

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

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

Training resources are available online at: [www.hudhre.info/esnaps](http://www.hudhre.info/esnaps) &nbsp;- Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms to the application. &nbsp;- The HUD HRE Virtual Help Desk is available for submitting technical and policy questions. &nbsp;

### Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

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

### Instructions:

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

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

**CoC Lead Agency 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)** 87%

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

<b>Elected:</b>	<input type="checkbox"/>
<b>Assigned:</b>	<input checked="" type="checkbox"/>
<b>Volunteer:</b>	<input checked="" type="checkbox"/>
<b>Appointed:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**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):**

<b>Elected:</b>	<input checked="" type="checkbox"/>
<b>Assigned:</b>	<input checked="" type="checkbox"/>
<b>Volunteer:</b>	<input type="checkbox"/>
<b>Appointed:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

**If administrative funds were made available to the CoC, will 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 to 750 characters):**

MBOS does not currently have the legal capacity to act as grantee but could develop that capacity or secure a designee for the administrative responsibilities. However, MBOS is keenly aware of the HEARTH Act & until such time as rules are promulgated, we cannot take a position regarding future changes to our organizational structure. Once we have that information MBOS will examine this issue in-depth & consider such related issues as: fee structures, organizational capacity, sustainability, transparency, flexibility, & conflicts of interest. Ultimately our voting members will determine what our organizational structure will look like and MBOS shall retain the ability to amend or modify any Administrative Agency agreement going forward.

## 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.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

### Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
MBOS Steering Committee	The MBOS Steering Committee is made up of the 2 chairs of MBOS & the 2 chairs from each standing committee. Steering keeps track of policy issues, advocacy efforts & conducts an annual review of our Governance to ensure consistency with the State Plan to End & Prevent Homelessness & full compliance with HUD. Steering facilitates the collection & integration of information & materials provided by other committees for inclusion in the Exhibit 1. Whenever possible, these data, narratives & materials are presented to the full group at regular MBOS meetings for discussion & approval. If time does not permit review of all materials, the larger group may vote to authorize the Steering Committee to complete the Exhibit 1 on behalf of MBOS.	Monthly or more
MBOS Gaps & Data Committee	The MBOS Gaps & Data Committee collects information on homelessness and works closely with the MaineHousing HMIS Team to improve data collection & analysis techniques used by MBOS. It conducts the annual Point-in-Time count & Housing Inventory Chart survey, coordinating these efforts with the Greater Penobscot CoC & the Portland CoC to ensure statewide coverage & consistency. The information collected is used to help determine Unmet Need & identify Gaps in our Housing & Services that need to be addressed. This Committee has recently developed an ongoing Data Quality Monitoring Tool and Process to improve HMIS reporting and accountability regarding new Performance Measures.	Monthly or more
MBOS Monitoring Committee	The MBOS Monitoring Committee develops the Project Monitoring Questionnaire and the methodology used to evaluate ongoing Renewal project performance. The Questionnaire responses, APRs and other relevant materials are collected and reviewed by this committee to determine if renewal projects are meeting basic threshold criteria and are in full compliance with HUD and MBOS expectations. Analysis of the Questionnaire responses and APRs are also used to help determine subject areas for future training opportunities and requests for technical assistance.	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 New 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 priorities and guidance.	Bi-monthly
Statewide Homeless Council	The Statewide Homeless Council (SHC) 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. The Governor recently appointed a new Chair to the SHC - a long time member of MBOS - and we anticipate this will allow for even closer connection and collaboration between the SHC and MBOS.	Monthly or more

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

Not applicable

## 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	Veteran s
Veterans Administration- Togus	Public Sector	Othe r	Primary Decision Making Group, Attend 10-year planning me...	Veteran s, 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...	Veteran s, 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...	Veteran s, Se...
Rumford Group Homes	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth

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...	Seriousl y Me...
Community Health and Counseling Services	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Tedford Housing	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriousl y Me...
York County Shelter Programs, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Youth, Subst...
Safe Voices (formerly Abused Women's Advocacy P...	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domesti c Vio...
Family Violence Project	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Caring Unlimited	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Mid Maine Homeless Shelter	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s, Su...
Step Up	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Motivational Services	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Hope Haven Gospel Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriousl y Me...
Bread of Life Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
United Way (Several local offices)	Private Sector	Funder ...	Primary Decision Making Group	Youth, HIV/AIDS
Hope and Justice Project	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domesti c Vio...
Catholic Charities	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Substan ce Abuse
Charlotte White Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
Community Concepts	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...



Family Crisis Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Frannie Peabody Center	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	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	Seriousl y Me...
Homeless Services of Aroostook	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
Maine's CAP Agencies	Public Sector	Publi c ...	Attend Consolidated Plan planning meetings during past 12...	Veteran s, Do...
Maine's Career Centers (20 in MBOS)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veteran s, Se...
Mid-Coast Hospitality House	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
New Hope for Women	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Pine Tree Legal	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
Next Step	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Pleasant Point Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	Domesti c Vio...
Rural Community Action Ministries	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Substan ce Abuse
Womancare	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Youth Alternatives/Ingraham	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth, Serio...
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	Seriousl y Me...
YANA (You Are Never Alone)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce 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...
Homeless Voices for Justice	Private Sector	Othe r	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Dee Clarke	Individual	Homeles s	Attend 10-year planning meetings during past 12 months, C...	NONE
Regional Homeless Councils	Private Sector	Othe r	Attend Consolidated Plan planning meetings during past 12...	NONE
Lewiston Auburn Alliance of Services for the Ho...	Private Sector	Othe r	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Greater Franklin County Coalition for the Homeless	Private Sector	Othe r	Committee/Sub-committee/Work Group	Seriously Me...
Washington County Coalition to End Homelessness	Private Sector	Othe r	Committee/Sub-committee/Work Group	Domestic Vio...
Homeless Veterans Working Group	Private Sector	Othe r	Committee/Sub-committee/Work Group	Veteran s
Knox & Waldo Counties Coalition to End Homeless...	Private Sector	Othe r	Committee/Sub-committee/Work Group	NONE

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

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.

- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Maine Dept. Health & Human Services

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Utilities Assistance, Law Enforcement, Transportation, Alcohol/Drug Abuse, Rental Assistance, Street Outreach, Child Care, Life Skills, Healthcare, Mental health, Mobile Clinic, Employment  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Maine Dept. of Corrections

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Law enforcement/corrections  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Law Enforcement, Healthcare, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Employment  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Office of the Governor

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Maine State Housing Authority

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth, Domestic Violence  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Street Outreach, Utilities Assistance, Life Skills, Mortgage Assistance, Rental Assistance  
**(select all that apply)**

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Maine Dept. of Labor

**Type of Membership:** Public Sector  
**(public, private, or individual)**

**Type of Organization:** State government agencies  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Veterans  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Education, Employment  
**(select all that apply)**

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Veterans Administration- Togus

**Type of Membership:** Public Sector  
**(public, private, or individual)**

**Type of Organization:** Other  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Primary Decision Making Group, Attend 10-year  
**(select all that apply)** planning meetings during past 12 months, Committee/Sub-committee/Work Group

**Subpopulation(s) represented by the organization:** Veterans, Substance Abuse  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** No



**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Legal Assistance, Transportation, (select all that apply) Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Street Outreach, Life Skills, Healthcare, Mental health, Employment

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Shalom House, Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families: (select all that apply)** Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Healthcare, Rental Assistance

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Kennebec Behavioral Health

**Type of Membership: (public, private, or individual)** Private Sector

**Type of Organization: (Content depends on "Type of Membership" selection)** Non-profit organizations

**Role(s) of the organization: (select all that apply)** Primary Decision Making Group, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group

**Subpopulation(s) represented by the organization: (No more than two subpopulations)** Seriously Mentally Ill, Substance Abuse

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families: (select all that apply)** Counseling/Advocacy, Street Outreach, Case Management, Utilities Assistance, Life Skills, Mental health, Transportation, Rental Assistance, Alcohol/Drug Abuse, Employment

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Volunteers of America, NNE

**Type of Membership: (public, private, or individual)** Private Sector

**Type of Organization: (Content depends on "Type of Membership" selection)** Non-profit organizations

**Role(s) of the organization: (select all that apply)** Primary Decision Making Group, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group

**Subpopulation(s) represented by the organization: (No more than two subpopulations)** Veterans, Substance Abuse

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families: (select all that apply)** Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Mental health, Rental Assistance

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Common Ties

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families: (select all that apply)** Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Rental Assistance, Alcohol/Drug Abuse

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Tri County Mental Health

**Type of Membership: (public, private, or individual)** Private Sector

**Type of Organization: (Content depends on "Type of Membership" selection)** Non-profit organizations

**Role(s) of the organization: (select all that apply)** Primary Decision Making Group, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group

**Subpopulation(s) represented by the organization: (No more than two subpopulations)** Seriously Mentally Ill

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families: (select all that apply)** Counseling/Advocacy, Street Outreach, Case Management, Utilities Assistance, Life Skills, Healthcare, Mental health, Transportation, Rental Assistance, Alcohol/Drug Abuse

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Sweetser

**Type of Membership: (public, private, or individual)** Private Sector

**Type of Organization: (Content depends on "Type of Membership" selection)** Non-profit organizations

**Role(s) of the organization: (select all that apply)** Primary Decision Making Group, Committee/Sub-committee/Work Group

**Subpopulation(s) represented by the organization: (No more than two subpopulations)** Youth, Seriously Mentally Ill

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families: (select all that apply)** Counseling/Advocacy, Street Outreach, Case Management, Utilities Assistance, Life Skills, Healthcare, Mental health, Transportation, Rental Assistance, Alcohol/Drug Abuse, Employment

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

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Community Housing of Maine

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:  
(No more than two subpopulations)** Veterans, Seriously Mentally Ill

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:  
(select all that apply)** Counseling/Advocacy, Utilities Assistance, Rental Assistance

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

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Rumford Group Homes

**Type of Membership:  
(public, private, or individual)** Private Sector

**Type of Organization:  
(Content depends on "Type of Membership" selection)** Non-profit organizations

**Role(s) of the organization:  
(select all that apply)** Primary Decision Making Group, Committee/Sub-committee/Work Group

**Subpopulation(s) represented by the organization:  
(No more than two subpopulations)** Youth



**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families: (select all that apply)** Counseling/Advocacy, Street Outreach, Case Management, Utilities Assistance, Life Skills, Mental health, Rental Assistance

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

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** New Beginnings

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth, Seriously Mentally Ill  
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Education, Case Management, Life Skills, Rental Assistance  
(select all that apply)

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

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Counseling Servies, Inc

Type of Membership: Private Sector  
(public, private, or individual)

Type of Organization: Non-profit organizations  
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill  
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Case Management, Utilities Assistance, Life Skills, Healthcare, Mental health, Transportation, Rental Assistance, Alcohol/Drug Abuse, Employment  
**(select all that apply)**

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

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Community Health and Counseling Services

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Street Outreach, Case Management, Utilities Assistance, Life Skills, Mental health, (select all that apply) Transportation, Rental Assistance, Alcohol/Drug Abuse

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

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Tedford Housing

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Mental health, (select all that apply) Transportation, Rental Assistance, Alcohol/Drug Abuse, Employment

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

### Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** York County Shelter Programs, Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Life Skills, Healthcare, Mental health, Transportation, Rental Assistance, HIV/AIDS, Alcohol/Drug Abuse, Employment  
**(select all that apply)**

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

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Safe Voices (formerly Abused Women's Advocacy Project)

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Domestic Violence  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Education, Case Management, Life Skills, Child Care  
**(select all that apply)**

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

### Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Family Violence Project

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Domestic Violence  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills, Child Care, Legal Assistance  
**(select all that apply)**

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

### Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Caring Unlimited

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Domestic Violence  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Life Skills, Child Care  
**(select all that apply)**



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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Mid Maine Homeless Shelter

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Veterans, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Step Up

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills, Child Care  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Motivational Services

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Mental health, Rental Assistance, Employment  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Hope Haven Gospel Mission

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills  
(select all that apply)

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

**Instructions:**

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Bread of Life Ministries

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Faith-based organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Case Management, Utilities Assistance, Life Skills, Rental Assistance  
**(select all that apply)**

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

**Instructions:**

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** United Way (Several local offices)

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Funder advocacy group  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Primary Decision Making Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Youth, HIV/AIDS  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Counseling/Advocacy  
**(select all that apply)**

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

**Instructions:**

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Hope and Justice Project

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Domestic Violence  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills, Child Care, Legal Assistance  
(select all that apply)

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

**Instructions:**

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Catholic Charities

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Transportation, Alcohol/Drug Abuse, Employment  
(select all that apply)

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

**Instructions:**



Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Charlotte White Center

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Alcohol/Drug Abuse  
**(select all that apply)**

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Community Concepts

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills, Alcohol/Drug Abuse  
**(select all that apply)**

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Family Crisis Services

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Domestic Violence  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Life Skills, Child Care, Legal Assistance, Rental Assistance  
**(select all that apply)**

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

**Instructions:**

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Frannie Peabody Center

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** HIV/AIDS  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Utilities Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Street Outreach, Life Skills, Healthcare, Mental health, Employment  
**(select all that apply)**

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

**Instructions:**

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Home Counselors Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Case Management, Life Skills  
(select all that apply)

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

**Instructions:**

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** HOME, Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Life Skills  
(select all that apply)

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Homeless Services of Aroostook

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Utilities Assistance, Life Skills, Rental Assistance  
**(select all that apply)**

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Maine's CAP Agencies

**Type of Membership:** Public Sector  
**(public, private, or individual)**

**Type of Organization:** Public housing agencies  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Veterans, Domestic Violence  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Utilities Assistance, Life Skills, Child Care, Mortgage Assistance, Transportation, Rental Assistance, Employment  
**(select all that apply)**

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

**Instructions:**



Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Maine's Career Centers (20 in MBOS)

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Veterans, Seriously Mentally Ill  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Life Skills, Employment  
(select all that apply)

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Mid-Coast Hospitality House

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Life Skills  
**(select all that apply)**

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** New Hope for Women

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Domestic Violence  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills  
**(select all that apply)**

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Pine Tree Legal

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Domestic Violence  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Legal Assistance  
**(select all that apply)**

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Next Step

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Domestic Violence  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills  
(select all that apply)

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Pleasant Point Housing Authority

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Public housing agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Domestic Violence, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills  
(select all that apply)

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Rural Community Action Ministries

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Faith-based organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Substance Abuse  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Education, Case Management, Life Skills, Rental Assistance  
**(select all that apply)**

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

**Instructions:**

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Womancare

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Domestic Violence  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills  
(select all that apply)

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

**Instructions:**



Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Youth Alternatives/Ingraham

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Youth, Seriously Mentally Ill  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse  
**(select all that apply)**

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Youth and Family Services

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Youth, Seriously Mentally Ill  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Street Outreach, Case Management, Life Skills, Mental health  
**(select all that apply)**

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** St. Martin de Porres

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Faith-based organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Life Skills  
**(select all that apply)**

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

**Instructions:**

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** YANA (You Are Never Alone)

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Life Skills, Alcohol/Drug Abuse  
(select all that apply)

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

**Instructions:**

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** CHAMP (Creative Housing Alternatives for Maine People)

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend 10-year  
(select all that apply) planning meetings during past 12 months, Committee/Sub-committee/Work Group

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Rental Assistance  
(select all that apply)

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** The Maine Way

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Utilities Assistance, Life Skills, Rental Assistance  
(select all that apply)

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Milestone Foundation

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Substance Abuse  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Case Management, Utilities Assistance, Life Skills, Rental Assistance, Alcohol/Drug Abuse  
**(select all that apply)**

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** WCARC/Sunrise Opportunites

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Non-profit organizations  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Mental health, Rental Assistance  
**(select all that apply)**

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

**Instructions:**



Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Homeless Voices for Justice

**Type of Membership:** Private Sector  
**(public, private, or individual)**

**Type of Organization:** Other  
**(Content depends on "Type of Membership" selection)**

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
**(select all that apply)**

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
**(No more than two subpopulations)**

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy  
**(select all that apply)**

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Dee Clarke

**Type of Membership:** Individual  
(public, private, or individual)

**Type of Organization:** Homeless  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Regional Homeless Councils

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Other  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Lewiston Auburn Alliance of Services for the Homeless

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Other  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Greater Franklin County Coalition for the Homeless

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Other  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Washington County Coalition to End Homelessness

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Other  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Domestic Violence, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Homeless Veterans Working Group

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Other  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Veterans  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

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

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Knox & Waldo Counties Coalition to End Homelessness

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Other  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)



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

### Instructions:

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

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

**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, 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 Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

**Voting/Decision-Making Method(s):**  
**(select all that apply)** a. Unbiased Panel/Review Committee

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

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

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

**For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.**

**Emergency Shelter:** Yes

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

The 2011 MBOS HIC has 76 more ES bds than 2010. Two New shelters opened in rural areas; Trinity Shelter (60 Ind bds) in Skowhegan & New Hope Shelter (12 Fam bds) in Solon. Both run by New Hope Church (not w/ New Hope for Women DV program). Other changes: Community Concepts Oxford Hills +1Fam bd; Home Inc. Emmaus 2Fam bds to Ind beds; Mid-Maine Homeless Shelter +5 Fam bds; New Hope For Women Safe Homes -3Fam bds & -1 Ind bd; Safe Voices +2Fam bds; York County Shelter 4Fam bds to Ind bds; DHHS Municipal Emrgncy Vouchers served 17 less Fam members & 8 more Inds than last year. All of these other changes were made to better suit the needs of the clients being served at the time. Also Rumford Group Homes Strafford Shelter closed 6 Fam bds.

**HPRP Beds:** Yes

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

The total number of clients housed by HPRP nearly doubled from 134 at the 2010 PIT to 258 at the 2011 PIT. There were 17 more HPRP beds used to house people in Households without children this year and 107 more HPRP beds used to house members of Households with Children. Many of our HPRP provider agencies were still ramping up their activity when the 2010 PIT took place. By the time of the 2011 PIT most were operating at or near their caseload capacity, and there were significant increases in the numbers of families being served in rural areas of the state where shelters and other resources are limited or entirely lacking.

**Safe Haven:** Not Applicable

**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 2011HIC shows little change, +31 bds, in total number of TH bds. Overall there were -12 bds for Hh w/ Children & +43 bds for Hh w/o Children compared to 2010. Mid Coast MaineCAP closed Heath Ln. (-6Fam bds)& Walker St.(-8Fam bds) & KVCAP closed Cony Rd. (-5Fam bds, -1 Ind bd). Catholic Charities St. Francis Recovery Cntr set aside +28 Ind bds for Homeless. Milestone Carriage house (+10 Ind bds) & YCS JRA Farm (+6 Ind bds) were PHS, now TH. Other changes based on client need: BOL Boothby St. -3Fam bds; CHOM New Hope 'C' +3Fam bds, +2 ind bds; CHOM New Hope 'O' +2 Ind bds; HAS Micmac +2 Ind bds; MAPS Houlton+4Fam bds, +2 Ind bds; VOA TLP +1 Ind bd. DHHS BRAP& MSHA RAC+ are voucher based so beds are always changing based on clients served.

**Permanent Housing:** Yes

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

The 2011HIC shows an overall increase of +27 PSH Bds (-29 Ind, +56 Fam) including +4 bds for Chronic Homeless. 3 New listings appear: Commons Housing, My Sister's Place (+16 Fam bds); CHOM Cindy Cookson House (+4Fam bds, +6 ind bds) & MSHA VASH HUD Vouchers, +16 Fam bds & +24 inds at the PIT. Milestone Carriage House (-10 ind) & YSC JRA Farm (-6 Ind) both changed to TH & MidCoast Maine CAP closed Elm St (-3 Ind). Five Projects Under Development appear; CHOM Operation Home (+4 ind) & Motivated Housing (+4 Ind),KBH Supported Housing (+5 ind), SPC ME 3(+3 ind) & SPC ME6(+2Fam, +7 Ind). Other changes to better meet client need include YCS June St. (-2 Ind), YCS Kittery (+6 Fam), YCS SBA (+1 Ind). As always many changes to SPC configurations.

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

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

**Instructions:**

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

**Did the CoC submit the HIC data in HDX by  
May 31, 2011?** Yes

**If no, briefly explain why the HIC data was not  
submitted  
by May 31, 2011 (limit 750 characters).**

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

**Indicate the steps taken to ensure the  
accuracy of the data collected and included in  
the housing inventory count:  
(select all that apply)** Follow-up, 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:

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

<b>Select the HMIS implementation coverage area:</b>	Statewide
<b>Select the CoC(s) covered by the HMIS: (select all that apply)</b>	ME-502 - Portland CoC, ME-501 - Bangor/Penobscot County Coc, ME-500 - Maine Balance of State CoC
<b>Is the HMIS Lead Agency the same as the CoC Lead Agency?</b>	Yes
<b>Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?</b>	Not Applicable
<b>Has the CoC selected an HMIS software product?</b>	Yes
<b>If "No" select reason:</b>	
<b>If "Yes" list the name of the product:</b>	ServicePoint
<b>What is the name of the HMIS software company?</b>	Bowman Systems LLC
<b>Does the CoC plan to change HMIS software within the next 18 months?</b>	No
<b>Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)</b>	03/02/2004
<b>Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):</b>	Lack of MOU between CoC and HMIS administering agency
<b>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).</b>	
<b>If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).</b>	

The CoC understands the importance of HMIS in terms of HUD grant compliance, data quality monitoring, CoC planning efforts, AHAR submission and APR reporting, but there is no formal Governance Agreement in place between the CoC and the HMIS lead agency. MBOS is not currently a legal entity, which limits its ability to enter into legally binding contracts with other legal entities. Going forward, the CoC and the HMIS lead agency will work collaboratively to develop a written Governance Agreement that identifies the various entities that will contribute to the success of the HMIS implementation and outlines the roles and responsibilities of each entity.

## 2B. Homeless Management Information System (HMIS) Lead Agency

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** 04330  
**Format:** xxxxx or xxxxx-xxxx  
**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) Bed Coverage

**Instructions:**

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

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

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**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	65-75%
* 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?** At least Monthly

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

N/A



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

**Instructions:**

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

For additional instructions, refer to the Exhibit 1 Detailed Instructions, which can be accessed on the left-hand menu bar.

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2011.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	3%
* Date of Birth	1%	0%
* Ethnicity	0%	6%
* Race	0%	4%
* Gender	0%	0%
* Veteran Status	3%	1%
* Disabling Condition	2%	5%
* Residence Prior to Program Entry	12%	8%
* Zip Code of Last Permanent Address	1%	22%
* Name	0%	0%

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

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

By March 2011 the batch data warehousing process was eliminated in Maine; all participants now record all data directly in HMIS (ServicePoint), which gives them access to self service reports 24/7. HMIS provides data quality reports all users can run against their own program(s), such as completeness and quality reports for all Universal Data Elements, Income, Non-Cash Benefits, and if children are connected to their local McKinney-Vento school liaison. Program level reports verify household configurations, count unique clients and total bednights in a given time period, & HUD reports like the CoC APR, HPRP QPR/APR are available. HMIS develops custom reports too, like the employment report counting the # of job training services delivered.

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

Maine's HMIS data quality policy is: "To be able to provide accurate timely information, data must be regularly, completely & accurately entered into the Maine HMIS." Data entry must happen on a weekly basis, & HMIS users are responsible for the accuracy, correctness & timeliness of their own data. Our ESG programs have used HMIS for years. In 2011 ESG implemented quarterly certification reports verifying that client counts, Entry & Exit dates, bednights and UDEs are complete & accurate each quarter. Exec Directors must sign reports before receiving quarterly ESG reimbursements. MBOS will ask all TH and PSH providers to similarly certify data completeness & quality, using self service HMIS reports submitted quarterly to the data committee.

- Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)** 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
- Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)** 2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans

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

### Instructions:

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

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

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

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

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

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

**Instructions:**

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

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

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

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

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

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

**If 'Yes' 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):**

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

**Instructions:**

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Monthly
* Using HMIS data for assessing program performance	At least Quarterly
* Basic computer skills training	At least Quarterly
* HMIS software training	At least Monthly

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

### Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

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

**\*Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/26/2011

**If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011?** No

**Did the CoC submit the point-in-time count data in HDX by May 31, 2011?** Yes

**If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).** N/A

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)** 01/25/2012

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

**Emergency Shelter:** 90-99%  
**Transitional Housing:** 100%

**Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).**

Comparing our 2010 & 2011 PIT counts, MBOS showed a 17.5% decrease this year in the number of Households with Children (Hh w/C) in Emergency Shelter (74 Hh in 2010 compared to 61 Hh in 2011), and a 3% decrease in the number of Hh w/C in TH (222 in 2010 compared to 215 in 2011). There was 1 Unsheltered Hh w/C in 2011 compared to 0 in 2010. As stated elsewhere in this Exhibit 1, we feel that HPRP was a significant factor in reducing the number of homeless families needing Emergency Shelter in Maine. HPRP served 17 more people in Hh w/NO Children this year, but 107 more people in Hh w/C. The 2011 MBOS HIC also shows 56 more PSH beds for Hh w/C this year compared to last. Unfortunately, this progress in serving families with children was more than offset by significant increases in the number of people in Hh w/No Children: 160 people in ES in 2010 compared to 220 in ES in 2011; 254 in TH in 2010 compared to 286 in TH in 2011; and 13 people Unsheltered in 2010 compared to 19 in 2011. The 2011 MBOS HIC also shows 76 more ES beds this year, most of those for Individuals, which shows that agencies are responding to the increased need at the ES level, but creating new beds in TH and PSH programs often takes longer. In general, we feel that the ongoing effects of the nation's economic struggle are still having a huge impact on homelessness in Maine.

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

### Instructions:

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

<b>Survey Providers:</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input checked="" type="checkbox"/>
<b>Extrapolation:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

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

Providers of homeless housing and services collect client level data via individual client interviews on the night of the PIT. All HMIS-participating non-DV programs record that data in HMIS, and pursuant to a review of data quality PIT data comes directly from HMIS records. For the 2011 PIT, HMIS data was used for 96 of 114 non-DV programs (ES, TH, PSH & SSO) in the CoC, so HMIS data directly accounted for 84% of the non-DV PIT count. Programs not using HMIS, including all VAWA providers, submit paper surveys. Paper-participating programs receive two types of forms: Individual Surveys collecting detailed data on those clients willing to be interviewed, and a Summary Count that reports from the program's point of view the total number of clients the program served on the PIT. Individual Surveys contain enough data to create the same unique identifier for each client that would be used if they were entered into the HMIS system. Central Staff enter data from the paper forms into a non-HMIS data warehouse, which calculates unduplicated counts across facilities based on the unique identifiers. Official PIT counts use the aggregated unduplicated counts from the data warehouse, including subpopulation counts. If there is a discrepancy between individual survey counts and summary counts, the PIT reports the higher number.



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

### Instructions:

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

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

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

**If Other, specify:**

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

PIT homeless subpopulation data comes from one of two sources: 1) HMIS or 2) paper surveys. As a validation check, all programs are also asked to submit a paper cumulative count form showing the total population counted on the PIT. The HMIS Lead Agency aggregates de-identified client data from these HMIS and non-HMIS sources in a data warehouse, and compares unduplicated counts from HMIS + the client level paper surveys against the count forms at the provider level. The warehouse uses a unique identifier for each client, which is created using data elements common to both HMIS and the paper survey process described in section 21 above, in order to calculate unduplicate counts across programs. If coverage of client level data is incomplete (i.e. more clients are reported on cumulative counts than on individual client surveys), the HMIS Lead Agency calculates a % coverage factor. This factor is used to extrapolate the final subpopulation counts. For example, if a program reports 125 total persons on the provider count, but only 100 clients surveyed on the PIT, the % coverage factor is 125% (125/100 or total reported/total individuals surveyed). So if individual surveys report 20 Veterans, applying the 125% coverage factor to subpopulation data, the adjusted number of Veterans reported would be 25 (20 \* 125%).

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

### Instructions:

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

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

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

**If Other, specify:**

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

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 surveys or on surveys and in HMIS, along with the names of providers responsible for those 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 & facility based programs. For example, RAC+ vouchers were sometimes 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.

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

PIT homeless subpopulation data comes from one of two sources: 1) HMIS or 2) paper surveys. As a validation check, all programs are also asked to submit a paper cumulative count form showing the total population counted on the PIT. The HMIS Lead Agency aggregates de-identified client data from these HMIS and non-HMIS sources in a data warehouse, and compares unduplicated counts from HMIS + the client level paper surveys against the count forms at the provider level. The warehouse uses a unique identifier for each client, which is created using data elements common to both HMIS and the paper survey process described in section 21 above, in order to calculate unduplicate counts across programs. If coverage of client level data is incomplete (i.e. more clients are reported on cumulative counts than on individual client surveys), the HMIS Lead Agency calculates a % coverage factor. This factor is used to extrapolate the final subpopulation counts. For example, if a program reports 125 total persons on the provider count, but only 100 clients surveyed on the PIT, the % coverage factor is 125% (125/100 or total reported/total individuals surveyed). So if individual surveys report 20 Veterans, applying the 125% coverage factor to subpopulation data, the adjusted number of Veterans reported would be 25 (20 \* 125%).

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

### Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Indicate the method(s) used during the most recent point-in-time count of unsheltered homeless persons: (select all that apply)**

<b>Public places count:</b>	<input type="checkbox"/>
<b>Public places count with interviews:</b>	<input type="checkbox"/>
<b>Service-based count:</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input checked="" type="checkbox"/>
<b>Other:</b>	<input checked="" type="checkbox"/>

### 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 know they commonly congregate. The CoC also sent both individual survey and summary count forms to service only and outreach programs such as soup kitchens, hospitals and municipalities with social service departments.

**Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).**

Individual Surveys collect detailed data on those clients willing to be interviewed, and a Summary Count reports (from the program's point of view) the total number of clients the program served on the PIT. Individual Surveys contain enough data to create the same unique identifier for each client that would be used if they were entered into the HMIS system. Additionally Individual Survey forms collect enough data to determine if a person served by a services only or outreach program is sheltered or unsheltered on the night of the PIT. Central Staff enter data from the forms into a non-HMIS data warehouse, which calculates unduplicated counts across programs based on the unique identifiers, and breaks down the counts by sheltered/unsheltered status. A pre-printed location ID on each additional form enables geographic tracking of which area the survey form covers when they are returned.

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

**Instructions:**

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

**If Other, specify:**

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

### Instructions:

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

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

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
"Blitz" Count:	<input type="checkbox"/>
Unique Identifier:	<input checked="" type="checkbox"/>
Survey Question:	<input checked="" type="checkbox"/>
Enumerator Observation:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

**If Other, specify:**

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 know they commonly congregate. The CoC also sent both individual survey and summary count forms to service only and outreach programs such as soup kitchens, hospitals and municipalities with social service departments.

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

Individual Surveys collect detailed data on those clients willing to be interviewed, and a Summary Count (filled out by program staff) reports the total number of clients the program served on the PIT. Individual Surveys contain enough data to create the same unique identifier for each client that would be used if they were entered into the HMIS system. Additionally, Individual Survey forms collect enough data to determine if a person served by a services only or outreach program is sheltered or unsheltered on the night of the PIT. Central Staff enter data from the forms into a non-HMIS data warehouse, which calculates unduplicated counts across programs based on these unique identifiers, and breaks down the counts by sheltered/unsheltered status. A pre-printed location ID on each additional form enables geographic tracking of which area the survey form covers when they are returned.

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

The 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. Since so much of the MBOS coverage area is extremely rural, we do not have the sorts of large, relatively permanent encampments, or people occupying abandoned buildings, as is often seen in urban areas. Unsheltered people in Maine are most likely to be found sleeping in their vehicles in out of the way places, or in makeshift campsites hidden away from view. We rely on local law enforcement and town officials to contact people in their area who are unsheltered, but their resources are limited, and given that the PIT takes place in late January, it is really not surprising that few people are found outside in Maine on those nights. We know that it is much more common for people to be unsheltered during other seasons here, but finding them is still difficult.

**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 above, Maine Department of Health & Human Services conducts outreach & engagement through the Project for Assistance in Transition from Homelessness (PATH), designed to assist homeless adults with Serious Mental Illness & youth with Serious Emotional Disturbance &/or Substance Abuse. The Veteran's Administration Medical Center at Togus has 5 beds in its Lodger Unit available for homeless veterans in need of emergency shelter, & has an Outreach Worker to seek out & engage sheltered & unsheltered homeless veterans in connection with the VASH Program. We believe these efforts have had a direct impact on reducing the number of unsheltered chronically homeless & homeless families with children. As already mentioned, since so much of the MBOS coverage area is extremely rural, we do not have the sorts of large, relatively permanent encampments, or people occupying abandoned buildings, often seen in urban areas. Unsheltered people in Maine are most likely to be found sleeping in vehicles in out of the way places, or in makeshift campsites hidden away from view. We rely on local law enforcement & town officials to contact people in their area who are unsheltered, but their resources are limited, & given that the PIT takes place in late January, it is really not surprising that few people are found outside in Maine on those nights. We know that it is much more common for people to be unsheltered during other seasons here, but finding them is still difficult.

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

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

**Instructions:**

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

- How many permanent housing beds are currently in place for chronically homeless persons?** 69
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 75
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 81
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 83

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

As mentioned elsewhere, our Chronic Homeless count has gone up, at least in part due to better tracking in HMIS, and MBOS is responding with two New Projects in this application proposing development of new CH beds. MaineHousing will continue to analyze HMIS data to determine the number of CH Individuals & Families and assess their housing needs to see if additional CH beds are needed for these populations. MBOS serves rural Maine outside of Portland & Penobscot County. Some counties have no shelters and others have only DV shelters which can hamper identification of people as CH. Documenting CH is difficult; there are vast geographic areas where they may camp and not be discovered.

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

Through the PIT survey, HMIS, and the S+C wait list the MBOS Steering Committee will monitor CH bed utilization & the number of CH identified, as well as geographic demand versus supply. We will seek to standardize the documentation of CH individuals & families statewide by distributing toolkits to field workers that will include a self-affidavit for use when 3rd party verification is not possible. However, we have found that designating beds as CH can create a barrier to serving non-CH populations, whereas CH may be served in general homeless beds. Therefore, the Steering Committee proposes to draft a policy for full MBOS review & approval that would ask projects to consider giving CH Ind.s and Families priority for all general homeless beds.

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

**Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.**

**Instructions:**

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

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects (SHP-PH or S+C) for which an APR was required should indicate this by entering "0" in the numeric fields and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

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

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

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

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):**

MBOS exceeded this goal in the last 12 months. To maintain & improve performance S+C administrators and PH/PSH housing providers will continue offering both S+C and PSH residents both housing choice and a menu of services to help them remain in PH for 6 months or longer. Through a grant from the SSA Maine DHHS provided several SOAR trainings to Intensive Case Managers and others throughout Maine in 2010-2011, which will improve their capacity to help homeless consumers with disabilities apply for SSI/SSDI to increase their income & their access to physical & behavioral health care services that support permanent housing retention. MBOS Data & Gaps Committee will monitor HMIS data monthly, and tie performance on this and other strategic goals to the scoring template for new projects.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):**

MBOS will continue the policies & procedures we have been using to exceed the HUD benchmark. The Data & Gaps Committee will analyze MBOS PIT data, APRs, and monthly HMIS data reports, to determine which programs or areas of the state have been most successful helping homeless people remain in permanent housing more than 6 months, and which need more assistance. The Community Engagement committee will partner with other Maine CoCs to jointly offer training on Mainstream Resources & SOAR to help providers ensure that formerly homeless tenants have access to resources needed to support long term tenancies. MBOS member agencies providing case management will work closely with landlords to help prevent evictions. The Disability Rights Center and Pine Tree Legal will do presentations on tenants rights and responsibilities.

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

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

**Instructions:**

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

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 74

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

**In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 72

**In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 75

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

MBOS exceeded HUD's benchmark in the last year. MBOS and the Statewide Homeless Council will advocate for continued funding of services that have demonstrated success in achieving this and other HUD Strategic Goals. The Gaps & Data Committee will analyze HMIS data to identify individual TH providers success in meeting this goal. Successful strategies will be circulated to less successful programs to learn and implement strategies to improve performance. In the next 12 months we will target more MBOS resources to create new PSH beds for homeless individuals/families.

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

Of 1,063 TH beds in the MBOS CoC, only 96 (10%) receive McKinney funds. The Gaps & Data Committee will analyze HMIS data to identify the TH providers who have met this goal. Successful strategies will be circulated. The Monitoring Committee will work with less successful programs to learn and implement strategies to improve performance. MBOS will continue to use CoC funding to create new PSH beds. The MBOS Steering Committee will encourage developers to add special needs set-asides within larger affordable rental housing developments (Maine's Qualified Allocation Plan for LIHTC includes bonus points for homeless set-asides), and to explore leasing with CoC funding. The Steering Committee & the Statewide Homeless Council will work to increase the supply of affordable permanent housing by supporting applications to VASH, advocating for passage of SEVRA and other strategies to increase the supply of Section 8 vouchers, & funding of the National Housing Trust Fund.

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

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

**Instructions:**

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

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**What is the current percentage of participants in all CoC-funded projects that are employed at program exit?** 13

**In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?** 14

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

**In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** 20

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



This goal continues to be hard to meet. Jobs are scarce in rural areas. A high percentage of MBOS funding goes to PSH for people with disabilities; of 1,273 PSH beds in MBOS, 854(67%) are S+C. When people leave PSH it is often due to a crisis that causes them to be rehospitalized for an extended period, not because they are employed or otherwise become self-sufficient. In 2011 MBOS worked with TAC to hold 2 trainings on employment strategies attended by 60 service providers statewide. The MBOS Community Engagement Committee will work with TAC and other CoCs to apply the knowledge gleaned from this training. As a result of TAC training YCS developed new work programs, creating 12 on the job training positions for their clients to earn stipends while learning to work in YCS bakery & food pantry. YCS has created 3 similar positions for clients interested in housing rehab and construction; they will work on YCS' housing projects including 3 funded with NSP funds for which YCS is the GC.

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

Maine DHHS Case Worker data show that statewide the employment AND educational enrollment rate for adults with mental illness is 7%. Working with substantially the same population, the MBOS employment rate is 13%, nearly double that - though we still have room to improve. Following the MBOS-sponsored TAC trainings on employment strategies, an Employment Working Group has been formed to develop strategies to better connect shelters and homeless housing programs with local Career Centers. These can assist clients with basic skills such as resume writing, skills assessments and interview tips, and also help homeless clients explore more employment options outside of traditional work environments.

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

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 62

**In 12 months, what will be the total number of homeless households with children?** 60

**In 5 years, what will be the total number of homeless households with children?** 58

**In 10 years, what will be the total number of homeless households with children?** 56

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

This number went down significantly from our 2010 figure & we feel a big factor in the drop was the number of families being assisted to remain in housing, or rapidly re-housed from shelters thanks to HPRP, which was housing 179 people in families with children on the night of the PIT. Nonetheless, non-DV family shelters in MBOS are often full & overflow beds are in regular use. The impending loss of HPRP & a shortage of Section 8 Vouchers will reduce availability of affordable housing assistance to prevent & end family homelessness. MBOS will work with MaineHousing to monitor the performance of STEP, a pilot program providing short term (3-6 month) rental assistance to homeless families in 6 counties statewide. MaineHousing is also helping agencies in three areas of the state develop Resource Centers where people will be able to receive information, referrals, & case management services similar to what HPRP was able to provide though without the accompanying financial assistance.

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

MBOS is anxiously anticipating the full implementation of the HEARTH Act. While we are concerned that some of the changes, particularly the expanded definition of who will qualify for CoC Homeless assistance, may greatly increase demand on our already limited resources, we also recognize that these same changes will allow us to serve many more families in rural areas of our state where there are no emergency shelters available and where new efforts may have the greatest impact. We know that HPRP was very successful in these areas and we are hopeful that MaineHousing's STEP and Resource Center pilot programs will help us find new ways to provide these types of much needed services. And, as always, MBOS will continue to promote development of and access to PSH, affordable housing and supportive services in general.

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

### Instructions:

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

**What:** Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the narrative.

**Where:** Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, emergency homeless shelters, and/or McKinney-Vento homeless assistance programs.

**Who:** Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from system of care are not routinely discharged into homelessness.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**For each system of care identified below describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).**

**Foster Care (Youth Aging Out):**

WHAT: In 2003 Maine DHHS adopted new policies emphasizing family reunification & kinship care, using residential care placements for medical need only. Maine policies and procedures for helping youth transition safely from foster care to independence 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)VL-1. Extension/Termination of Care at Age 18; and 5)V. T. Maine Title IV-E Independent Living Program. Transition planning protocols were developed with input from public & private child welfare agencies & the Statewide Homeless Council, & are aligned with federal HHS guidelines for R&HY programs. There is also a newly revised section of the Maine Plan to End & Prevent Homelessness dedicated to Youth. WHERE: Youth discharged to independence are helped with Sect. 8 subsidies & other mainstream resources; those requiring ongoing support are transitioned to Adult Services. WHO: When possible youth are discharged from foster care to their families, kinship care, or another committed, caring adult. Transition planning begins at age 15 with the youth & the family team (including family/kin, friends, & youth serving orgs.) & focuses on permanency, well-being, & safety. Maine uses High Fidelity Wraparound, Community Partnerships for Protecting Children, and other community resources to support at-risk children & families, helping to prevent foster care placement and homelessness.

**Health Care:**

WHAT: The Statewide Homeless Council (SHC) (membership includes all 3 of Maine's CoCs) worked with hospitals on Guidelines governing discharge of homeless people with health issues from hospitals. Guidelines were approved in 2009 by the SHC and the Maine Dept. of Health & Human Services (MDHHS). The Guidelines instruct hospitals to begin the discharge planning process on admission. Patients are to be discharged with appropriate clothing & with a plan for accessing required medications/supplies. The Region 1 (Southern Maine) Homeless Council will lead a review of the Guidelines in the next year to ensure they are still in use and relevant. WHERE: Patients are to be discharged to family, friends, to TH, or to their own apartment. Discharges to shelters and McKinney-funded housing are to be avoided. Patients may be discharged to other TH or PH programs. If patients were documented as homeless before entering the hospital and were there 90 days or less they may be discharged to S+C or SHP housing, but this is very rare. WHO: MDHHS funds most case managers who assist with discharge planning & transition to the community. Each Maine hospital or community discharge location must designate a management team member to oversee ongoing compliance with the Guidelines.

**Mental Health:**

WHAT: Riverview & Dorothea Dix, Maine's 2 publicly-funded mental health hospitals have adopted a discharge planning process that begins at admission & is pursued during the hospital stay to connect clients back to housing and community supports. Staff from both facilities participated in SOAR Training held in 2011 to connect patients with SSI/SSDI and other mainstream benefits as part of their standard discharge planning. WHERE: Placement options include residential treatment facilities, permanent housing, BRAP TH rental vouchers, 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. WHO: 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.

**Corrections:**

WHAT: An MOA signed in 2005 by MaineHousing, the Maine Dept. of Corrections, & the Maine Re-Entry Network remains in effect. The MOA enhances access to non-McKinney-funded housing & services to currently or formerly incarcerated offenders ages 18+ to prevent release of prisoners to shelters or the streets. It details the responsibility of the Reentry Specialists working with offenders in pre-release planning. WHERE: Inmates are released to non-McKinney funded private rentals or family/friends with the help of the contracts described here. WHO: The ME Dept. of Corrections (DOC) has a contract with Volunteers of America (VOA) to provide temporary housing for released women statewide. The MOA targets women offenders ages 18+, and pays for security deposit & 1st month's rent. DOC also has a contract with Volunteers of America to provide housing and services for other released prisoners- this is also statewide. VOA supports re-entry for prisoners released from state correctional facilities who are ineligible for HUD-assisted public housing due to their corrections history. These partnerships have worked well to prevent release from corrections to homelessness, & follow-up helps to sustain housing tenancies once prisoners are released. 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. Prisoners are not to be discharged to the streets or shelters.

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

**Instructions:**

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

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

**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:**

All of them. The newly revised State of Maine Consolidated Plan for 2010 to 2014 includes the entire MBOS CoC application as an appendix and makes frequent reference throughout the text to a number of programs specifically designed to assist people who are homeless including CoC, ESG, NSP, & HPRP. Serving Homeless Persons and Families is listed as a HIGH Priority in the plan. In addition to the support provided to the 3 Maine CoCs, MaineHousing, co-author of the plan with Maine DECD, sponsors an annual Housing for the Homeless RFP, operates the STEP tenant based voucher program for people who are homeless, and prioritizes people who are homeless in the Section 8 programs they administer.

**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 has coordinated HPRP in Maine non-entitlement communities. It is also the lead agency for MBOS CoC, & 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 the 2 other Maine CoCs. Several MBOS member agencies have been serving as HPRP subgrantees, & other grantees who were not previously part of MBOS are now members; their role was to link clients with Mainstream Resources that support housing stability. MaineHousing HPRP program was divided into 1) a Homeless Diversion & Prevention Project; 2) Engagement & Stabilization; 3) Security Deposits; and 4) Homeless Advocacy (legal services to prevent eviction). Sub grantees report activity through HMIS & other mechanisms. HPRP funds will be fully expended statewide by December 2011.

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

NSP & CDBG-R: DECD administers these programs for non-entitlement areas (MBOS service area). NSP funds were allocated to areas hardest hit by foreclosures. York County Shelter (YCS), an active MBOS member agency, was able to utilize NSP funds to create 8 units of PH for Homeless families in Biddeford, ME and 10 units in Sanford, ME. They also acquired 6 homes that will be re-sold to formerly homeless families through their homeownership initiative. Of these, 1 has been concluded and 3 more are pending. York County Community Action provides credit repair help to prospective homebuyers. Tedford Housing, another active MBOS member, received \$10,000 in CDBG funding toward an 8-unit PSH project for homeless families in Lewiston, ME, which recently opened. The CDBG-R program will preserve 72 jobs in rural northern Aroostook County. 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.

HUD VASH: Maine has been awarded a total of 110 HUD VASH vouchers. VA Maine Healthcare system partners with the Maine Housing Authority for administering 75 of them. Currently VASH is working on issuing the newest round of 15 vouchers, and assisting Veterans towards independence and discharge from the HUD VASH program. VA Maine-Homeless program participates in the Point in time to document homeless Veteran population. Also, VA Homeless Services completed its annual CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) report. The survey was distributed to Veterans and collaborating service organizations. This as well as ongoing data collection of chronically homeless Veterans will show the need for future allocation of HUD VASH vouchers.

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



**If yes, please describe the established policies that are in currently in place.**

MBOS has developed a protocol whereby all homeless service providers have access to the forms & informational flyers needed to inform families with children and unaccompanied youth of their rights under the McKinney-Vento Educational Assurances Act, and to facilitate contact with their local Homeless School Liaison. MBOS is requiring this of CoC and ESG funded programs and will incorporate tracking into our Monitoring process.

**Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)**

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

**Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)**

This is tough in a very rural CoC where some counties have no shelter at all, and shelter beds are limited. Also, a high percentage of shelter and TH beds are for DV. It is often too dangerous for families escaping DV to remain in the same small town, so relocation to another region of the state is desirable, making it necessary to enroll in a new school district. If the family has a preference for a particular county and beds are available in the nearest shelter/TH programs, every effort is made to place them there. When placed in a shelter or TH, however, every effort is made to enroll school-age children in local schools, as described in the preceding question.

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

VA Maine-HUD VASH will continue to participate in the MBOS CoC meetings, local homeless coalitions, and Statewide Homeless Council. It will also work closely with SSVF grantees which include Preble Street Resource Center (Portland) and Augusta, ME, building on the effective model established while implementing HPRP. Many Veterans were housed through use of HPRP funds; primarily through providing security deposits to HUD VASH households. A VA Social Service Representative is outstationed at the Oxford Street Shelter. While this is in Portland, homeless vets from other areas of the state sometimes migrate to Portland. This staff person engages homeless Veterans and helps them establish eligibility for VA Health care and HUD VASH, and obtain referrals for other Mainstream Resources. VA Maine also has a contract with Bread of Life in Augusta for Emergency Housing Contract Beds. The Emergency housing provides immediate transitional housing for homeless Veterans and works collaboratively to refer eligible Veterans to the HUD VASH program.

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

In 2009 LD 1127 established Maine's first comprehensive program for homeless youth and runaways and addressed the need for programs designed to provide a safety net for underserved Maine youth. The statute defines three program models-Emergency Shelters for Youth, Street Outreach Programs, and Transitional Living Programs-and creates statewide definitions of who will be served by these programs. Maine's Plan to End and Prevent Homelessness has been updated with four new goals, along with strategies and action steps, focused on homeless youth. Several MBOS members, including New Beginnings, Rumford Group Homes,VOA, Home Counselors, Inc., and Youth and Family Services provide supports and housing for homeless youth. The MBOS Gaps & Data Committee will analyze HMIS, PIT, and other data to get a better estimate of numbers of homeless youth in the CoC. Confusion currently exists over eligibility ages; some programs end at 21 years, others at 25 years. Once numbers and geographic concentrations are better understood, the MBOS will analyze gaps in housing and services and develop a plan for filling these gaps.

### 3D. Hold Harmless Need (HHN) Reallocation

**Instructions:**

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in Fy2011 into a new project. New reallocated permanent housing projects may apply under SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two, or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)?** No

**Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process?** No

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

## 4A. Continuum of Care (CoC) 2010 Achievements

### Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	0	Beds	4	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	80	%	88	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	70	%	74	%
Increase the percentage of homeless persons employed at exit to at least 20%	12	%	13	%
Decrease the number of homeless households with children.	72	Households	62	H o u s e h o l d s

**Did the CoC submit an Exhibit 1 application in Yes  
FY2010?**

**If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)**

Objective 4 is particularly challenging. MBOS mostly funds PSH for homeless with MI, SA, or both, for whom regular employment is difficult. According to data from Maine DHHS Case Workers, the Employment AND Educational Enrollment rate for Adults with Mental Illness is currently only 7% statewide. Given that this population represents a large portion of the clients in MBOS PSH programs, we feel we have done well to nearly double that rate for Employment alone (13%), and we will continue to strive to improve. However, we have no CoC-funded employment program, high unemployment rates statewide, almost no public transportation & the poor economy makes finding any job difficult now. Low PSH turnover also penalizes us because employment is only recorded at program exit, and most clients do not exit due to self-sufficiency. Also, two of our TH projects strive to move people quickly (in 15-90 days) into PH or PSH so clients are often not yet employed.

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

**Instructions:**

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

**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 FY2009, FY2010, and FY2011.**

Year	Number of CH Persons	Number of PH beds for the CH
2009	25	58
2010	32	65
2011	47	69

**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011.** 4

**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, 2010 and January 31, 2011.**

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$24,114				
<b>Total</b>	<b>\$24,114</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**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):**

The number of Chronically Homeless persons reported this year increased from 32 in 2010 to 47 in 2011. We believe the 2011 number actually represents a more accurate figure than we were able to provide in the past because we are relying more on HMIS data to calculate CH status. In the past, most of our PIT data was collected on paper forms based on client interviews, where the clients often could not or would not report accurately, or on staff knowledge, which was limited to only their own program records. By drawing on HMIS data we are able to cross check length of time homeless, number of separate episodes & disability status across programs, so clients who move from shelter to shelter are now showing up in these reports.

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

**Instructions:**

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as:  $c+d, \text{ divided by } a+b, \text{ multiplied by } 100.$  the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted?** Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	162
b. Number of participants who did not leave the project(s)	714
c. Number of participants who exited after staying 6 months or longer	165
d. Number of participants who did not exit after staying 6 months or longer	602
e. Number of participants who did not exit and were enrolled for less than 6 months	109
<b>TOTAL PH (%)</b>	<b>88</b>

**Instructions:**



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

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have SHP-TH projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

**Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted?** Yes

<b>Participants in Transitional Housing (TH)</b>	
<b>a. Number of participants who exited TH project(s), including unknown destination</b>	177
<b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b>	131
<b>TOTAL TH (%)</b>	74

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

**Instructions:**

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for question 11 on the most recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Total Number of Exiting Adults: 339**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	54	16	%
SSDI	53	16	%
Social Security	1	0	%
General Public Assistance	0	0	%
TANF	64	19	%
SCHIP	0	0	%
Veterans Benefits	3	1	%
Employment Income	43	13	%
Unemployment Benefits	10	3	%
Veterans Health Care	5	1	%
Medicaid	73	22	%
Food Stamps	84	25	%
Other (Please specify below)	61	18	%
State Supplemental(26) Medicare(28) Retirement/Pension(1) Child Support(5) WIC (1)			
No Financial Resources	72	21	%

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

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

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

### **Instructions:**

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

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

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

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

## 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, Establish a preference policy for Section 3 for competitive contracts >\$100,000

## **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.**

Sept. 14, 2010; Oct. 19, 2010; Dec. 2, 2010; Jan. 18, 2011; Feb. 15, 2011; Mar. 7, 2011; Apr. 21, 2011; April 21, 2011; May 17, 2011; June 13, 2011;

**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 (twice a year)

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).

SOAR Trainings were held in Bangor Maine on July 28th and 29, and again in Sanford Maine on September 13th and 14th in 2011.

## 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
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	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.	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	75%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	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.	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	84%
<b>4a. Describe the follow-up process:</b>	
MBOS covers most of Maine (except Penobscot County & the City of Portland - each a separate 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.	



## Continuum of Care (CoC) Project Listing

**Instructions:**

IMPORTANT: Prior to starting the CoC Project Listing, CoCs should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at [www.hudhre.info/esnaps](http://www.hudhre.info/esnaps).

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. 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 review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Kennebec Housing	2011-10-12 15:58:...	2 Years	Community Housing...	304,975	New Project	SHP	PH	X
Maine 1-11	2011-10-14 14:53:...	1 Year	State of Maine, D...	2,111,124	Renewal Project	S+C	TRA	U
Within Transition..	2011-10-11 06:53:...	1 Year	York County Shelt...	99,174	Renewal Project	SHP	TH	F
Pleasant St.	2011-10-05 07:52:...	1 Year	Tedford Housing	6,825	Renewal Project	SHP	PH	F
YCSP SB II	2011-10-14 14:29:...	5 Years	State of Maine, D...	234,840	New Project	S+C	SRA	F2
New Beginnings Tr...	2011-10-18 12:20:...	1 Year	New Beginnings, Inc.	167,116	Renewal Project	SHP	TH	F
FY2011 CSI Woodbr...	2011-10-16 08:23:...	1 Year	Counseling Servic...	64,410	Renewal Project	SHP	PH	F
Everett Apartments	2011-10-05 07:40:...	1 Year	Tedford Housing	16,519	Renewal Project	SHP	PH	F
State of Maine HMIS	2011-09-23 09:55:...	1 Year	Maine State Housi...	154,959	Renewal Project	SHP	HMIS	F
Milbridge Harbor ...	2011-10-18 11:40:...	1 Year	Washington County...	28,927	Renewal Project	SHP	PH	F
Permanent Housing...	2011-10-12 11:45:...	1 Year	Community Housing...	19,635	Renewal Project	SHP	PH	F
Mid Maine Support...	2011-10-07 09:29:...	1 Year	Kennebec Behavior...	32,838	Renewal Project	SHP	PH	F

Brand New Day	2011-10-20 16:59:...	1 Year	York County Shelt...	33,238	Renewal Project	SHP	PH	F
Maine 22	2011-10-20 15:29:...	5 Years	State of Maine, D...	237,240	New Project	S+C	TRA	F4
Maine 23	2011-10-14 14:41:...	5 Years	State of Maine, D...	395,580	New Project	S+C	TRA	F3
Smith Transitiona ...	2011-10-19 07:49:...	1 Year	York County Shelt...	111,127	Renewal Project	SHP	TH	F
State of Maine HM...	2011-09-23 10:14:...	1 Year	Maine State Housi...	163,800	Renewal Project	SHP	HMIS	F
State of Maine HM...	2011-09-23 10:03:...	1 Year	Maine State Housi...	66,431	Renewal Project	SHP	HMIS	F
Maine 15-11	2011-10-14 15:01:...	1 Year	State of Maine, D...	82,632	Renewal Project	S+C	TRA	U
Westman Village E...	2011-10-20 16:11:...	1 Year	Bread of Life Min...	12,600	Renewal Project	SHP	PH	F
York County Neigh...	2011-10-12 09:49:...	1 Year	York County Shelt...	292,038	New Project	SHP	PH	P1
Maine Lewiston 1-11	2011-10-14 15:03:...	1 Year	State of Maine, D...	104,724	Renewal Project	S+C	TRA	U
Transitiona l Housing	2011-10-14 10:08:...	1 Year	Hope and Justice ...	27,251	Renewal Project	SHP	TH	F
Boothby Street Ex...	2011-10-17 09:32:...	1 Year	Bread of Life Min...	73,500	Renewal Project	SHP	TH	F
Maine 2-11	2011-10-20 15:02:...	1 Year	State of Maine, D...	1,746,204	Renewal Project	S+C	TRA	U

## Budget Summary

<b>FPRN</b>	\$1,946,010
<b>Permanent Housing Bonus</b>	\$292,038
<b>SPC Renewal</b>	\$4,044,684
<b>Rejected</b>	\$304,975

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	2011 MBOS Certifi...	10/24/2011

## Attachment Details

**Document Description:** 2011 MBOS Certification Documents