attendance at their regional meetings and trainings to strengthen understanding and shared focus on serving homeless youth and families. Maine DHHS (MCOC member) requires its local administering agencies to review applications for S+C and BRAP (TBRA) and refer families with school-age children to Homeless School Liaisons.

**Has the CoC established a centralized or coordinated assessment system?** No

**If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)**

N/A

**Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)**

MaineHousing, which is the ESG administrator for non-entitlement jurisdictions as well as the Collaborative Applicant for the MCOC, convenes an ad hoc Committee on Shelter Funding to provide input into ESG allocation. This group meets 1-2 times/year or more as needed to discuss issues such as whether funding should be based on bed nights, individuals/families served, or some other criteria. This group includes members of the MCOC, including homeless services and shelter providers. Going forward, MCOC will use the HUD CoC Planning Grant to help design, adopt, and implement a strategy for consulting with ESG jurisdictions regarding ESG fund allocation.

**Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)**

Maine is well over 90% white outside of the City of Portland - close to 100% in many rural areas. Therefore, it is rare for many providers to work with LEP individuals/families. Still, MaineHousing has shelter information on its website that is translated into 12 languages, including Spanish, French, and Arabic. The statewide 2-1-1 number is promoted to faith-based entities, providers, area agencies on aging, town offices, and others in different languages. MaineCare reimburses medical services providers for the full cost of interpreting services. Communication technology is also provided for those with visual and hearing impairments. Every local housing authority is required to have a marketing plan to reach out to protected classes. Shelters are accessible to people with mobility impairments. Maine DHHS has an Office of Multi-Cultural Services, whose webpage lists services and assistance for New Mainers.

### **3D. Continuum of Care (CoC) Strategic Planning Coordination**

**Instructions:**

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

**Has the CoC developed a strategic plan?** Yes

**Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)**

MCOC is one of a number of entities that helps plan and implement the housing and service system, but does not currently serve as the lead in this effort. Other entities include MaineHousing, which is the MCOC's Collaborative Applicant, and administers other federal funding including ESG, HOME, the LIHC, and mortgage revenue bond funded programs; Maine DHHS, which funds housing and support services for people with mental illness, and is the statewide applicant for S+C; the Statewide Homeless Council, which includes representatives from state agencies and homeless shelters and service providers. Members of these entities, and MCOC members themselves, are involved in many aspects of planning and implementing the housing and service system.

**Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)**

MaineHousing has been the CoC Lead Agency for many years, and is the Collaborative Applicant. MaineHousing is also one of two agencies, along with the Maine Department of Economic and Community Development, responsible for the state's Consolidated Plan. Several MCOC members participate in meetings held regionally around Maine every year to update the Consolidated Plan and help direct how funds are allocated. Following submission of each year's COC application the completed Exhibit 1 is provided to MaineHousing and DECD staff responsible for the Consolidated Plan process and CDBG allocations.

**Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)**

Maine's initial plan was developed in 2002. A new plan was developed in 2008, and updated in 2011. The updating was led by the Statewide Homeless Council (SHC), which includes representatives from homeless service providers, shelter operators, and state agencies such as MaineHousing, Maine DHHS, and Maine Dept of Corrections. Several MCOC members are also members of the SHC and the council includes a review and comment period by MCOC and other interested groups as part of update process.

**Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s)  
(limit 1000 characters)**

Copies of the Opening Doors document were provided to the Statewide Homeless Council (SHC) committee members that worked to update Maine's Plan to End and Prevent Homelessness in 2011. The two plans are highly complementary in terms of goals and strategies. The SHC has produced a 1-page matrix that shows specifically how the Maine Plan aligns with the 4 strategic goals and themes of Opening Doors, including 1) Finish the job of ending CH in 5 years; 2) Prevent and end homelessness among Veterans in 5 years; 3) Prevent and end homelessness for families, youth, and children in 10 years; & 4) Set a path to ending all types of homelessness. The Maine Plan explicitly addresses the needs of Single Adults and Families; DV Victims; and Unaccompanied Youth. Each of these categories has 4 goals that relate to the Opening Doors goals. MaineHousing, MCOC Collab Applicant and Maine's ESG Administrator, has worked with shelter operators and the SHC to align ESG funding with Maine's Plan.

**Select the activities in which the CoC coordinates with the local Emergency Solutions Grant( ESG):** None

**Based on the selections above, describe how the CoC coordinates with the local ESG funding  
(limit 1000 characters)**

MaineHousing, which is the ESG administrator for Maine's non-entitlement jurisdictions, also serves as the Collaborative Applicant for MCOC and staffs the MCOC. A MaineHousing staffperson is also an MCOC co-chair. This supports some coordination. Also, several MCOC member agencies also operate emergency shelter programs and participate in MaineHousing's ad hoc Committee on Shelter Funding (to develop the ESG allocation formula), and the development of Shelter Standards). MCOC plans to use CoC Planning Grant funds to help design, adopt, and begin implementing strategies for coordinating with ESG funding.

**Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes?** No



**If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?**

**If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless  
(limit 1500 characters)**

N/A

**If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living  
(limit 1500 characters)**

N/A

## 3E. Reallocation

### **Instructions:**

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

**Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system?** No

## 4A. Continuum of Care (CoC) FY2011 Achievements

### Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

| Objective   | FY2011 Proposed Numeric Achievement |            | FY2011 Actual Numeric Achievement |            |
|---|-------------------------------------|------------|-----------------------------------|------------|
| Create new permanent housing beds for the chronically homeless  | 102                                 | Beds       | 93                                | Beds       |
| Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%            | 80                                  | %          | 88                                | %          |
| Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65% | 70                                  | %          | 73                                | %          |
| Increase the percentage of homeless persons employed at exit to at least 20%                                      | 14                                  | %          | 10                                | %          |
| Decrease the number of homeless households with children  | 123                                 | Households | 136                               | Households |
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**Did the CoC submit an Exhibit 1 application in FY2011?** Yes

**If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)**

In the last year MBOS merged with GPCOC to form the Maine Continuum of Care (MCOC). Planning for this merger required considerable planning time, reducing time available for working on the strategic goals. Maine continues to struggle economically, resulting in continual budget cuts that reduce case management and community support services, public transportation, etc., which many clients need to get and keep employment. MCOC covers Maine's most rural counties and many of these still have high unemployment rates (8 are at 8% or higher). This limits employment options for people with mental illness, substance abuse, or co-occurring disorders. However, we also believe we performed better on the employment goal than our data suggest, and will be providing TA to CoC-funded projects to ensure they capture employment data in HMIS. The Maine 22 Shelter Plus Care grant, with 5 CH beds, was still 'under development' at the Point in Time. Our voucher based program counts are based on occupancy, so these beds were not tallied in the total of CH beds. Also, some S+C grants were serving fewer CH on the night of the PIT than they had in prior years. We think this might have been due to lower FMRs in some areas, and landlords not wanting to lease up voucher holders at lower rents than they could otherwise get.

**How does the CoC monitor recipients' performance? (limit 750 characters)**

Currently MCOC monitors recipients using a survey questionnaire, and reviews APRs and Data Quality Reports. Recipients are asked to provide a brief program summary; describe how they help consumers obtain Mainstream resources; describe how they verify homeless/CH status; what percentage of their total project budget COC funding represents; questions about their HMIS participation and performance; performance on HUD's strategic planning goals (with explanations for sub-threshold performance); and questions about their physical plant (such as the date and result of fire marshal, HQS, or licensing inspections). Poor performance must be explained. This information is used in scoring renewals.

**How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)**

MCOC Resource Committee provides mainstream resources training; peer support in learning strategies for improving performance in specific goals/areas, and information about best practices utilized by other programs. The MaineHousing HMIS Team provides technical assistance in entering HMIS data and working with ServicePoint, generating and understanding reports.

**How does the CoC assist poor performers to increase capacity? (limit 750 characters)**

**Does the CoC have any unexecuted grants awarded prior to FY2011?** No

| <b>Project Awarded</b> | <b>Competition Year<br/>the Grant was<br/>Awarded</b> | <b>Awarded Amount</b> |
|------------------------|---|-----------------------|
|                        |   |                       |
|                        |   |                       |
|                        |   |                       |
|                        |   |                       |
|                        |   |                       |
|                        | <b>Total</b>  | \$0                   |

The CoC- and ESG-funded projects are required to enter intake and exit data into HMIS. A unique identifier is assigned to ensure that individuals and families who experience additional homeless episodes are identified and tracked. MaineHousing's HMIS team provides training to staff at shelters, SSO, and TH projects on unique identifiers and how and when to enter data into HMIS at intake and at program exit. The MCOC Data Committee has requested that reports on homeless episodes be made available for review in the coming year as part of a new Quarterly Monitoring process.

**What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?  
(limit 1500 characters)**

Several CoC members are subcontractors to Catholic Charities Maine under a Maine DHHS- and PATH-funded initiative designed to outreach to and engage homeless people who are hard to serve due to mental health, substance abuse, or co-occurring disorders, and help them establish eligibility for MaineCare (Medicaid) and/or SSI/SSDI. The MCOC members acting as subcontractors are York County Shelter, Kennebec Behavioral Health, New Beginnings, CHCS, Bangor Area Homeless Shelter, and Aroostook Mental Health Center. This initiative will launch in February 2013. It targets the literally homeless primarily, with a secondary focus on those at risk of homelessness. MaineHousing has also created the Stable Lives Pilot, which funded the City of Portland Family Shelter and York County Shelters (MCOC member) to demonstrate the efficacy of providing an integrated array of assessment, services, advocacy and follow-up on both rapid re-housing and housing stability. Grantees ensure participants have access to health care, help them apply for mainstream resources, secure housing, and secure jobs or vocational training.

**What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?  
(limit 1500 characters)**

Several MCOC members subcontract to Catholic Charities Maine under a Maine DHHS/PATH/CDBG funded initiative designed to outreach to and engage homeless people who are hard to serve due to MH, SA, or OD, and help them establish eligibility for MaineCare (Medicaid) and/or SSI/SSDI. These include York County Shelter, Kennebec Behavioral Health, New Beginnings, CHCS, Bangor Area Homeless Shelter, and Aroostook Mental Health Center. This initiative will launch in February 2013. It targets the literally homeless with a secondary focus on those at risk. MaineHousing has also created the Stable Lives Pilot, which funded the City of Portland Family Shelter and York County Shelters (MCOC member) to demonstrate the efficacy of providing an integrated array of assessment, services, advocacy and follow-up on both the length of time homeless and on repeat homeless episodes. The lessons learned through this pilot will be disseminated to other Maine shelters and they will be encouraged to adopt them.

Maine's 10-Year Plan advocates for an adequate supply of appropriate housing rental subsidies and relocation resources with adequate supports to increase economic security, and to allow rapid re-housing and stability for those who do become homeless. The Maine Con. Plans also includes specific action steps and plans to address homeless prevention and rapid re-housing.

**Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes?**

No

**If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless  
(limit 1500 characters)**

N/A

**If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)**

N/A

## 4B. Continuum of Care (CoC) Chronic Homeless Progress

### Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

**Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:**

| Year | Number of CH Persons | Number of PH beds for the CH |
|------|----------------------|------------------------------|
| 2010 | 47                   | 88                           |
| 2011 | 73                   | 92                           |
| 2012 | 69                   | 93                           |

**What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)**

For the PIT, the number of CH is determined by computer analysis of answers to: "How many days in this homeless episode?", "How many episodes in the last 3 years?", and questions regarding qualifying Disabling Conditions. If a person reports being homeless 365 or more days, OR reports 4 or more episodes in the last 3 years, AND reports having 1 or more Disabling Conditions (A serious or persistent condition that interferes with the ability to get or keep a job, or perform activities of daily living), they are counted as CH for the PIT. Individual agencies that serve CH rely on shelter or outreach program records, typically utilizing HMIS, to document CH status of clients being referred. Currently, this information is usually provided by only one shelter or outreach program. MCOC is encouraging these providers to share some client level data so if a client moves from one shelter to another the information can be accounted for when making CH determinations.



**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012:**

1

**If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters)**

N/A

**Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:**

| Cost Type   | HUD<br>McKinney-Vento | Other<br>Federal | State | Local | Private |
|-------------|-----------------------|------------------|-------|-------|---------|
| Development | \$0                   | \$0              | \$0   | \$0   | \$0     |
| Operations  | \$6,540               | \$0              | \$0   | \$0   | \$0     |
| Total       | \$6,540               | \$0              | \$0   | \$0   | \$0     |

## 4C. Continuum of Care (CoC) Housing Performance

### Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

| Participants in Permanent Housing (PH)  |           |
|---|-----------|
| a. Number of participants who exited permanent housing project(s)                   | 302       |
| b. Number of participants who did not leave the project(s)                          | 1345      |
| c. Number of participants who exited after staying 6 months or longer               | 273       |
| d. Number of participants who did not exit after staying 6 months or longer         | 1173      |
| e. Number of participants who did not exit and were enrolled for less than 6 months | 152       |
| <b>TOTAL PH (%)</b>   | <b>88</b> |

### Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

|   |     |
|---|-----|
| <b>Participants in Transitional Housing (TH)</b>  |     |
| <b>a. Number of participants who exited TH project(s), including unknown destination</b>            | 186 |
| <b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b> | 136 |
| <b>TOTAL TH (%)</b>   | 73  |

## 4D. Continuum of Care (CoC) Cash Income Information

### Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

**Total Number of Exiting Adults: 558**

### Total Number of Exiting Adults

| Cash Income Sources (Q25a1.) | Number of Exiting Adults | Exit Percentage (Auto-Calculated) |
|------------------------------|--------------------------|-----------------------------------|
| Earned income                | 58                       | 10%                               |
| Unemployment insurance       | 10                       | 2%                                |
| SSI                          | 106                      | 19%                               |
| SSDI                         | 74                       | 13%                               |
| Veteran's disability         | 5                        | 1%                                |
| Private disability insurance | 0                        | 0%                                |
| Worker's compensation        | 0                        | 0%                                |
| TANF or equivalent           | 49                       | 9%                                |
| General assistance           | 21                       | 4%                                |
| Retirement (Social Security) | 2                        | 0%                                |
| Veteran's pension            | 1                        | 0%                                |
| Pension from former job      | 0                        | 0%                                |
| Child support                | 12                       | 2%                                |
| Alimony (Spousal support)    | 1                        | 0%                                |
| Other source                 | 39                       | 7%                                |
| No sources (from Q25a2.)     | 389                      | 70%                               |

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

## 4E. Continuum of Care (CoC) Non-Cash Benefits

### Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

**Total Number of Exiting Adults: 558**

**Total Number of Exiting Adults:**

| Non-Cash Benefit Sources (Q26a1.)            | Number of<br>Exiting Adults | Exit Percentage<br>(Auto-Calculated) |
|--|-----------------------------|--------------------------------------|
| Supplemental nutritional assistance program  | 355                         | 64%                                  |
| MEDICAID health insurance                    | 378                         | 68%                                  |
| MEDICARE health insurance                    | 48                          | 9%                                   |
| State children's health insurance            | 4                           | 1%                                   |
| WIC  | 8                           | 1%                                   |
| VA medical services                          | 10                          | 2%                                   |
| TANF child care services                     | 4                           | 1%                                   |
| TANF transportation services                 | 2                           | 0%                                   |
| Other TANF-funded services                   | 1                           | 0%                                   |
| Temporary rental assistance                  | 0                           | 0%                                   |
| Section 8, public housing, rental assistance | 13                          | 2%                                   |
| Other source                                 | 42                          | 8%                                   |
| No sources (from Q26a2.)                     | 68                          | 12%                                  |

**The percentage values will be calculated by the system when you click the "save" button.**

**Does the CoC have any non-HMIS projects for which an APR was required to be submitted?** Yes

## **4F. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy**

### **Instructions:**

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: [www.energystar.gov](http://www.energystar.gov) .

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

**Has the CoC notified its members of the Energy Star Initiative?** Yes

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?** Yes

**If 'Yes' to above question, click save to provide activities**

**If yes, are the projects requesting \$200,000 or more?** Yes

**Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?**

**(Select all that apply):**

Advertise at social service agencies, employment/training/community centers, local newspapers, shopping centers, radio, Establish a preference policy for Section 3 for competitive contracts >\$100,000

## **4G. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs**

**It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.**

**Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?** Yes

**If 'Yes', describe the process and the frequency that it occurs:**

The MCOC Monitoring Committee reviews projects' APRs to assess and improve their utilization of mainstream programs. This occurs annually at the time of project submission. Projects are provided feedback on their performance in enrolling homeless consumers, and committee members suggest strategies for improving their performance. MCOC also focuses Mainstream Resource training on those areas that show the greatest need for improvement. The Project Committee is currently developing a quarterly monitoring process that will address this issue in a more timely manner.

**Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?** Yes

**If 'Yes', indicate all meeting dates in the past 12 months:**

March 29, 2012  
June 18, 2012  
July 16, 2012  
September 25, 2012  
October 16, 2012  
November 20, 2012

**Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?** Yes

**Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?** Yes

**If 'Yes', identify these staff members:** Provider Staff

**Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff:** No

**If 'Yes', specify the frequency of the training:**

**Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?** No

**If 'Yes', indicate for which mainstream programs HMIS completes screening:**

N/A

**Has the CoC participated in SOAR training?** Yes

**If 'Yes', indicate training date(s):**

Members of MCOC participated in a SOAR training in Maine September 18-19, 2012. Members have also participated in various SAMHSA SOAR Teleconferences and webinars throughout the year. All Outreach workers in the new DHHS PATH program will be required to attend SOAR Training.



## 4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

| Activity   | Percentage |
|--|------------|
| <b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b><br><b>1a. Describe how service is generally provided:</b>  | 100%       |
| Application process is supported by provider agencies. Staff help clients complete paper or online applications.   |            |
| <b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:</b>   | 25%        |
| <b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b><br><b>3.a Indicate for which mainstream programs the form applies:</b>   | 100%       |
| Maine DHHS provides an on-line application "My Maine Connection" where clients can pre-screen for eligibility and apply for MaineCare (Medicaid); SNAP; TANF; Child Care; and Prescription Drug assistance.  |            |
| <b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:</b>  | 100%       |
| <b>4a. Describe the follow-up process:</b>   |            |
| Case Managers at provider agencies will work with clients to ensure applications for MRs are completed and submitted and will conduct follow up to verify that benefits have been received. If there is a problem, CMs will work with clients to file an appeal or otherwise resolve the issue. Clients are encouraged to contact CMs for assistance in these matters if they do not feel comfortable contacting the MR office directly. |            |

## 4I. Unified Funding Agency

### Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

**Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?**

**Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?**

**What experience does the CoC have with managing federal funding, excluding HMIS experience?  
(limit 1500 characters)**

N/A

**Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)**

N/A

**Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)**

N/A

**What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?  
(limit 1500 characters)**

N/A

**Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.  
(limit 1500 characters)**

N/A

## Attachments

| Document Type   | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| Certification of Consistency with the Consolidated Plan | Yes       | 2012 MCOC Consoli... | 01/14/2013    |
| CoC-HMIS Governance Agreement                           | No        |                      |               |
| Other   | No        |                      |               |
| Other   | No        |                      |               |
| Other   | No        |                      |               |
| Other   | No        |                      |               |
| Other   | No        |                      |               |
| Other   | No        |                      |               |

## **Attachment Details**

**Document Description:** 2012 MCOC Consolidated Plan Ceritifications

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**Document Description:**

## Submission Summary

| Page                                       | Last Updated      |
|--|-------------------|
| 1A. Identification                         | No Input Required |
| 1B. CoC Operations                         | 12/30/2012        |
| 1C. Committees                             | 12/07/2012        |
| 1D. Member Organizations                   | 01/17/2013        |
| 1E. Project Review and Selection           | 01/17/2013        |
| 1F. e-HIC Change in Beds                   | 01/15/2013        |
| 1G. e-HIC Sources and Methods              | 12/31/2012        |
| 2A. HMIS Implementation                    | 01/17/2013        |
| 2B. HMIS Funding Sources                   | 01/17/2013        |
| 2C. HMIS Bed Coverage                      | 01/04/2013        |
| 2D. HMIS Data Quality                      | 01/15/2013        |
| 2E. HMIS Data Usage                        | 01/04/2013        |
| 2F. HMIS Data and Technical Standards      | 01/06/2013        |
| 2G. HMIS Training                          | 01/04/2013        |
| 2H. Sheltered PIT                          | 01/17/2013        |
| 2I. Sheltered Data - Methods               | 01/15/2013        |
| 2J. Sheltered Data - Collections           | 01/15/2013        |
| 2K. Sheltered Data - Quality               | 01/11/2013        |
| 2L. Unsheltered PIT                        | 01/17/2013        |
| 2M. Unsheltered Data - Methods             | 01/14/2013        |
| 2N. Unsheltered Data - Coverage            | 12/31/2012        |
| 2O. Unsheltered Data - Quality             | 01/14/2013        |
| Objective 1                                | 01/17/2013        |
| Objective 2                                | 01/11/2013        |
| Objective 3                                | 12/26/2012        |
| Objective 4                                | 01/11/2013        |
| HEARTH FY2012 CoC Consolidated Application | Page 94           |
|  | 01/17/2013        |

|  |                   |
|--|-------------------|
| <b>Objective 5</b>   | 01/17/2013        |
| <b>Objective 6</b>   | 01/17/2013        |
| <b>Objective 7</b>   | 01/02/2013        |
| <b>3B. Discharge Planning: Foster Care</b>   | 01/17/2013        |
| <b>3B. CoC Discharge Planning: Health Care</b>   | 01/17/2013        |
| <b>3B. CoC Discharge Planning: Mental Health</b>   | 01/17/2013        |
| <b>3B. CoC Discharge Planning: Corrections</b>   | 01/17/2013        |
| <b>3C. CoC Coordination</b>  | 01/17/2013        |
| <b>3D. CoC Strategic Planning Coordination</b>   | 01/17/2013        |
| <b>3E. Reallocation</b>  | 12/20/2012        |
| <b>4A. FY2011 CoC Achievements</b>   | 01/17/2013        |
| <b>4B. Chronic Homeless Progress</b>   | 01/15/2013        |
| <b>4C. Housing Performance</b>   | 01/01/2013        |
| <b>4D. CoC Cash Income Information</b>   | 01/01/2013        |
| <b>4E. CoC Non-Cash Benefits</b>   | 01/01/2013        |
| <b>4F. Section 3 Employment Policy Detail</b>  | 01/07/2013        |
| <b>4G. CoC Enrollment and Participation in Mainstream Programs</b>                           | 01/17/2013        |
| <b>4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs</b> | 01/17/2013        |
| <b>4I. Unified Funding Agency</b>  | No Input Required |
| <b>Attachments</b>   | 01/14/2013        |
| <b>Submission Summary</b>  | No Input Required |

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: (Please see the attached list, which includes the Applicant Name, Project

Project Name: Name, Project Location, and Consolidated Plan Jurisdiction information

Location of the Project: for all New and Renewal Projects that are seeking inclusion in the 2012  
Maine Continuum of Care application for funding. For details on any  
particular project, contact stibbitts@mainehousing.org)

Name of the Federal  
Program to which the  
applicant is applying: Continuum of Care Program (FR-5600-N-41)

Name of  
Certifying Jurisdiction: City of Auburn, Maine

Certifying Official  
of the Jurisdiction  
Name: Reine Mynahan

Title: Community Development Director

Signature: 

Date: January 4, 2013



## 2012 Maine Continuum of Care Project Listing

The Projects listed below fall under the Consolidated Plan Jurisdiction(s) as indicate by an X in the corresponding column.

If you would like more information regarding any particular project, please contact [stibbitts@mainehousing.org](mailto:stibbitts@mainehousing.org)

| Project Information |                               |                                   |  | Consolidated Plan Jurisdiction |                |                |                   |                  |                   |
|---------------------|-------------------------------|-----------------------------------|--|--------------------------------|----------------|----------------|-------------------|------------------|-------------------|
| New or Renew        | Project Applicant             | Project Name                      | Project Location   | State of Maine                 | City of Auburn | City of Bangor | City of Biddeford | City of Lewiston | Cumberland County |
| R                   | Bread of Life Ministries      | Boothby Street                    | Augusta, ME  | X                              |                |                |                   |                  |                   |
| R                   | Bread of Life Ministries      | Westman Village                   | Augusta, ME  | X                              |                |                |                   |                  |                   |
| R                   | CHCS                          | Transitional Planning Coordinator | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | City of Bangor                | Shelter Plus Care TRA 8714        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | City of Bangor                | Shelter Plus Care TRA 8715        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | City of Bangor                | Shelter Plus Care PRA 8716        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | City of Bangor                | Shelter Plus Care PRA Northside   | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | Community Housing of Maine    | Homeless Veteran's PH             | Waterville, ME   | X                              |                |                |                   |                  |                   |
| R                   | Counseling Services, Inc.     | Woodbridge Group Home             | York, ME   | X                              |                |                |                   |                  |                   |
| R                   | Hope and Justice Project      | Caribou Transitional Housing      | Caribou, ME  | X                              |                |                |                   |                  |                   |
| R                   | Kennebec Behavioral Health    | Mid Maine Supported Housing       | Skowhegan, ME  | X                              |                |                |                   |                  |                   |
| R                   | Maine State Housing Authority | HMIS                              | Statewide coverage   | X                              | X              | X              | X                 | X                | X                 |
| R                   | New Beginnings                | Transitional Living Program       | Lewiston, Augusta, ME  | X                              | X              |                |                   | X                |                   |
| R                   | OHI                           | Chalila House                     | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | PCHC                          | Hope House                        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | Shaw House                    | Street Outreach                   | Penobscot County   | X                              |                | X              |                   |                  |                   |
| R                   | Shaw House                    | Waterworks                        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | Tedford Housing               | 19 Pleasant St.                   | Augusta, ME  | X                              |                |                |                   |                  |                   |
| R                   | Tedford Housing               | Everett Street                    | Brunswick, ME  | X                              |                |                |                   |                  | X                 |
| R                   | Washington County ARC         | Milbridge Harbor Apartments       | Milbridge, ME  | X                              |                |                |                   |                  |                   |
| R                   | York County Shelter Programs  | Brand New Day                     | West Newfield, ME  | X                              |                |                |                   |                  |                   |
| R                   | York County Shelter Programs  | Smith Transitional                | Alfred, ME   | X                              |                |                |                   |                  |                   |
| R                   | York County Shelter Programs  | Within Transitional               | Sanford, ME  | X                              |                |                |                   |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Lewiston 1     | Auburn, Lewiston, ME   | X                              | X              |                |                   | X                |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 1           | Statewide coverage   | X                              | X              | X              | X                 | X                | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 2           | Statewide coverage   | X                              | X              | X              | X                 | X                | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 16          | Androscoggin, Cumberland, Kennebec, Penobscot, Sagadahoc, Somerset, York | X                              | X              | X              | X                 | X                | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 17 Chronic  | Cumberland, Kennebec, Sagadahoc  | X                              |                |                |                   |                  | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Shalom SB      | Cumberland County  | X                              |                |                |                   |                  | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, YCS SB I       | York County  | X                              |                |                | X                 |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 1    | Penobscot County   | X                              |                | X              |                   |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 4    | Penobscot County   | X                              |                | X              |                   |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 5    | Penobscot County   | X                              |                | X              |                   |                  |                   |
| N                   | Community Housing of Maine    | Penobscot Haven                   | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| N                   | Maine State Housing Authority | Collaborative Planning Project    | Statewide coverage   | X                              | X              | X              | X                 | X                | X                 |

**Certification of Consistency  
with the Consolidated Plan****U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: (Please see the attached list, which includes the Applicant Name, Project

Project Name: Name, Project Location, and Consolidated Plan Jurisdiction information

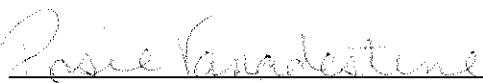
Location of the Project: for all New and Renewal Projects that are seeking inclusion in the 2012  
Maine Continuum of Care application for funding. For details on any  
particular project, contact stibbitts@mainehousing.org)

Name of the Federal  
Program to which the  
applicant is applying: Continuum of Care Program (FR-5600-N-41)

Name of  
Certifying Jurisdiction: City of Bangor, Maine

Certifying Official  
of the Jurisdiction  
Name: Rosie Vanadestine

Title: Director Community & Economic Development

Signature: 

Date: January 8, 2013

## 2012 Maine Continuum of Care Project Listing

The Projects listed below fall under the Consolidated Plan Jurisdiction(s) as indicated by an X in the corresponding column.  
If you would like more information regarding any particular project, please contact [stibbitts@mainehousing.org](mailto:stibbitts@mainehousing.org)

| Project Information |                               |                                   |  |                |                | Consolidated Plan Jurisdiction |                   |                  |                   |   |   |
|---------------------|-------------------------------|-----------------------------------|--|----------------|----------------|--------------------------------|-------------------|------------------|-------------------|---|---|
| New or Renew        | Project Applicant             | Project Name                      | Project Location   | State of Maine | City of Auburn | City of Bangor                 | City of Biddeford | City of Lewiston | Cumberland County |   |   |
| R                   | Bread of Life Ministries      | Boothby Street                    | Augusta, ME  | X              |                |                                |                   |                  |                   |   |   |
| R                   | Bread of Life Ministries      | Westman Village                   | Augusta, ME  | X              |                |                                |                   |                  |                   |   |   |
| R                   | CHCS                          | Transitional Planning Coordinator | Bangor, ME   | X              |                | X                              |                   |                  |                   |   |   |
| R                   | City of Bangor                | Shelter Plus Care TRA 8714        | Bangor, ME   | X              |                | X                              |                   |                  |                   |   |   |
| R                   | City of Bangor                | Shelter Plus Care TRA 8715        | Bangor, ME   | X              |                | X                              |                   |                  |                   |   |   |
| R                   | City of Bangor                | Shelter Plus Care PRA 8716        | Bangor, ME   | X              |                | X                              |                   |                  |                   |   |   |
| R                   | City of Bangor                | Shelter Plus Care PRA Northside   | Bangor, ME   | X              |                | X                              |                   |                  |                   |   |   |
| R                   | Community Housing of Maine    | Homeless Veteran's PH             | Waterville, ME   | X              |                |                                |                   |                  |                   |   |   |
| R                   | Counseling Services, Inc.     | Woodbridge Group Home             | York, ME   | X              |                |                                |                   |                  |                   |   |   |
| R                   | Hope and Justice Project      | Carbou Transitional Housing       | Carbou, ME   | X              |                |                                |                   |                  |                   |   |   |
| R                   | Kennebec Behavioral Health    | Mfd Maine Supported Housing       | Skowhegan, ME  | X              |                |                                |                   |                  |                   |   |   |
| R                   | Maine State Housing Authority | HMIS                              | Statewide coverage   | X              | X              | X                              | X                 | X                | X                 | X | X |
| R                   | New Beginnings                | Transitional Living Program       | Lewiston, Augusta, ME  | X              | X              |                                |                   |                  |                   |   |   |
| R                   | OHI                           | Challia House                     | Bangor, ME   | X              |                | X                              |                   |                  |                   |   |   |
| R                   | PCHC                          | Hope House                        | Bangor, ME   | X              |                | X                              |                   |                  |                   |   |   |
| R                   | Shaw House                    | Street Outreach                   | Penobscot County   | X              |                | X                              |                   |                  |                   |   |   |
| R                   | Shaw House                    | Waterworks                        | Bangor, ME   | X              |                | X                              |                   |                  |                   |   |   |
| R                   | Tedford Housing               | 19 Pleasant St.                   | Augusta, ME  | X              |                |                                |                   |                  |                   |   |   |
| R                   | Tedford Housing               | Everett Street                    | Brunswick, ME  | X              |                |                                |                   |                  |                   |   | X |
| R                   | Washington County ARC         | Milbridge Harbor Apartments       | Milbridge, ME  | X              |                |                                |                   |                  |                   |   |   |
| R                   | York County Shelter Programs  | Brand New Day                     | West Newfield, ME  | X              |                |                                |                   |                  |                   |   |   |
| R                   | York County Shelter Programs  | Smith Transitional                | Alfred, ME   | X              |                |                                |                   |                  |                   |   |   |
| R                   | York County Shelter Programs  | Within Transitional               | Sanford, ME  | X              |                |                                |                   |                  |                   |   |   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Lewiston 1     | Auburn, Lewiston, ME   | X              | X              |                                |                   | X                |                   |   |   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 1           | Statewide coverage   | X              | X              | X                              | X                 | X                | X                 | X | X |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 2           | Statewide coverage   | X              | X              | X                              | X                 | X                | X                 | X | X |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 16          | Androscoggin, Cumberland, Kennebec, Penobscot, Sagadahoc, Somerset, York | X              | X              | X                              |                   | X                |                   | X | X |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 17 Chronic  | Cumberland, Kennebec, Sagadahoc  | X              |                |                                |                   |                  |                   |   | X |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Shalom SB      | Cumberland County  | X              |                |                                |                   |                  |                   |   | X |
| R                   | Dept. Health & Human Services | Shelter Plus Care, YCS SB 1       | York County  | X              |                |                                |                   | X                |                   |   |   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 1    | Penobscot County   | X              |                | X                              |                   |                  |                   |   |   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 4    | Penobscot County   | X              |                | X                              |                   |                  |                   |   |   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 5    | Penobscot County   | X              |                | X                              |                   |                  |                   |   |   |
| N                   | Community Housing of Maine    | Penobscot Haven                   | Bangor, ME   | X              |                | X                              |                   |                  |                   |   |   |
| N                   | Maine State Housing Authority | Collaborative Planning Project    | Statewide coverage   | X              | X              | X                              | X                 | X                | X                 | X | X |

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: (Please see the attached list, which includes the Applicant Name, Project

Project Name: Name, Project Location, and Consolidated Plan Jurisdiction information

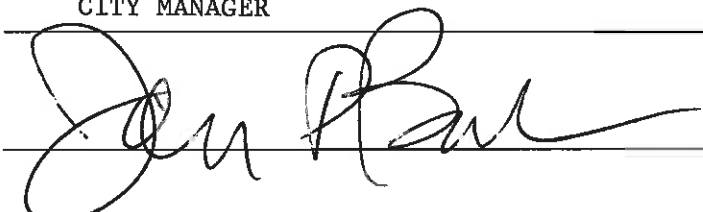
Location of the Project: for all New and Renewal Projects that are seeking inclusion in the 2012  
Maine Continuum of Care application for funding. For details on any  
particular project, contact stibbitts@mainehousing.org)

Name of the Federal  
Program to which the  
applicant is applying: Continuum of Care Program (FR-5600-N-41)

Name of  
Certifying Jurisdiction: CITY OF BIDDEFORD

Certifying Official  
of the Jurisdiction  
Name: JOHN D. BUBIER

Title: CITY MANAGER

Signature: 

Date: January 8th, 2013

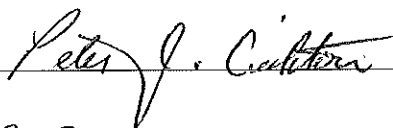
## 2012 Maine Continuum of Care Project Listing

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If you would like more information regarding any particular project, please contact [stibbitts@mainehousing.org](mailto:stibbitts@mainehousing.org)

| Project Information |                               |                                   | Consolidated Plan Jurisdiction  |                |                |                |                   |                  |                   |
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| New or Renew        | Project Applicant             | Project Name                      | Project Location  | State of Maine | City of Auburn | City of Bangor | City of Biddeford | City of Lewiston | Cumberland County |
| R                   | Bread of Life Ministries      | Boothby Street                    | Augusta, ME   | X              |                |                |                   |                  |                   |
| R                   | Bread of Life Ministries      | Westman Village                   | Augusta, ME   | X              |                |                |                   |                  |                   |
| R                   | CHCS                          | Transitional Planning Coordinator | Bangor, ME  | X              |                | X              |                   |                  |                   |
| R                   | City of Bangor                | Shelter Plus Care TRA 8714        | Bangor, ME  | X              |                | X              |                   |                  |                   |
| R                   | City of Bangor                | Shelter Plus Care TRA 8715        | Bangor, ME  | X              |                | X              |                   |                  |                   |
| R                   | City of Bangor                | Shelter Plus Care PRA 8716        | Bangor, ME  | X              |                | X              |                   |                  |                   |
| R                   | City of Bangor                | Shelter Plus Care PRA Northside   | Bangor, ME  | X              |                | X              |                   |                  |                   |
| R                   | Community Housing of Maine    | Homeless Veteran's PH             | Waterville, ME  | X              |                |                |                   |                  |                   |
| R                   | Counseling Services, Inc.     | Woodbridge Group Home             | York, ME  | X              |                |                |                   |                  |                   |
| R                   | Hope and Justice Project      | Carbou Transitional Housing       | Carbou, ME  | X              |                |                |                   |                  |                   |
| R                   | Kennebec Behavioral Health    | Mid Maine Supported Housing       | Skowhegan, ME   | X              |                |                |                   |                  |                   |
| R                   | Maine State Housing Authority | HMIS                              | Statewide coverage  | X              | X              | X              | X                 | X                | X                 |
| R                   | New Beginnings                | Transitional Living Program       | Lewiston, Augusta, ME   | X              | X              |                |                   |                  |                   |
| R                   | OHI                           | Chalia House                      | Bangor, ME  | X              |                | X              |                   |                  |                   |
| R                   | PCHC                          | Hope House                        | Bangor, ME  | X              |                | X              |                   |                  |                   |
| R                   | Shaw House                    | Street Outreach                   | Penobscot County  | X              |                | X              |                   |                  |                   |
| R                   | Shaw House                    | Waterworks                        | Bangor, ME  | X              |                | X              |                   |                  |                   |
| R                   | Tedford Housing               | 19 Pleasant St.                   | Augusta, ME   | X              |                |                |                   |                  |                   |
| R                   | Tedford Housing               | Everett Street                    | Brunswick, ME   | X              |                |                |                   |                  | X                 |
| R                   | Washington County ARC         | Milbridge Harbor Apartments       | Milbridge, ME   | X              |                |                |                   |                  |                   |
| R                   | York County Shelter Programs  | Brand New Day                     | West Newfield, ME   | X              |                |                |                   |                  |                   |
| R                   | York County Shelter Programs  | Smith Transitional                | Alfred, ME  | X              |                |                |                   |                  |                   |
| R                   | York County Shelter Programs  | Within Transitional               | Sanford, ME   | X              |                |                |                   |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Lewiston 1     | Auburn, Lewiston, ME  | X              | X              |                |                   | X                |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 1           | Statewide coverage  | X              | X              | X              | X                 | X                | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 2           | Statewide coverage  | X              | X              | X              | X                 | X                | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 16          | Androsoggin, Cumberland, Kennebec, Penobscot, Sagadahoc, Somerset, York | X              | X              | X              | X                 | X                | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 17 Chronic  | Cumberland, Kennebec, Sagadahoc   | X              |                |                |                   |                  | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Shalom SB      | Cumberland County   | X              |                |                |                   |                  | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, YCS SB 1       | York County   | X              |                |                | X                 |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 1    | Penobscot County  | X              |                | X              |                   |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 4    | Penobscot County  | X              |                | X              |                   |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 5    | Penobscot County  | X              |                | X              |                   |                  |                   |
| N                   | Community Housing of Maine    | Penobscot Haven                   | Bangor, ME  | X              |                | X              |                   |                  |                   |
| N                   | Maine State Housing Authority | Collaborative Planning Project    | Statewide coverage  | X              | X              | X              | X                 | X                | X                 |

**Certification of Consistency  
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particular project, contact stibbitts@mainehousing.org)Name of the Federal  
Program to which the  
applicant is applying: Continuum of Care Program (FR-5600-N-41)Name of  
Certifying Jurisdiction: CUMBERLAND COUNTY, MECertifying Official  
of the Jurisdiction  
Name: PETER CRICHTONTitle: COUNTY MANAGERSignature: Date: 11/7/2013

## 2012 Maine Continuum of Care Project Listing

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| R                   | CHCS                          | Transitional Planning Coordinator | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | City of Bangor                | Shelter Plus Care TRA 8714        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | City of Bangor                | Shelter Plus Care TRA 8715        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | City of Bangor                | Shelter Plus Care PRA 8716        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | City of Bangor                | Shelter Plus Care PRA Northside   | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | Community Housing of Maine    | Homeless Veteran's PH             | Waterville, ME   | X                              |                |                |                   |                  |                   |
| R                   | Counseling Services, Inc.     | Woodbridge Group Home             | York, ME   | X                              |                |                |                   |                  |                   |
| R                   | Hope and Justice Project      | Caribou Transitional Housing      | Caribou, ME  | X                              |                |                |                   |                  |                   |
| R                   | Kennebec Behavioral Health    | Mid Maine Supported Housing       | Skowhegan, ME  | X                              |                |                |                   |                  |                   |
| R                   | Maine State Housing Authority | HMS                               | Statewide coverage   | X                              | X              | X              | X                 | X                | X                 |
| R                   | New Beginnings                | Transitional Living Program       | Lewiston, Augusta, ME  | X                              | X              |                |                   | X                |                   |
| R                   | OHI                           | Chalita House                     | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | PCHC                          | Hope House                        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | Shaw House                    | Street Outreach                   | Penobscot County   | X                              |                | X              |                   |                  |                   |
| R                   | Shaw House                    | Waterworks                        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | Tedford Housing               | 19 Pleasant St.                   | Augusta, ME  | X                              |                |                |                   |                  |                   |
| R                   | Tedford Housing               | Everett Street                    | Brunswick, ME  | X                              |                |                |                   |                  |                   |
| R                   | Washington County ARC         | Milbridge Harbor Apartments       | Milbridge, ME  | X                              |                |                |                   |                  | X                 |
| R                   | York County Shelter Programs  | Brand New Day                     | West Newfield, ME  | X                              |                |                |                   |                  |                   |
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| R                   | Dept. Health & Human Services | Shelter Plus Care, Lewiston 1     | Auburn, Lewiston, ME   | X                              | X              |                |                   | X                |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 1           | Statewide coverage   | X                              | X              | X              | X                 | X                | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 2           | Statewide coverage   | X                              | X              | X              | X                 | X                | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 16          | Androscoggin, Cumberland, Kennebec, Penobscot, Sagadahoc, Somerset, York | X                              | X              | X              | X                 | X                | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 17 Chronic  | Cumberland, Kennebec, Sagadahoc  | X                              |                |                |                   |                  | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Shalom SB      | Cumberland County  | X                              |                |                |                   |                  | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, YCS SB 1       | York County  | X                              |                |                | X                 |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 1    | Penobscot County   | X                              |                | X              |                   |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 4    | Penobscot County   | X                              |                | X              |                   |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 5    | Penobscot County   | X                              |                | X              |                   |                  |                   |
| N                   | Community Housing of Maine    | Shelter Plus Care, Penobscot 5    | Penobscot County   | X                              |                | X              |                   |                  |                   |
| N                   | Maine State Housing Authority | Collaborative Planning Project    | Statewide coverage   | X                              | X              | X              | X                 | X                | X                 |

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Project Name: Name, Project Location, and Consolidated Plan Jurisdiction information

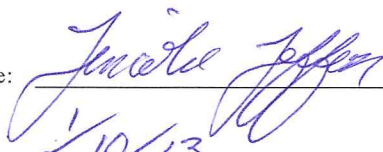
Location of the Project: for all New and Renewal Projects that are seeking inclusion in the 2012  
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particular project, contact stibbitts@mainehousing.org)

Name of the Federal  
Program to which the  
applicant is applying: Continuum of Care Program (FR-5600-N-41)

Name of  
Certifying Jurisdiction: City of Lewiston

Certifying Official  
of the Jurisdiction  
Name: Lincoln Jeffers

Title: Director of Economic & Community Development

Signature: 

Date: 1/10/13



## 2012 Maine Continuum of Care Project Listing

The Projects listed below fall under the Consolidated Plan Jurisdiction(s) as indicate by an X in the corresponding column.  
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| Project Information |                               |                                   |  | Consolidated Plan Jurisdiction |                |                |                   |                  |                   |
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| R                   | City of Bangor                | Shelter Plus Care TRA 8715        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | City of Bangor                | Shelter Plus Care PRA 8716        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
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| R                   | Community Housing of Maine    | Homeless Veteran's PH             | Waterville, ME   | X                              |                |                |                   |                  |                   |
| R                   | Counseling Services, Inc.     | Woodbridge Group Home             | York, ME   | X                              |                |                |                   |                  |                   |
| R                   | Hope and Justice Project      | Caribou Transitional Housing      | Caribou, ME  | X                              |                |                |                   |                  |                   |
| R                   | Kennebec Behavioral Health    | Mid Maine Supported Housing       | Skowhegan, ME  | X                              |                |                |                   |                  |                   |
| R                   | Maine State Housing Authority | HMIS                              | Statewide coverage   | X                              | X              | X              | X                 | X                | X                 |
| R                   | New Beginnings                | Transitional Living Program       | Lewiston, Augusta, ME  | X                              | X              |                |                   | X                |                   |
| R                   | OHI                           | Chalila House                     | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | PCHC                          | Hope House                        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | Shaw House                    | Street Outreach                   | Penobscot County   | X                              |                | X              |                   |                  |                   |
| R                   | Shaw House                    | Waterworks                        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | Tedford Housing               | 19 Pleasant St.                   | Augusta, ME  | X                              |                |                |                   |                  |                   |
| R                   | Tedford Housing               | Everett Street                    | Brunswick, ME  | X                              |                |                |                   |                  | X                 |
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| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 1           | Statewide coverage   | X                              | X              | X              | X                 | X                | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 2           | Statewide coverage   | X                              | X              | X              | X                 | X                | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 16          | Androscoggin, Cumberland, Kennebec, Penobscot, Sagadahoc, Somerset, York | X                              | X              | X              | X                 | X                | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 17 Chronic  | Cumberland, Kennebec, Sagadahoc  | X                              |                |                |                   |                  | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Shalom SB      | Cumberland County  | X                              |                |                |                   |                  | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, YCS SB 1       | York County  | X                              |                |                | X                 |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 1    | Penobscot County   | X                              |                | X              |                   |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 4    | Penobscot County   | X                              |                | X              |                   |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 5    | Penobscot County   | X                              |                | X              |                   |                  |                   |
| N                   | Community Housing of Maine    | Penobscot Haven                   | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| N                   | Maine State Housing Authority | Collaborative Planning Project    | Statewide coverage   | X                              | X              | X              | X                 | X                | X                 |

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I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: (Please see the attached list, which includes the Applicant Name, Project

Project Name: Name, Project Location, and Consolidated Plan Jurisdiction information

Location of the Project: for all New and Renewal Projects that are seeking inclusion in the 2012  
Maine Continuum of Care application for funding. For details on any  
particular project, contact stibbitts@mainehousing.org)

Name of the Federal  
Program to which the  
applicant is applying: Continuum of Care Program (FR-5600-N-41)

Name of  
Certifying Jurisdiction: State of Maine

Certifying Official  
of the Jurisdiction  
Name: John G. Gallagher

Title: Director, Maine State Housing Authority

Signature: 

Date: 1-4-13

## 2012 Maine Continuum of Care Project Listing

The Projects listed below fall under the Consolidated Plan Jurisdiction(s) as indicate by an X in the corresponding column.

If you would like more information regarding any particular project, please contact [stibbitts@mainehousing.org](mailto:stibbitts@mainehousing.org)

| Project Information |                               |                                   |  | Consolidated Plan Jurisdiction |                |                |                   |                  |                   |
|---------------------|-------------------------------|-----------------------------------|--|--------------------------------|----------------|----------------|-------------------|------------------|-------------------|
| New or Renew        | Project Applicant             | Project Name                      | Project Location   | State of Maine                 | City of Auburn | City of Bangor | City of Biddeford | City of Lewiston | Cumberland County |
| R                   | Bread of Life Ministries      | Boothby Street                    | Augusta, ME  | X                              |                |                |                   |                  |                   |
| R                   | Bread of Life Ministries      | Westman Village                   | Augusta, ME  | X                              |                |                |                   |                  |                   |
| R                   | CHCS                          | Transitional Planning Coordinator | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | City of Bangor                | Shelter Plus Care TRA 8714        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | City of Bangor                | Shelter Plus Care TRA 8715        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | City of Bangor                | Shelter Plus Care PRA 8716        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | City of Bangor                | Shelter Plus Care PRA Northside   | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | Community Housing of Maine    | Homeless Veteran's PH             | Waterville, ME   | X                              |                |                |                   |                  |                   |
| R                   | Counseling Services, Inc.     | Woodbridge Group Home             | York, ME   | X                              |                |                |                   |                  |                   |
| R                   | Hope and Justice Project      | Caribou Transitional Housing      | Caribou, ME  | X                              |                |                |                   |                  |                   |
| R                   | Kennebec Behavioral Health    | Mid Maine Supported Housing       | Skowhegan, ME  | X                              |                |                |                   |                  |                   |
| R                   | Maine State Housing Authority | HMIS                              | Statewide coverage   | X                              | X              | X              | X                 | X                | X                 |
| R                   | New Beginnings                | Transitional Living Program       | Lewiston, Augusta, ME  | X                              | X              |                |                   | X                |                   |
| R                   | OHI                           | Chalila House                     | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | PCHC                          | Hope House                        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | Shaw House                    | Street Outreach                   | Penobscot County   | X                              |                | X              |                   |                  |                   |
| R                   | Shaw House                    | Waterworks                        | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| R                   | Tedford Housing               | 19 Pleasant St.                   | Augusta, ME  | X                              |                |                |                   |                  |                   |
| R                   | Tedford Housing               | Everett Street                    | Brunswick, ME  | X                              |                |                |                   |                  | X                 |
| R                   | Washington County ARC         | Milbridge Harbor Apartments       | Milbridge, ME  | X                              |                |                |                   |                  |                   |
| R                   | York County Shelter Programs  | Brand New Day                     | West Newfield, ME  | X                              |                |                |                   |                  |                   |
| R                   | York County Shelter Programs  | Smith Transitional                | Alfred, ME   | X                              |                |                |                   |                  |                   |
| R                   | York County Shelter Programs  | Within Transitional               | Sanford, ME  | X                              |                |                |                   |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Lewiston 1     | Auburn, Lewiston, ME   | X                              | X              |                |                   | X                |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 1           | Statewide coverage   | X                              | X              | X              | X                 | X                | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 2           | Statewide coverage   | X                              | X              | X              | X                 | X                | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 16          | Androscoggin, Cumberland, Kennebec, Penobscot, Sagadahoc, Somerset, York | X                              | X              | X              | X                 | X                | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, ME 17 Chronic  | Cumberland, Kennebec, Sagadahoc  | X                              |                |                |                   |                  | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Shalom SB      | Cumberland County  | X                              |                |                |                   |                  | X                 |
| R                   | Dept. Health & Human Services | Shelter Plus Care, YCS SB I       | York County  | X                              |                |                | X                 |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 1    | Penobscot County   | X                              |                | X              |                   |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 4    | Penobscot County   | X                              |                | X              |                   |                  |                   |
| R                   | Dept. Health & Human Services | Shelter Plus Care, Penobscot 5    | Penobscot County   | X                              |                | X              |                   |                  |                   |
| N                   | Community Housing of Maine    | Penobscot Haven                   | Bangor, ME   | X                              |                | X              |                   |                  |                   |
| N                   | Maine State Housing Authority | Collaborative Planning Project    | Statewide coverage   | X                              | X              | X              | X                 | X                | X                 |