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 e-snaps help desk.

CoC Name and Number (From CoC Registration): ME-500 - Maine Balance of State CoC

CoC Lead Organization Name: Maine State Housing Authority

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group:	Maine Balance of State Continuum of Care
Indicate the frequency of group meetings:	Monthly or more
If less than bi-monthly, please explain (limit 500 characters):	
Indicate the legal status of the group:	Not a legally recognized organization
Specify "other" legal status:	

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)	80%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	
Assigned:	X
Volunteer:	X
Appointed:	
Other:	

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

Members volunteer or are assigned by their agency to participate in Maine Balance of State CoC (MBOS). Any interested agency or individual may join our email list to receive notice of meetings, agendas & minutes from previous meetings. MBOS encourages all members to participate in the decision making process. Our open meetings are guided by principles of small group democratic process & parliamentary procedure. All members may suggest agenda items, make motions & participate in discussions. There is one vote per agency/individual & they must have been present at 3 of the last 6 meetings to be eligible to vote. We find that these policies allow all interested parties to take an active role in our meetings & decision making process.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	X
Assigned:	X
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

MBOS would object to taking such administrative funding from the Pro-rata amount. We are not a legal entity and could not act as grantee. There are a few entities in Maine that operate statewide and could potentially act as a fiscal agent on our behalf, but they may not wish to assume the burden of project oversight and monitoring. We could also lose our volunteer participation if people feel that paid staff are available to do all the work.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

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, 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 meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
MBOS Steering Committee	The MBOS Steering Committee facilitates the collection and integration of information and materials provided by the other standing committees for inclusion in the annual HUD Exhibit 1 application. Whenever possible, the data, narratives and other materials needed for the Exhibit 1 are presented to the larger group at regular MBOS meetings for discussion and approval. If time does not permit the review of all materials, the larger group may vote to authorize the Steering Committee to complete the Exhibit 1 application on behalf of MBOS.	Monthly or more
MBOS Gaps & Data Committee	The MBOS Gaps & Data Committee collects information on homelessness and works to improve data collection and analysis techniques used by MBOS. It conducts the annual Point-in-Time count and Housing Inventory Chart survey, coordinating these efforts with the Greater Penobscot CoC and the Portland CoC to ensure statewide coverage and consistency. The information collected is used to help determine Unmet Need and identify Gaps in our Housing and Services that need to be addressed. This Committee also works closely with MaineHousing HMIS staff to improve data quality and project participation.	Monthly or more
MBOS Monitoring Committee	The MBOS Monitoring Committee develops the Project Monitoring Questionnaire and the methodology used to evaluate ongoing project performance. The Questionnaire responses, APRs and other relevant materials are collected by this committee and presented to the Selection Committee prior to the scoring and ranking of project applications. Analysis of the Questionnaire responses and APRs are also used to help determine subject areas for future training opportunities.	Bi-monthly
MBOS Scoring Committee	The MBOS Scoring Committee develops and refines the Scoring Templates and methodology that will be used by the Selection Committee to score and rank all project applications submitted to MBOS. This group works closely with the other committees to establish appropriate criteria, priorities and guidelines that take into consideration MBOS priorities, Unmet Need, and HUD guidance.	Bi-monthly

Statewide Homeless Council	The Statewide Homeless Council provides leadership in the development and ongoing enactment of Maine's Statewide Plan to End and Prevent Homelessness. The Council acts as an advisory committee to the Governor, the Legislature and Maine State Housing Authority. The Council has established sub-committees to address discharge planning, disaster planning and other issues on a statewide level. Overlapping membership with MBOS ensures ongoing communication and coordination of our mutual efforts.	Monthly or more

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

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Maine Dept. Health & Human Services	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Maine Dept. of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Office of the Governor	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Maine State Housing Authority	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Domes...
Maine Dept. of Labor	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans
City of Augusta	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Auburn	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Lewiston	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Auburn Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	Domestic Vio...
Augusta Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	Domestic Vio...
Lewiston Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	Domestic Vio...
Brunswick Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	Domestic Vio...
Veterans Administration- Togus	Public Sector	Other	Primary Decision Making Group, Attend 10-year planning me...	Veterans, Su...
Shalom House, Inc.	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Kennebec Behavioral Health	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Volunteers of America, NNE	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Veterans, Su...

Common Ties	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Tri County Mental Health	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Sweetser	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Serio...
Community Housing of Maine	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Se...
Rumford Group Homes	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Coastal Enterprises, Inc.	Private Sector	Funder ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Serio...
New Beginnings	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Serio...
Counseling Servies, Inc	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Community Health and Counseling Services	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Tedford Housing	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
York County Shelter Programs, Inc.	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Youth, Subst...
Abused Women's Advocacy Project	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Family Violence Project	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Caring Unlimited	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Goodwill Hinckley	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Youth, Serio...
Mid Maine Homeless Shelter	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Su...
MAPS Shelter Services	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth

Midcoast Maine Community Action	Private Sector	Non-pro...	Primary Decision Making Group	Seriously Me...
Motivational Services	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Hope Haven Gospel Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
Bread of Life Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
United Way (Several local offices)	Private Sector	Funder ...	Primary Decision Making Group	Youth, HIV/AIDS
Saint Mary's Hospital	Private Sector	Hospita...	Committee/Sub-committee/Work Group	Seriously Me...
Acadia Hospital	Private Sector	Hospita...	Committee/Sub-committee/Work Group	Seriously Me...
Battered Women's Project	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Catholic Charities	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Substance Abuse
Central Maine Pre-Release Center	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Substance Abuse
Charlotte White Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Community Concepts	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Domestic Violence Network	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Domestic Vio...
Family Crisis Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Frannie Peabody House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS
Home Counselors Inc.	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth, Subst...
HOME, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Homeless Services of Aroostook	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...

Empower Lewiston	Private Sector	Other	Attend 10-year planning meetings during past 12 months, C...	Youth, Serio...
Maine Re-entry Program	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	Youth, Subst...
Maine's CAP Agencies	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	Veterans, Do...
Maine's Career Centers (20 in MBOS)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Se...
Mid-Coast Hospitality House	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
New Hope for Women	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Pine Tree Legal	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Preble Street	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Shaw House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Subst...
Next Step	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Pleasant Point Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	Domestic Vio...
Rural Community Action Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Substance Abuse
Womancare	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Women Unlimited	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Youth Alternatives	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Serio...
Youthbuild	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Youth and Family Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Serio...
St. Martin de Porres	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
YANA (You Are Never Alone)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse

CHAMP (Creative Housing Alternatives for Maine ...	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
The Maine Way	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Milestone Foundation	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse
WCARC/Sunrise Opportunites	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Genesis Community Loan Fund	Private Sector	Funder ...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Homeless Voices for Justice	Private Sector	Other	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Dee Clarke	Individual	Homeles...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Yvonne Mickles	Individual	Homeles...	Attend 10-year planning meetings during past 12 months, C...	Youth, Domes...
Regional Homeless Councils	Private Sector	Other	Attend Consolidated Plan planning meetings during past 12...	NONE
Augusta Working Group	Private Sector	Other	Committee/Sub-committee/Work Group	Seriously Me...
Lewiston Auburn Alliance of Services for the Ho...	Private Sector	Other	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Greater Franklin County Coalition for the Homeless	Private Sector	Other	Committee/Sub-committee/Work Group	Seriously Me...
Washington County Coalition to End Homelessness	Private Sector	Other	Committee/Sub-committee/Work Group	Domestic Vio...
Homeless Veterans Working Group	Private Sector	Other	Committee/Sub-committee/Work Group	Veterans

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

Instructions:

The CoC solicitation of projects and project selection 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 all new and renewal project(s) performance, effectiveness, and quality. 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)	f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

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

The 2009 MBOS (ME-500) eHIC shows a decrease of 7 ES beds compared to our 2008 eHIC. Compared to 2008, BWP DV Shelter in Houlton reported 2 fewer beds, CCI Strathglass Shelter reported 2 fewer beds, and Mid Coast Hospitality House reported 3 fewer beds. We did have some program closings & openings: Breakwater Teen Shelter closed (-16 beds), House of Peace DV Shelter closed (-6 beds) & two HOME, Inc. facilities changed a total of 8 ES beds to TH or PSH. On the other hand, the Maliseet DV Shelter opened (+10 beds), Rumford Group Homes' Norway Shelter opened (+15 beds) and Maine Way opened an Emergency Apartment program (+5 beds). But all these openings & closings canceled each other out (30 new minus 30 closed).

Safe Haven: No

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

MBOS (ME-500) has no Safe Haven programs.

Transitional Housing: Yes

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

The MBOS (ME-500) 2009 eHIC shows a decrease of 128 TH beds compared to 2008. The largest change was the RAC+ voucher program with 111 fewer beds. Several facilities were removed after reporting they do not use the HUD definition of homeless: CC St. Francis, -25 beds; GH Vickers, -11; 2 HOME, Inc. projects, -18; 2 Youth Alt. projects, -13; 2 MCM CAP projects -12 (3 beds changed to PSH). (-190 total) The losses were partly offset by new TH beds opening: HOME, Inc, HH +9; FVP +10; New Beg. Scattered site, +2; North Star Farm, +6; RCAM +4; VOA TLP, +8; & BRAP was up by +11 (+50 total). The remaining -12 are accounted for by changes in bed configurations at Family projects. (ie: a family of 3 in a unit that used to house a family of 6)

Permanent Housing: Yes

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

The MBOS (ME-500) 2009 eHIC shows a decrease of 33 PSH beds compared to 2008. Losses include -29 Individual and -23 Family beds in Shelter Plus Care; CHAMP, Woods Place (-12) and 2 Charlotte White facilities (-11) reported they do not use HUDs homeless definition. Also, YCS 11 Lebanon is now housing the Within TH program (-16). There also were some openings: Bread of Life, Westman Village (+12); Rumford Group Homes, Pinewood (+12); York County Shelters, Vinton¿s Place (+8) and Edie¿s Place (+4); HOME, Inc, Dorr House (+2); CHOM, Fairfield (+7); & MCM CAP, Elm St. (+3). The remaining -10 can be accounted for by changes in bed configurations at family projects.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	ME-500 eHIC MBOS ...	11/02/2009

Attachment Details

Document Description: ME-500 eHIC MBOS 2009

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-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 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/28/2009
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	HMIS plus housing inventory survey
Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)	Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS
Must specify other:	
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:	
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:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type:	Statewide
Select the CoC(s) covered by the HMIS: (select all that apply)	ME-502 - Portland CoC, ME-501 - Bangor/Penobscot County Coc, ME-500 - Maine Balance of State CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization?	Yes
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): (format mm/dd/yyyy)	03/02/2004
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	No or low participation by non-HUD funded providers

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).

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

The State of Maine HMIS covers all three CoCs in Maine, including the Balance of State CoC. The Balance of State CoC has achieved a high participation rate for Emergency and PSH units, but there are still a small handful of mostly non-HUD funded TH providers who do not supply data to the HMIS system. The Balance of State CoC works with these providers to encourage them all to participate in HMIS data collection activities.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	Maine State Housing Authority
Street Address 1	353 Water Street
Street Address 2	
City	Augusta
State	Maine
Zip Code **Format: xxxxx or xxxxx-xxxx**	04330
Organization Type	State or Local Government
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Dr.
First Name	Douglas
Middle Name/Initial	
Last Name	Barley
Suffix	
Telephone Number: (Format: 123-456-7890)	207-624-5742
Extension	
Fax Number: (Format: 123-456-7890)	207-624-5768
E-mail Address:	dbarley@mainehousing.org
Confirm E-mail Address:	dbarley@mainehousing.org

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

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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**	86%+
*** Safe Haven (SH) Beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) Beds**	76-85%
*** Permanent Housing (PH) Beds**	86%+

How often does the CoC review or assess its HMIS bed coverage? Monthly

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

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

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	5%
* Date of Birth	1%	0%
* Ethnicity	6%	0%
* Race	5%	0%
* Gender	0%	0%
* Veteran Status	8%	5%
* Disabling Condition	9%	7%
* Residence Prior to Program Entry	22%	4%
* Zip Code of Last Permanent Address	9%	29%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4?	Yes
Did the CoC or subset of CoC participate in AHAR 5?	Yes
How frequently does the CoC review the quality of client level data?	Monthly
How frequently does the CoC review the quality of program level data?	Monthly

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

The statewide HMIS offers self service data quality reports 24/7 in the Advanced Reporting Tool for providers who use ServicePoint. Providers who send their data to HMIS via the batch upload process do not have access at this time to a self-service tool that is as robust as ServicePoint, but data quality reports are generated from the batch database and shared with providers who submitted the data to allow them to monitor and improve their data quality on a monthly basis.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

The Maine HMIS quality control policy is that "To be able to provide accurate timely information, data must be regularly, completely, and accurately entered into the Maine HMIS system." It is further expected that data entry must take place at minimum on a weekly basis, and HMIS users at participating agencies are responsible for the accuracy, correctness, and timeliness of their data entry. A report is run weekly to check that exit dates are not recorded as being prior to entry dates, and a report is run at the Emergency Shelter level to identify long-term stayers in emergency shelter. Providers are also encouraged to self-monitor their data by spot checking their online reports against their paper intake records at least quarterly.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Monthly
Use of HMIS for point-in-time count of sheltered persons:	Quarterly
Use of HMIS for point-in-time count of unsheltered persons:	Annually
Use of HMIS for performance assessment:	Annually
Use of HMIS for program management:	Annually
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

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

How often does the CoC assess compliance with HMIS Data and Technical Standards?	Monthly
How often does the CoC aggregate data to a central location (HMIS database or analytical database)?	Monthly
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	03/27/2009
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

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

Privacy/Ethics training	Quarterly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Annually
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with	Dependent Children		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Number of Households: 75	204	2	281
Number of Persons (adults and children): 217	575	6	798

Households without	Dependent Children		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Number of Households: 211	257	23	491
Number of Persons (adults and unaccompanied youth): 214	270	23	507

All Households/	All Persons		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Total Households: 286	461	25	772
Total Persons: 431	845	29	1,305

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	20	5	25
*** Severely Mentally Ill**	303	2	305
*** Chronic Substance Abuse**	104	0	104
*** Veterans**	49		49
*** Persons with HIV/AIDS**	31		31
*** Victims of Domestic Violence**	240		240
*** Unaccompanied Youth (under 18)**	37	1	38

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count?	Annually
Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)	01/27/2010

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers:	100%
Transitional housing providers:	100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

Two types of forms were sent to each shelter & transitional facility in the CoC. Individual Surveys were provided to collect detailed information on those clients willing to participate in an Individual Survey interview, and a Summary Count form was sent to each facility so they could report on the total number of clients served on the night of the PIT. 100% of the emergency shelters & transitional housing facilities returned Individual Surveys, Summary Count forms, or both. We extracted detail data from HMIS for the larger voucher based TH programs (BRAP and RAC+). All surveys and forms were returned to a central processing center where data was entered into a computerized system that allowed for deduplication across facilities based on unique identifiers used on the Individual Surveys and in HMIS. Where a discrepancy existed between the Individual Survey total and Summary Count total of a facility, the higher of the two numbers was used.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

While the total number of people counted in ES and TH facilities in the PIT decreased only slightly (1305 in 2009 compared to 1372 in 2008) we saw significantly more people, both individuals and people in families, staying in Emergency Shelters and fewer in Transitional Housing on the night of the PIT in 2009 compared to 2008. We feel that the general downturn in the economy played a big role in creating this situation; people suddenly losing their jobs & their housing and finding themselves at the shelters. The lack of employment opportunities, and increasingly long wait lists for housing subsidies for both transitional and permanent housing programs has resulted in people not being able to move out of the shelters as rapidly as in the past.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	
Non-HMIS client level information:	X
None:	
Other:	X

If Other, specify:

Client level information was collected via individual client interviews at each provider on the night of the PIT count. Providers were also asked to submit a cumulative count form to reflect totals within each population being counted. Total counts from the individual surveys (at the client level) and count forms (at the provider level) were compared, and a percentage was calculated reflecting a factor to be used when calculating the subpopulations based on % coverage reported. For example, if a CoC reported 1000 individual clients surveyed on the night of the PIT but 1250 total persons counted on the provider count forms, an adjustment factor of 125% (1250/1000 or total reported/total individuals surveyed) was applied to the subpopulation data that was calculated from the individual survey forms. Therefore, if the CoC identified 20 Veterans on individual surveys, the adjusted number of Veterans reported was 25 (20 * 125%). However, for the HIV/AIDS subpopulation, the Continuum did not believe that self reporting of this during PIT interviews accurately reflected the prevalence of individuals with HIV/AIDS in our homeless population, so for this subpopulation we drew on statistics on HIV/AIDS among homeless populations from the Maine CDC and the National Alliance to End Homelessness. According to the NAEH, as many as 3.4% of the homeless population are HIV positive, and we applied this factor to our adult population to arrive at the figure in our chart.

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

The CoC used the "Other" methodology described in detail in the preceding narrative to produce the subpopulation numbers reported in section 2J of this Exhibit 1.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

Our 2009 sub-population numbers for 3 categories (Severely Mentally Ill, Veterans & DV Victims) increased proportionately to the increased number of adults, both individuals & in families, in Shelters on the PIT night (Our number for Persons with HIV/AIDS was directly effected by this due to the way we calculate this figure, as described in the first narrative of this section). All of our Emergency Shelters regularly collect, record & report on these types of data elements as part of their standard intake process. Our transitional programs do not collect this type of data on a night to night basis, and those not utilizing HMIS may not have been as diligent in recording it for the PIT. Our number of Sheltered Unaccompanied Youth increased even more significantly, perhaps due to the general economic downturn creating greater stress in their homes of origin or the homes of family or friends they may otherwise have stayed with, and reducing the number of employment opportunities available to young people. Interestingly, our number for Chronic Substance Abuse went down this year. This may be due to a larger proportion of adults at emergency shelters, particularly adults in families, being new to the shelter system; they may not have been there long enough for staff to determine if Chronic Substance Abuse is present, or there may simply be fewer Chronic substance abusers in the current shelter population. Our number of Sheltered Chronically Homeless Individuals did not change.

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

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count: (select all that apply)

Instructions:	
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

The results of individual surveys were entered into a MaineHousing database that wraps around HMIS data and incorporates other non-HMIS data, such as paper survey results for the PIT. Reports displayed unique IDs that appeared on multiple survey response forms along with the names of providers responsible for the surveys. MaineHousing staff contacted each provider with a "suspect" unique ID to investigate and resolve discrepancies between programs, so that each client was ultimately counted only once. Duplicates were found across voucher based and facility based programs. For example, RAC+ vouchers were sometimes being used by clients living in TH facilities. It was decided that client counts would default to physical facilities first; therefore, voucher based counts were reduced by the appropriate number of clients who were identified as staying in these facilities.

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

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	
Public places count with interviews:	
Service-based count:	X
HMIS:	X
Other:	X

If Other, specify:

The CoC sent additional individual survey forms to area shelters, encouraging them to conduct local street outreach in order to contact unsheltered persons where they knew they commonly congregate. Survey forms were also sent to service only and outreach programs such as soup kitchens, hospitals and municipalities with social service departments. A location ID was pre-printed on each additional form sent, so that when they were returned it could be easily identified which area the survey form covered.

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. 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 people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.
(select all that apply)

Training:	X
HMIS:	X
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

Data collected on survey forms of unsheltered populations allowed HMIS staff to create a unique ID for each unsheltered person identical in format to the unique ID used in the core HMIS system. When unsheltered surveys were entered into the MaineHousing database that wraps around the core HMIS system, clients could be deduplicated based on their unique IDs.

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

For the last three years MaineHousing has implemented an Emergency Winter Response Plan. This plan makes funds available during the winter months to reimburse Emergency Shelters for the cost of providing temporary motel accommodations to families and individuals when the shelter facility is full. Maine Department of Health and Human Services provides Intensive Case Managers who conduct outreach to sheltered and unsheltered populations across the state to facilitate access to services and mainstream resources. A number of our shelters have also increased their Homelessness Prevention efforts, either by establishing new positions or expanding the roles of current case workers to include providing assistance to families and individuals at risk of becoming homeless.

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):

In addition to the efforts mentioned above, Maine Department of Health and Human Services conducts outreach and engagement through the Project for Assistance in Transition from Homelessness (PATH). PATH is designed to assist homeless adults with Serious Mental Illness and youth with Serious Emotional Disturbance and/or Substance Abuse. The Veteran's Administration Medical Center at Togus has 5 beds in its Lodger Unit available specifically for homeless veterans in need of emergency shelter, and has an Outreach Worker to seek out and engage sheltered and unsheltered homeless veterans in connection with the VASH Program. We believe all of these efforts have combined to have a direct impact on reducing the number of unsheltered chronically homeless and homeless families with children.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

The MBOS 2009 PIT Unsheltered count showed 2 families consisting of 6 family members and 23 single individuals for a total of 29 people (2008 showed 2 families consisting of 4 family members and 27 single individuals for a total of 31 people). While this is a decrease, and we do believe the outreach efforts described above are having a positive effect, we do not feel that this change is indicative of a significant downward trend overall, and perhaps shows no more than typical night to night variations in the number of people who are unsheltered in our coverage area. As mentioned previously, our ES numbers were up over last year, and the weather on night of our PIT count (1-28-09) was particularly harsh, and may have compelled people into ES facilities who might otherwise have been unsheltered.

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

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

58 beds + 0 new beds in next 12 months = 58 beds. We will not develop new CH housing in the next 12 months. Relatively few people in MBOS self-identify as chronic homeless (CH); both the PIT & HMIS demonstrate that the beds we have developed for CH are sufficient to meet the need. MBOS serves rural Maine outside of Portland and Penobscot Cty. Some counties have no shelters at all and others have only domestic violence shelters. This hampers identification of people as CH; where shelters don't exist people who lack housing must double-up or couch surf, which does not meet HUD's homeless definition. Documenting CH is difficult; there are vast geographic areas where they may camp and not be discovered. To maximize choice and utilization of available housing, in the next 12 months we will target new units/beds for all homeless rather than designating CH beds. MBOS members include public agencies & nonprofit housing & service providers with a primary mission of serving homeless people.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

Through the PIT survey and HMIS, MBOS will continue to monitor CH bed utilization and the number of CH identified, as well as where they are in the state relative to available CH beds. We will provide TA & training to providers on documenting CH, and work to standardize the documentation methodology throughout the state. To use resources most efficiently we will encourage homeless housing providers to serve CH in their general homeless beds. Designating beds as CH creates a barrier to serving non-CH, whereas CH may be served in general homeless beds. In the event that we see a cluster of CH in any area of the state we will move to create CH housing to address their needs as necessary. MBOS membership includes public & private stakeholders with a primary or secondary mission to serve homeless people.

How many permanent housing beds do you currently have in place for chronically homeless persons?	58
How many permanent housing beds do you plan to create in the next 12-months?	58

How many permanent housing beds do you plan to create in the next 5-years?	62
How many permanent housing beds do you plan to create in the next 10-years?	68

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

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

MBOS exceeded HUD's and our own benchmark in the last year. The majority of MBOS permanent housing inventory is S+C. S+C is popular among homeless consumers because it gives them housing choice, independence and control in their living situation. They can choose from a menu of services to help them retain their housing. S+C participants are encouraged but not mandated to receive services; most accept some to help them stay housed. The program is administered by Community Mental Health Centers working from a mental health perspective, which improves their skill in working with tenants. S+C staff takes a comprehensive view of tenants needs. Consumers may also choose MBOS permanent supportive housing, which combines housing with a range of services according to their needs. In the next 12 months we will continue offer both S+C & PSH residents housing choice and a menu of services to help them remain in PH for 6 months or longer.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

We will continue the policies & procedures we have used to date to exceed HUD¿s minimum standard. MBOS is committed to participating in studies & evaluations such as the Maine Cost of Homelessness Study that use data to analyze performance and drive decisionmaking. We will regularly analyze MBOS PIT & HMIS data, as well as APRs, to determine which programs or areas of the state have been most successful helping homeless people remain in permanent housing more than 6 mths. Maine was used as an example in an NAEH brief on strategies of exemplary state mental health agencies with programs to prevent and end homelessness, evidence that our approach is recognized as successful. We will partner with Maine¿s two other CoCs to continue offering training on Mainstream Resources & SOAR to help providers ensure that formerly homeless tenants have access to resources needed to support long term tenancies. We will continue working closely with landlords to help prevent evictions.

What percentage of homeless persons in permanent housing have remained for at least six months?	85
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	80
In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	80
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	85

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

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

MBOS exceeded HUD's & our own benchmark last year. We will continue to advocate for more rental housing vouchers & offer providers training to teach them how consumers can apply for, obtain, & retain housing subsidies. When rental subsidies are available we are very successful in moving homeless people to PH. Example- in 2007 we achieved 81%, due in part to an unexpected increase in the availability of Section 8 certificates. Recognizing this was unusual in 2008 we lowered our goal to 70% but achieved 75%. Currently Maine is facing another $200 million deficit, & Maine Dept. of Health & Human Services may have to cut its budget by $80 million in this fiscal year. Section 8 subsidies and public housing are limited due to federal budget cuts; all areas of the state have long waiting lists for housing subsidies. For these reasons we are projecting more conservative outcomes in the next 12 months. MBOS stakeholders include those with a primary & secondary mission of serving the homeless.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The key factor is to increase the supply of affordable permanent housing, currently in short supply. In the next 10 years we will advocate for passage of SEVRA- the Section 8 Reform Act, in order to increase the availability of Section 8 vouchers. We will also explore the potential for adding homeless set-asides within larger rental housing developments. In some states the LIHTC QAPs require that there be a 10% set-aside of all units for homeless people. This may be a useful model for Maine. We will also support funding of the National Housing Trust Fund such as the S. 1731 bill proposed in the US Senate. The Trust Fund emphasizes construction of rental housing for ELI, critical for homeless people. We will explore use of the Leasing program under CoC funding, which would provide access to rental housing that is integrated into the community. We will also continue to use CoC funding to create new SHP and S+C beds.

What percentage of homeless persons in transitional housing have moved to permanent housing?	75
In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	65
In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	68
In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	72

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

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

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. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

S+C LAA staff will continue outreach to CareerCenters to link clients to employment assistance. We will strengthen connections with CareerCenters & provide training on employment resources to Case Managers. Kennebec Behavioral Health will offer job development, placement, & retention services, & Transitional & Supported Employment to MH consumers. Mental Health Centers statewide have Employment Specialists to help consumers connect to jobs. We will encourage providers to participate in Ticket to Work trainings. The Veterans' Workforce Investment Program (VWIP) funded counselors will be co-located in the CareerCenter offices in Augusta & Lewiston. Togus VAMC staff will provide Vets with job placement, retention, and other supportive services. YCSP will teach clients interviewing skills; provide job placement & retention support, and offer a job training program. Maine WIBs will use ARRA WIA funds to provide employment training to youth ages 14-24, including homeless youth.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

We will research successful employment models in Maine & elsewhere to learn strategies that will work in our rural service area. We will continue to work with the TH programs to find ways to help participants find jobs prior to exit. We will provide training on employment at CoC meetings, and work to strengthen connections between homeless people and CareerCenters. We will continue to co-locate VWIP counselors in CareerCenters to support homeless vets. We will encourage service providers and homeless people to access career and job info at Service Network Access Points (SNAPs)(DOL-sponsored local one-stop career centers created in partnership with faith-based & other community organizations.) We will encourage providers to go to Ticket to Work (T2W)trainings, and homeless individuals receiving SSI/SSDI to participate in T2W as well.

What percentage of persons are employed at program exit? 12

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

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

Due to the economic climate MBOS saw a 50% increase from 2008 in sheltered families. Families are also staying in shelter longer. These trends will continue due to high unemployment, & the scarcity of affordable rental housing & housing subsidies. HPRP-funded Housing Retention & Stability Specialists will provide services, security deposits, and short term (3 mth) rental assistance to help families bypass shelters & get housed. HPRP will also fund legal representation in District Courts for families threatened with eviction. $5 million in the state of Maine's NSP funds was set aside to build housing for homeless people, including families. When this RFP is released we will encourage MBOS housing developers to apply. We will also encourage use of Section 8, CDBG, LIHTC, and other funding to create new rental housing affordable to families with very low incomes. We will promote use of www.mainehousingsearch.com, a free service linking people who need housing with available units.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

We will continue implementing HPRP-funded initiatives which include housing placement and other supports, security deposits, and up to 3 mths. of rental assistance. We will document lessons learned & use this info to advocate for continued funding when initial funding ends. We will advocate for more affordable housing through Sect. 8 Vouchers; LIHTC; CDBG; NSP funds; and LD 1485, a $30 million state-funded bond program passed June 2009, 30% of which is for creating affordable rental housing, and 10% for replacement of substandard trailers. We will advocate for funding for the National Housing Trust Fund. We will promote use of www.mainehousingsearch.com a free service linking people who need housing with available units.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2l)?	75
In 12-months, what will be the total number of homeless households with children?	70
In 5-years, what will be the total number of homeless households with children?	60

In 10-years, what will be the total number of homeless households with children?	50

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

Maine Dept. of Health & Human Services (Maine DHHS) is the state agency administering foster care. Since 2003 Maine DHHS has implemented new policies that emphasize family reunification & kinship care. These policies reduce the number of children in foster care overall, which in turn has reduced the numbers of youth requiring discharge from foster care. Foster care placement does still occur, however, & the state has developed policies and procedures for helping youth transition safely to independence. The policies include 1)V.D-7. Relative Placement and Kinship Care Including Fictive Kin; 2)IX.A. Permanency Guardianship; 3)V.K. Education Beyond High School; 4)V.L-1. Extension/Termination of Care at Age 18; and 5)V. T. Maine Title IV-E Independent Living Program. The intent is to discharge youth from foster care back to their families or to kinship care. Transition planning, focused on permanency, well-being, and safety begins at age 16 with the youth and the family team (which includes family/kin, friends, and reps. from youth serving orgs. Transition planning protocols were developed with input from public & private child welfare agencies, the Statewide Homeless Council. These protocols are aligned with federal HHS guidelines for runaway and homeless youth programs. Youth are discharged to family/kin, or to independent using Sect. 8 subsidies and other assistance to support independence. Youth requiring ongoing support are transitioned to Adult Services.

Health Care:

The Statewide Homeless Council (membership includes all 3 of Maine's CoCs) 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 the Maine Dept. of Health & Human Services (Maine DHHS. The State Caregivers Directors and the Maine Hospital Association, whose membership includes hospital CEOs, will review and are expected to approve the Guidelines in late 2009. Maine DHHS funds most case managers who assist with discharge planning & transition to the community. The Guidelines instruct hospitals to begin the dx 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. Patients are to be discharged to family, friends, to TH, or to their own apartment. Discharges to shelters are to be avoided. Patients may be discharged to TH such as BRAP & RAC+ (TBRA); or to PSH such as SHP & S+C, or PH including Section 8.

Mental Health:

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. The treatment team includes the client, community support providers, family and friends, & other natural supports. The team works with the client to identify housing & services which will support ongoing recovery once discharged. Placement options include residential treatment facilities, permanent housing, other community living arrangements, or returning home to friends or family. Neither institution supports or advocates for discharge to homelessness or to an emergency shelter.

Corrections:

An MOA signed in 2005 by MaineHousing, the Maine Dept. of Corrections, & the Maine Re-Entry Network remains in effect. The MOA enhances housing-related opportunities & services to currently or formerly incarcerated offenders ages 18+ to prevent release of prisoners to shelters or the streets. The MOA details the responsibility of the Reentry Specialists in working with offenders in pre-release planning. MaineHousing provides RAC+ (TBRA) to support housing tenure until recipients become employed & self-sufficient. These partnerships have worked well to prevent release from corrections to homelessness, & follow-up helps to sustain housing tenancies once prisoners are released. The ME Dept. of Corrections (DOC) has a contract with Kennebec Behavioral Health (KBH) to provide temporary housing for released women statewide. The MOA targets women offenders ages 18+. It provides payment of security deposit & 1st month¿s rent. RAC+ supports housing tenure until recipients become employed & self-sufficient. DOC also has a contract with Volunteers of America to provide housing and services for released prisoners- this is also statewide. Both KBH & VOA support re-entry for prisoners released from state correctional facilities who are ineligible for HUD-assisted public housing due to their corrections history. Maine DHHS provides Intensive Case Managers who assist with pre-release planning for inmates with mental illness. Inmates may also be released to family/friends.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, 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 the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

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 2005-2009 Consolidated Plan assigns high priority status to the creation of new beds for people who are homeless.In the 5 year period it projects serving 625 new households with special needs; Homeless Households being a portion of these and the remainder being populations with developmental or other disabilities. The Plan also proposes to serve 565 households by providing deep rental subsidies, and a portion of these will be for homeless households. This Plan was written in 2004 and is outdated. it is currently being revised and will reflect the MBOS Strategic Plan goals regarding homeless families and chronic homeless individuals.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

MaineHousing coordinates HPRP in Maine¿s non-entitlement cities. It is also the lead agency for MBOSCoC, for the statewide HMIS system. Finally, it administers other housing programs including ESG, Section 8 Vouchers, LIHEAP, Weatherization, LIHTC, & other rental housing development programs. In these roles it also coordinates closely with Maine¿s 2 other CoCs. MaineHousing solicited input from MBOS & the 2 other CRC¿s re: the design of HPRP. It also established an Advisory Committee with representation from Maine¿s 3 CoCs to assist with the subgrantee selection process for each county. Some MBOS members served on the HPRP Advisory Committee to select sub-grantees. Other MBOS members are subgrantees; their role is to link clients with Mainstream Resources that support housing stability. MaineHousing¿s HPRP program is divided into a Homeless Diversion & Prevention Project; Engagement & Stabilization; Security Deposits; & Homeless Advocacy (legal services to prevent eviction). Sub grantees will report activity through HMIS & other reporting mechanisms.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

DECD administers Maine¿s NSP & CDBG-R programs for non-entitlement areas.NSP funds were allocated to MSAs & counties hardest hit by foreclosures. To comply with NSP requirement to target 25% of funds to individuals & families earning less than 50% AMI, DECD set-aside $5,000,000 in NSP funding for MaineHousing to administer in identified Areas of Greatest Need. MaineHousing will a) Issue an RFP through the Regional Homeless Councils to acquire & rehab foreclosed properties into PSH & PH for homeless persons; b) Expand its supportive housing program, to fund the acquisition & rehabilitation of foreclosed upon properties for people that have special needs. Mortgage covenants in both programs will protect use & affordability for 30 years. The CDBG-R program will preserve 72 jobs in rural northern Aroostook Cty. Preserving jobs helps prevent homelessness. Other CDBG-R projects are in high LMI areas in 7 rural towns, & Indian Township, providing 152 jobs, vital to sustaining families in rural towns. VA offers eligible homeless veterans the Healthcare for Homeless Veterans (HCHV) program, which includes HUD VASH. VASH in Maine began with an award of 36 HUD VASH vouchers in FY08. Togus¿ VASH program partnered with MaineHousing for the 1st round of vouchers. To date 36 veterans entered VASH case management, 32 vouchers issued, & 28 veterans housed. Togus VA Medical Center (VAMC) Veteran Homeless Services staff participate in the Regional Housing Councils & 3 Maine CoCs. Togus VASH contracted with CHOM, a nonprofit affordable housing developer, to develop a 6 unit PSH project in Oakland, Maine. The property is under construction; HUD VASH will provide 6 VASH vouchers with supportive case management. In July¿09 Togus VAMC received 35 additional vouchers & will partner with Portland Housing Authority to provide permanent supported housing. Each VAMC is required to participate in CHALENG (Community Homelessness Assessment, Local Education, & Networking Groups) designed to enhance VA homeless services. Through CHALENG each VAMC is required to collaborate with community providers & local/state CoCs.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	8	**Beds**	8	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	75	**%**	85	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	70	**%**	75	**%**
Increase percentage of homeless persons employed at exit to at least 19%	11	**%**	12	**%**
Decrease the number of homeless households with children.	50	**Households**	75	**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

Objs. #4 & #5 are challenging.MBOS mostly funds PSH for hard to employ homeless with MI, SA, or both.We have no CoC-funded employment program.High unemployment.Almost no public transportation.Low PSH turnover penalizes us;employment only recorded at program exit.Two TH projects move people quickly (15-90 days) into PH or PSH; consumers are not yet employed. Poor economy makes finding jobs difficult.Few resources in rural counties to divert families from shelters or re-house them quickly.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

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 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	35	30
2008	29	50
2009	25	58

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 8

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, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	$13,727				
Total	$13,727	$0	$0	$0	$0

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):

Not applicable.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	154
b. Number of participants who did not leave the project(s)	505
c. Number of participants who exited after staying 6 months or longer	120
d. Number of participants who did not exit after staying 6 months or longer	439
e. Number of participants who did not exit and were enrolled for less than 6 months	66
TOTAL PH (%)	85

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	79
b. Number of participants who moved to PH	59
TOTAL TH (%)	328

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 233

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	45	19	%
SSDI	38	16	%
Social Security	6	3	%
General Public Assistance	0	0	%
TANF	23	10	%
SCHIP	0	0	%
Veterans Benefits	1	0	%
Employment Income	27	12	%
Unemployment Benefits	5	2	%
Veterans Health Care	1	0	%
Medicaid	148	64	%
Food Stamps	145	62	%
Other (Please specify below)	46	20	%
State Supplimental(26) Medicare(17) Child Support(2) WIC(1)			
No Financial Resources	58	25	%

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

Does CoC have projects for which an APR should have been submitted? Yes

4E. 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 Energy Star initiative go to: 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 service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, 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

4E. Section 3 Employment Policy Detail

Is the project requesting $200,000 or more?: Yes

If Yes to above question, click save to provide activities

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, Preference policy for hiring low and very low income persons residing in the service area

4F. 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 MBOS 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. MBOS also focuses training and workshop efforts on those areas that show the greatest need for improvement.

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.

11-6-08; 12-4-08; 3-19-09; 4-16-09; 6-16-09; 7-9-09; 9-10-09; 10-8-09

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.	Yes
If "Yes", specify the frequency of the training.	Semi-annually
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.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

3-26-2009

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	97%
Case Managers meet one-on-one with clients to develop an Individualized Support Plan. This process identifies clients' needs and eligibility for Mainstream Resources (MR). Case Managers may have MR applications that they can help clients fill out; otherwise, they assist clients in obtaining needed applications by accompanying them or providing transportation assistance to the MR office. Case Managers help clients complete applications and resolve obstacles to application completion. For example, if clients lack ID or other needed documentation Case Managers help them obtain that.	

2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	55%

3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	100%
Maine has one application that provides access to four mainstream resources: Food Stamps, TANF, & MaineCare (Medicaid) and Emergency Assistance through GA. Also, the VA has a single application for all VA benefits.	

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	87%
4a. Describe the follow-up process:	
MBOS covers most of Maine (except Penobscot County & the City of Portland - each a seperate CoC). MBOS includes a diverse array of providers, so the process may vary slightly, but generally, providers check to verify that applications have been completed, and they will check with clients to verify that they have received the benefits. If they have not, Case Managers will help clients contact the MR office and ask about the status. Case Managers also check with clients, as part of their regular meetings, to verify that they are continuing to receive MR, and if there are problems they will help to resolve them. Clients are encouraged to contact Case Managers if they have difficulty with their MR and do not feel comfortable negotiating with the MR office directly.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part B

Part B - Page 1

State Agencies and Departments or Other Applicants for Projects Located in Unincorporated Areas or Areas Otherwise Not Covered in Part A

1. Does your state, either in its planning and zoning enabling legislation or in any other legislation, require localities regulating development have a comprehensive plan with a "housing element?" If you select No, skip to question 4.	Yes
2. Does your state require that a local jurisdiction?s comprehensive plan estimate current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate, and middle income families, for at least the next five years?	Yes
3. Does your state's zoning enabling legislation require that a local jurisdiction's zoning ordinance have a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped in these categories, that can permit the building of affordable housing that addresses the needs identified in the comprehensive plan?	Yes
4. Does your state have an agency or office that includes a specific mission to determine whether local governments have policies or procedures that are raising costs or otherwise discouraging affordable housing?	Yes
5. Does your state have a legal or administrative requirement that local governments undertake periodic self-evaluation of regulations and processes to assess their impact upon housing affordability address these barriers to affordability?	Yes
6. Does your state have a technical assistance or education program for local jurisdictions that includes assisting them in identifying regulatory barriers and in recommending strategies to local governments for their removal?	Yes
7. Does your state have specific enabling legislation for local impact fees? If No, skip to question 9.	Yes
8. If you responded Yes to question 7, does the state statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus) and a method for fee calculation?	Yes
9. Does your state provide significant financial assistance to local governments for housing, community development and/or transportation that includes funding prioritization or linking funding on the basis of local regulatory barrier removal activities?	Yes

Part B - Page 2

10. Does your state have a mandatory state-wide building code that a) does not permit local technical amendments and b) uses a recent version (i.e. published within the last five years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI) the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification? Alternatively, if the state has made significant technical amendment to the model code, can the state supply supporting data that the amendments do not negatively impact affordability?	Yes
11. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" at http://www.huduser.org/publications/destech/smartcodes.html.	Yes
12. Within the past five years has your state made any changes to its own processes or requirements to streamline or consolidate the state?s own approval processes involving permits for water or wastewater, environmental review, or other State-administered permits or programs involving housing development. If yes, briefly describe.	Yes
Effective September 20, 2007 the State Planning Office established the criteria and review process it uses to review local community comprehensive plans for consistancy with the goals and guidelines of the Growth Management Act (30-A MRSA 4312 et.seq.) The Maine Land Use Regulation Commission adopted an Affordable Housing Policy Statement on April 4, 2007 to provide for affordable housing opprtunities within its juristiction. The 1st Regular Session of the 123rd Legislature passed LD1153, An Act to Allow Affordable Housing Discretionary Water and Sewer Fee Waivers, enabling a municipal or quasi-municipal water or sewer utility to reduce the connection or impact fee charged to newly constructed affordable housing units.	
13. Within the past five years, has your state (i.e., Governor, legislature, planning department) directly or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or panels to review state or local rules, regulations, development standards, and processes to assess their impact on the supply of affordable housing?	Yes
14. Within the past five years, has the state initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the states Consolidated Plan submitted to HUD? If yes, briefly describe.	Yes
Effective 7/1/2007 P.L. 1987, ch 737 "Municipalities and Counties rates of Growth Ordinances" states that a municipality may adopt a rate of growth ordinance only if the ordinance sets the number of building or development permits for affordable housing at no less that 10% of the number of permits set in the ordinance.	
15. Has the state undertaken any other actions regarding local jurisdiction?s regulation of housing development including permitting, land use, building or subdivision regulations, or other related administrative procedures? If yes, briefly list these actions.	Yes
Public Law, Chapter 699 establishes the Maine Uniform Building and Energy Code, creates a technical building standards board, and establishes new code oversight office within the Department of Public Safety. Maine Allows municipalities to use tax increment financing for affordable housing projects. The State Planning office has pursued various other legislative and programmatic improvements related to smart growth and sustainable development.	

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
19 Everett Street 09	2009-11-02 13:43:...	1 Year	Tedford Housing	16,519	Renewal Project	SHP	PH	F
Smith Transitiona ...	2009-10-21 17:47:...	1 Year	York County Shelt...	111,127	Renewal Project	SHP	TH	F
Transitiona l Housing	2009-10-24 13:11:...	1 Year	Battered Women's ...	27,251	Renewal Project	SHP	TH	F
Milbridge Harbor ...	2009-10-23 12:51:...	1 Year	Washingto n County...	28,927	Renewal Project	SHP	PH	F
Creative Alternat...	2009-11-10 11:42:...	3 Years	Creative Housing ...	284,579	New Project	SHP	PH	F6
Maine 3	2009-11-04 09:15:...	5 Years	State of Maine, D...	118,860	New Project	S+C	TRA	F5
Operation Home	2009-11-06 11:32:...	2 Years	Communit y Housing...	297,335	New Project	SHP	PH	F2
Maine 2 09	2009-10-13 11:47:...	1 Year	State of Maine, D...	1,014,912	Renewal Project	S+C	TRA	U
Within Transition.. .	2009-10-19 09:24:...	1 Year	York County Shelt...	99,174	Renewal Project	SHP	TH	F
Kennebec Supporte...	2009-11-09 09:38:...	2 Years	Kennebec Behavio...	352,170	New Project	SHP	PH	F3
Lewiston 1-09	2009-10-13 10:39:...	1 Year	State of Maine, D...	97,488	Renewal Project	S+C	TRA	U
Permanent Housing...	2009-10-23 12:57:...	1 Year	Communit y Housing...	19,635	Renewal Project	SHP	PH	F
State of Maine HMIS	2009-10-08 16:38:...	1 Year	Maine State Housi...	154,959	Renewal Project	SHP	HMIS	F

Maine 6	2009-10-21 15:52:...	5 Years	State of Maine, D...	283,980	New Project	S+C	TRA	P1
Mid Maine Support...	2009-10-19 11:34:...	1 Year	Kennebec Behavio...	32,838	Renewal Project	SHP	PH	F
CSI Woodbridge Gr...	2009-10-20 16:40:...	1 Year	Counseling Servic...	64,410	Renewal Project	SHP	PH	F
Maine 1-09	2009-10-13 10:48:...	1 Year	State of Maine, D...	1,442,652	Renewal Project	S+C	TRA	U
State of Maine HM...	2009-10-08 16:54:...	1 Year	Maine State Housi...	66,431	Renewal Project	SHP	HMIS	F
Maine 12-09	2009-10-20 15:52:...	1 Year	State of Maine, D...	218,460	Renewal Project	S+C	TRA	U
New Beginnings Tr...	2009-11-05 12:20:...	1 Year	New Beginnings, Inc.	167,116	Renewal Project	SHP	TH	F
Maine 7-09	2009-10-13 11:56:...	1 Year	State of Maine, D...	301,992	Renewal Project	S+C	TRA	U
19 Pleasant Stree...	2009-10-24 12:45:...	1 Year	Tedford Housing	6,825	Renewal Project	SHP	PH	F
Brand New Day	2009-10-21 17:37:...	1 Year	York County Shelt...	33,238	Renewal Project	SHP	PH	F
Motivated Housing	2009-11-06 11:30:...	2 Years	Community Housing...	299,835	New Project	SHP	PH	F4

Budget Summary

FPRN	$2,181,229
Permanent Housing Bonus	$283,980
SPC Renewal	$3,075,504
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	ME-500 Con. Plan ...	11/05/2009

Attachment Details

Document Description: ME-500 Con. Plan Certs & Project Lists