

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: ME-500 - Maine Balance of State CoC

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

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Organizational employee, Community Advocate
Select all that apply.

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	No
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	No
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Steering Committee	The MCOC Steering Committee is made up of the 3 Chairs of MCOC, at least 1 chair from each standing committee, Chair of the Statewide Homeless Council, & at least 1 representative each from DHHS & MaineHousing. Steering keeps track of policy issues & conducts an annual review of Governance to ensure consistency with the State Plan to End & Prevent Homelessness & full compliance with HUD. Steering facilitates collection & integration of information & materials provided by other committees for inclusion in the CoC Application. Whenever possible, these are presented to the full group at regular meetings for discussion & approval. If time does not permit, the larger group may authorize Steering to complete the Application on behalf of MCOC.	Bi-Monthly	Maine DHHS, MaineHousing, City of Bangor, York County Shelter, Shaw House, PCHC Hope House, Kennebec Behavioral Health, Shalom House, Frannie Peabody Center, New Beginnings, Bread of Life, Opportunity Housing Inc., Community Housing of Maine

1C-1.2	Project Committee	The Project Committee oversees the process & methodology used to monitor Renewal Projects that receive funding through MCOC. It evaluates their program performance & offers appropriate referrals to training or technical assistance. The Project Committee also establishes the criteria used to score & rank New Projects seeking funding through MCOC. This Committee works closely with other committees to determine appropriate criteria for the Scoring Templates for New Projects based on priorities established by MCOC & HUD, and establishes a list of protocols & a set of instructions to be provided to the Selection Committee – a group with no financial stake in any of the applications, recruited specifically to review, Score & Rank Applications.	Monthly	Maine DHHS, MaineHousing, City of Bangor, York County Shelter, Shaw House, PCHC Hope House, Kennebec Behavioral Health, Shalom House, Frannie Peabody Center, New Beginnings, Bread of Life, Opportunity Housing Inc., Community Housing of Maine
1C-1.3	Data Committee	The Data Committee works with the MaineHousing HMIS Team to improve data collection & analysis techniques; to improve reporting on this data to better inform members & the general public regarding homelessness in Maine; works with other MCOC Committees to ensure they have the information they require to make informed decisions; organizes the annual Point-in-Time count & Housing Inventory Chart survey, coordinating these efforts with the Portland CoC to ensure statewide coverage & consistency. The information collected is used to help determine Unmet Need & identify Gaps in Housing & Services that must be addressed. This Committee has developed an ongoing Data Quality Monitoring process to improve HMIS reporting & accountability.	Monthly	Stepping Stones, City of Bangor, Shalom House, MaineHousing, Penobscot Community Health Center, Sweetser, Bangor Area Homeless Shelter
1C-1.4	Resource Committee	The MCOC Resource Committee collects, organizes & shares information to educate MCOC members & the general public on issues of homelessness & availability & access to mainstream & other resources; Works to recruit & orient new members to MCOC & its Committees & involve the broader public including businesses, landlords, law enforcement, educators, citizens, faith based groups & persons who are or were homeless in MCOC planning activities; Plans & implements training opportunities for members agencies; Assists in resource development strategies to access new funding sources & improve connections with other agencies & organization; Engages with the community & supports local initiatives to reduce & end homelessness throughout the MCOC area.	Monthly	MaineHousing, New Beginnings, Bread of Life Ministries, Homeless Services of Aroostook County, Family Violence Project, Mid-Maine Homeless Shelter Knox/Waldo Homeless Coalition, New Hope for Women, PCHC, Shalom House

1C-1.5	Statewide Homeless Council	The Statewide Homeless Council (SHC) provides leadership in the development & enactment of Maine's Plan to End & Prevent Homelessness & its members represent agencies, populations (DV, Youth, Veterans) & regions from across the state, including members of MCOC & Portland CoC & homeless and formerly homeless. The Council acts as an advisory committee to the Governor, the Legislature, MaineHousing, & other State Agencies. The SHC addresses discharge planning, disaster planning & other issues on a statewide level. Overlapping membership with MCOC ensures ongoing communication & coordination of our mutual efforts. The Governor appoints the Chair of the SHC & the current Chair is a long time member of MCOC & a member of our Steering Committee	Monthly	York County Shelter, Community Housing of Maine, Kennebec Behavioral Health, Maine Department of Health and Human Services, Penobscot County Health Care, Opportunity Alliance, Emmaus House, Preble Street, MaineHousing, Maine Department of Corrections
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**1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups.
(limit 750 characters)**

All meetings of the MCOC are open to the public. MCOC has an open membership and all members are eligible to vote as described in the MCOC governance document. Notices of monthly meetings, including agendas indicating the time, date & meeting location, the minutes & other relevant materials, are distributed electronically a week prior to meetings to an email list of 200+ agencies, service providers, advocates & individuals statewide & this is forwarded on to others who may wish to attend. Remote connectivity through ITV options is available in 5 locations statewide for people who cannot attend in person. The Maine Homeless Planning website contains MCOC information for members as well as the public.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

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

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

The CoC Project Committees monitor projects annually through a project questionnaire, renewal project form, APR's and HMIS participation & data quality reports. Currently, projects' effectiveness is measured by financial information & match, HUD Exhibit 2 Program goals performance & program performance including increase in employment, income, mainstream resources, etc. Under the 2012 Planning Grant, in 2014 MCOC will develop additional tools to measure projects' effectiveness including barriers participants face, recidivism, lengths of stay, & length of time it takes to return to housing. These metrics will be included as part of the monitoring process in future renewal project monitoring and project ranking.

**1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)**

Because the MCoC did not reallocate projects this year, there was no funding available for new projects so there was no solicitation. In past years, MCOC offers a "Bidder's Conference" to provide information regarding the application process and other HUD requirements for all interested parties to attend. Existing members are available to meet with potential new applicants to provide technical assistance regarding funding, the development process, match requirements, COC processes & participation. Project applicants are provided with the results of their project scoring, compared to the average scores of all other applications, broken out by categories such as Capacity, Experience, Budget, and HMIS Data Quality (if applicable).

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/18/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted? 01/30/2014

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

**1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.
(limit 1000 characters)**

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

**1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.
(limit 750 characters)**

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The Maine HMIS Advisory Group comprised of members of both MCoC and the Portland CoC, has been working with the HMIS Lead Agency and has executed the Joint Governance Charter of Maine CoC and Portland CoC. The final agreement includes all procedures and policies regarding HMIS requirements, privacy, security, and data quality plan; and a code of conduct and recusal process. Additionally, to ensure compliance with HMIS 2010 Data Standards while governance is being finalized, the MCoC's Data Committee actively monitors the data quality of all CHO's within the CoC, and provides technical assistance to providers who do not meet standards.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached.

Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The HMIS Lead Agency has developed comprehensive Privacy, Security, and Data Quality Plans that conform with the current HUD standards, and has drafted revised plans in anticipation of the promulgation of the final HMIS rule. Drafts have been delivered to both CoCs, and will be implemented in conjunction with the guidelines set forth the Joint Governance Charter.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software).

ServicePoint

2A-5 What is the name of the HMIS vendor? Bowman Systems, LLC
Applicant will enter the name of the vendor
(e.g., ESG Systems).

2A-6 Does the CoC plan to change the HMIS No
software within the next 18 months?

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

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

2B-2 Select the CoC(s) covered by the HMIS: ME-502 - Portland CoC, ME-500 - Maine
(select all that apply) Balance of State CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$322,326
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$322,326

2B-3.2 Funding Type: Other Federal

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

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$86,222
State and Local - Total Amount	\$86,222

2B-3.4 Funding Type: Private

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

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$7,500
Other - Total Amount	\$7,500

2B-3.6 Total Budget for Operating Year	\$416,048
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2B-4 How was the HMIS Lead selected by the CoC? Agency was Appointed

**2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)**

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 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	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

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

**2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)**

N/A

**2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage.
(limit 750 characters)**

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	69
Transitional Housing	20
Safe Haven	0
Permanent Supportive Housing	46
Rapid Re-housing	0

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	3%
Date of birth	1%
Ethnicity	1%
Race	0%
Gender	0%
Veteran status	0%
Disabling condition	4%
Residence prior to program entry	6%
Zip Code of last permanent address	5%
Housing status	1%
Head of household	1%

**2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.).
(limit 1000 characters)**

All HUD required reports are generated from the HMIS data, including the APR, CAPER, AHAR, PATH, PIT, SSVF export, and the HIC.

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

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)**

The HMIS Lead has created a series of data completeness and quality "report cards" that grades each CHO within the MCOC, including ESG funded programs. These reports are automatically delivered on a monthly basis to the chairs of the CoC data committee and reviewed by the committee as a whole. When data quality issues arise, members of the Data committee, in conjunction with the HMIS lead, reach out to CoC-funded projects to provide technical assistance to resolve the issues.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Annually
* Using data for program management	Annually
* Integration of HMIS data with data from mainstream resources	Annually
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Never

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

This information can be found on pages 15 and 16 of the HMIS Policy and Procedures Manual.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/30/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	5%	25%	70%
Transitional Housing	0%	3%	36%	61%
Safe Havens	0%	0%	0%	0%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

The number of people in Emergency Shelters increase by 32 people from 2012 to 2013. The most significant reason for the increase in the overall Sheltered Count was the number of people in TH, which was up by 375 people in 2013 compared to 2012. This was due to the fact that two state-supported, voucher-based Transitional Housing programs significantly increased their capacity between the 2012 and 2013 PIT counts. Maine State Housing Authority STEP (Stability Through Engagement Program) went from 55 beds in 2012 to 317 beds in 2013, an increase of 260 beds, and Maine DHHS BRAP (Bridging Rental Assistance Program) went from 485 beds in 2012 to 583 beds in 2013, an increase of 98 beds.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

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

**2H-2 If other, provide a detailed description.
(limit 750 characters)**

**2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

PIT homeless population data comes from one of two sources: 1) HMIS or 2) paper surveys for non-HMIS-participating agencies, including VAWA providers. The HMIS Lead Agency combines de-identified client data from both HMIS and non-HMIS sources in a data warehouse. The warehouse uses a unique identifier for each client, which is created using data elements common to both HMIS and the paper survey process, in order to calculate unduplicated counts across programs. The methods were selected through discussion and meetings between the HMIS Lead and the Data Committees of both CoCs in Maine.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input type="checkbox"/>
Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2I-2 If other, provide a detailed description.
(limit 750 characters)**

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Individual surveys collect detailed data on those clients willing to be interviewed. The surveys collect all of the HMIS UDEs as well as the HMIS Program-Specific disability questions that constitute the HUD specified subpopulations for the PIT. All programs with access to HMIS enter the Individual Survey data into HMIS. VAWA providers and other non-participating providers securely transmit their data to the HMIS Lead Agency and all of the data (both HMIS and non-HMIS) is de-identified and loaded into a PIT reporting warehouse, which calculates unduplicated subpopulation counts across programs based on a derived unique key. The warehouse then breaks down the counts by sheltered/unsheltered status for each population and sub-population count.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2J-2 If other, provide a detailed description.
(limit 750 characters)**

**2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Written instructions and training are made available in person and through online videos detailing how to fill out and submit forms for non- HMIS providers, as well as how to enter data collected via survey into HMIS for HMIS providers. Reminders prior to the PIT ensure all providers are aware of trainings and information needed to complete the survey. Reminders after the PIT ensure data is submitted in a timely manner, and for data validation. A certification form is required from each program submitting data, certifying the completeness and quality of the program's data. De-identified HMIS data is transferred to a PIT reporting warehouse, where it is deduplicated as previously described, which incorporates non-HMIS de-duplication techniques for VAWA providers.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/30/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

MCOC has relied on Emergency Shelters to organize local PIT Outreach efforts, but these were primarily in larger towns & cities. The York County chapter of the Maine Military and Community Network (MMCN) conducted PIT Outreach in rural parts of York Count and other MMCN chapters adopted the process for the 2013 PIT. As a result, PIT Outreach was conducted in rural areas of 4 additional counties. This increased outreach resulted in an increased number of unsheltered persons being reported; this is a more accurate count than previously reported.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2L-2 If other, provide a detailed description.
(limit 750 characters)**

**2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Paper survey forms were distributed to the local groups who wished to participate. On that form was the homeless status question, and trainings were provided prior to the night of the count in order to ensure that the data that was returned was an accurate reflection of who was literally homeless the night of the PIT. The forms were returned to the HMIS lead, a provider created to capture the data, and the forms were reviewed and input into HMIS, excluding respondents who identified as being unstably housed or at risk of losing their housing.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

**2M-2 If other, provide a detailed description.
(limit 750 characters)**

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

N/A

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

Local groups concerned with the issues of homelessness mobilized in multiple communities to map known locations where unsheltered homeless persons were known to stay. They were assigned specific quadrants of their community and teams of two "blitzed" the area. Survey forms that included identifying information sufficient to generate a unique ID were distributed to these groups and they were trained on how to deliver the survey by staff of the Collaborative Applicant. The forms were then input into the HMIS for de-duplication with the sheltered count.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		646	646	646
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	93	49	56	56
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		161	165	165
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		75%	100%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	4	4

**3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)**

1. 100% of non-CH PSH beds will be prioritized for CH. This maximizes efficient use of these scarce resources, as CH are difficult to identify in rural areas causing long vacancies in CH-designated units.
2. City of Bangor will designate 7 S+C beds for CH.
3. In 2014 KBH will place in service 5 MCOC-funded PSH beds, approved in 2010 (prioritized for CH)
4. 20 new PSH units will be placed in service in 2014 using funding from a 2013 MaineHousing Homeless RFP, all prioritized for CH.
5. MaineHousing's Home to Stay (HTS) is a RRH program combining ESG-funded services with short-term TBRA & Section 8 HCV to help homeless access & retain housing. This will prevent repeated & lengthy homeless episodes leading to new CH.
6. Shelters are targeting long term stayers to help them move into PSH; this helps prevent new CH.

**3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)**

1. The MCOC Project Committee will ensure that all MCOC-funded PSH beds are prioritized for CH
2. In 2014 the City of Bangor HHS S+C will designate 7 existing S+C beds for CH.
3. Under the 2013
MaineHousing Homeless RFP:
 - * CHOM will create 14 new beds in 3 projects
 - * Biddeford PHA will create 4 new beds
 - * York County Shelters will create 2 beds
4. MaineHousing
5. Maine DHHS
6. York County Shelters

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	1042	1100	1150
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	953	1001	1047
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	92%	91%	91%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

- 1) PATH-funding will pay Navigators to work with eligible CH to apply for BRAP (Maine DHHS-funded transitional rental assistance for clients with severe & persistent MI). BRAP is more plentiful & will allow clients to "transition in place" from BRAP to a S+C voucher when available; they will be able to stay in their units though the source of housing subsidy changes.
- 2) MaineHousing's Home to Stay is a RRH-style program combining ESG-funded services with short-term TBRA & Section 8 HCV to help homeless access & retain housing.
- 3) Frannie Peabody has created a team to review use of HOPWA funding to create a RRH approach that will improve housing retention.
- 4) City of Bangor S+C is piloting a new initiative targeting long term stayers in shelters; helping them to obtain & retain PSH by wrapping services around them.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

- 1) Maine DHHS, & PATH providers: CCM, New Beginnings, AMHS, PSRC, KBH, CHCS, BAHS, YCSP
- 2) MaineHousing & HTS providers: New Beginnings, Safe Voices, Homeless Service of Aroostook, Tedford Housing, Emmaus Shelter, Knox County Homeless Coalition, Rumford Group Homes, Penobscot Community Health Center, Stepping Stones, The Next Step, York County Shelter
- 3) Frannie Peabody
- 4) City of Bangor S+C & 18 social services providers in greater Bangor.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 1379

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	4%	5%	5%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	18%	19%	20%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	135	9.79	%
Unemployment Insurance	12	0.87	%
SSI	363	26.32	%

SSDI	252	18.27	%
Veteran's disability	9	0.65	%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	92	6.67	%
General Assistance	36	2.61	%
Retirement (Social Security)	5	0.36	%
Veteran's pension	9	0.65	%
Pension from former job	4	0.29	%
Child support	35	2.54	%
Alimony (Spousal support)	6	0.44	%
Other Source	17	1.23	%
No sources	789	57.22	%

**3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
 (limit 1000 characters)**

*The MCOC Data Committee will provide training on how to complete APRs, HMIS, & interim reviews to ensure that data are being captured. Attendance at this training will be mandatory for all MCOC-funded projects; attendance will be checked at monitoring.

*In 2014 Bowman (ServicePoint) will provide training to MCOC members on HMIS data entry & usage; this will improve data quality.

* Systems mapping work with Cloudburst to be completed in 2014 will help identify gaps in system & ways to improve service delivery.

*MCOC Data Committee will analyze exit data from 2013 to understand dynamics of income- how many had what sorts of income at entry, & how this changed at exit. This will help inform decision making around training needs & systems change in 2014 & 2015.

**3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
 (limit 1000 characters)**

- * MCOC Data Committee will analyze HMIS& other data to understand who's working, where, and in what sorts of jobs.
- * MCOC Resource Committee will identify businesses that would support disabled workers.
- * MCOC Resource Committee will connect with the Maine CareerCenters & utilize the learnings from the Disability Employment Initiative, & promote the Ticket to Work program to clients in MCOC-funded projects receiving SSI/SSDI.
- * MCOC Resource Committee will work to connect Goodwill Industries & clubhouses serving people with severe & persistent MI to make employment services available.
- * MCOC Data & Resource Committees will review HMIS/APR data to understand which projects are doing well at promoting employment, & share best practices.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

MCOC Resource Committee, MCOC Data Committee and MCOC projects. MCOC Resource Committee will continue to provide training and opportunities to increase knowledge of resources for employment. MCOC Data Committee will provide training in interim assessments so that projects can increase their ability to input employment data in a more timely fashion and improve their record keeping. Additionally, the MCoC will try to involve the executive staff of projects in training and on-going discussions about the importance of helping participants increase income by providing employment resources and accurately documenting income into the HMIS. Projects will be encouraged to tap into resources that currently exist including Club House Programs and Goodwill Employment Programs.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 1385

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	95%	95%	95%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	1075	77.62 %
MEDICAID health insurance	980	70.76 %
MEDICARE health insurance	237	17.11 %
State children's health insurance	0	%
WIC	33	2.38 %

VA medical services	17	1.23	%
TANF child care services	2	0.14	%
TANF transportation services	1	0.07	%
Other TANF-funded services	7	0.51	%
Temporary rental assistance	2	0.14	%
Section 8, public housing, rental assistance	32	2.31	%
Other Source	73	5.27	%
No sources	73	5.27	%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

- *MCOC's work with Cloudburst on systems mapping will be completed in 2014. Using funds from the 2012 Planning Grant, MCOC will then develop the Coordinated Assessment, to be implemented in 2015. Coordinated assessments will improve efficiency & speed at helping to link clients to services.
- *Maine DHHS-funded PATH providers will help consumers access & retain MR.
- *More SOAR trainings held in 2014 & 2015 will improve capacity for helping eligible consumers obtain SSI/SSDI.
- *Providers funded by MaineHousing Home to Stay (RRH program) will help consumers access & retain MR.
- *At S+C annual client reviews Case Mgrs. & Project Managers verify if clients are still receiving MR, & help them re-apply if these have lapsed.
- *Clients will be instructed to call case mgrs. if they lose MR benefits

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

- *MCOC Steering Committee working with Portland COC & Cloudburst will do the systems mapping & develop the coordinated assessment system
- *MCOC Resource Committee
- *All MCOC-funded projects
- *Maine DHHS funds both SOAR trainings & PATH
- *PATH grantees
- *MaineHousing funds Home-to-Stay
- *Home-to-Stay grantees
- *PATH grantees
- *MaineHousing & Home-to-Stay grantees

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	8
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	0	144	150
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	4	72	72

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

- 1) Under the 2014 NOFA MCOC will reallocate to RRH and PSH MCOC-funded TH that is not committed to DV, youth, or Veterans projects. This will allow MCOC to provide new RRH services to households in 2015.
- 2) In 2014 MaineHousing will re-classify as RRH STEP vouchers (Federal HOME funds) used in the Home to Stay program. These are currently listed as TH in the HIC; RRH more accurately reflects actual design & function. In addition, there are now HCV vouchers allocated to this program. In 2014 and in 2015 there will be 72 STEP and HCV Vouchers for homeless households.
- 3) MaineHousing Home to Stay (HTS), a RRH program using ESG, HOME funds, & HCV, will fund Navigators at MCOC shelters to help participants apply for MR, & obtain housing, & follow-up for 12 months to ensure retention. As a result, 144 families in 2014 and 150 in 2015 will be assisted with RRH.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

- 1) Under the 2014 NOFA MCOC will reallocate to RRH & PSH MCOC-funded TH that is not committed to DV, youth, or Veterans projects. This will allow MCOC to provide new RRH services to households in 2015.
- 2) In 2014 MaineHousing will re-classify as RRH 32 STEP vouchers (Federal HOME funds) used in the Home to Stay program. These are currently listed as TH in the HIC; RRH more accurately reflects actual design & function.
- 3) MaineHousing Home to Stay (HTS), a RRH program using ESG, HOME funds, & HCV, will fund Navigators at MCOC shelters to help participants apply for MR, & obtain housing, & follow-up for 12 months to ensure retention.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

MCOC currently relies on MaineHousing's Home to Stay (a RRH program) written policies as there is no MCOC-funded RRH. MCOC will adopt RRH guidelines when MCOC TH projects are reallocated to RRH in 2014- they will likely be similar to the HTS RRH program. Under Maine HTS guidelines, clients must:

- Meet the HUD homeless definition
- Meet HUD's & MH's definition of family
- Have incomes at or below 50% AMI adjusted for family size
- Have citizenship or eligible immigrant status
- Provide SSNs for family members
- Consent to MH's collection and use of family data
- Pay 30 - 40% of their adjusted total household income for rent each month
- Meet with their assigned Navigator at least once/month

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)**

MCOC currently relies on MaineHousing's Home to Stay (a RRH program) written policies as there is no MCOC-funded RRH. MCOC will adopt RRH guidelines when MCOC TH projects are reallocated to RRH in 2014- they will likely be similar to the HTS RRH program. 100% of program participants receive case management from Navigators. They are required to meet with their Navigator at least once/month. In practice, most do so at least 2x/month. Case management includes Assessment of housing barriers, needs & preferences; Helping participants apply for MR; Helping create an action plan for locating housing; Outreach to & negotiation with landlords; help completing rental applications; Assessing units conformance with habitability standards; Assistance with obtaining utilities; Renter education.

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?
(limit 1000 characters)**

MCOC currently relies on MaineHousing's HTS (RRH program) written policies. MCOC will adopt RRH guidelines when MCOC TH projects are reallocated to RRH in 2014- they will likely be similar to the HTS RRH program. 100% of HTS providers are required by their funding contracts to follow people into housing, with contact at least every 30 days for up to 12 mths after placement. Contact may be via home visit or phone. Frequency above 1x/month is dictated by assessed stability- less stability means more frequent contact. Follow-up assistance to strengthen housing retention includes: Monitoring & evaluating participant performance; Information & referral to other providers; Mediation with landlords; Credit/budget counseling; Tenants' rights & responsibilities; Apartment cleanliness; Planning a move. Additional interventions may be triggered by various sources including self-report, family members, community policing, or landlords.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?

3B-1.1a If other, please explain. (limit 750 characters)

A working group of homeless youth providers has submitted a new draft Policy on Homeless Youth to Maine DHHS/OCFS that states, in part: "OCFS believes youth under the age of 18 years old should not live on their own, or be without responsible adults to care for them unless they have become legally emancipated (15 MRS 3506-A (2001)). When a youth in state's custody becomes homeless, OCFS has a responsibility to end the youth's homelessness and locate a place for the youth to live. Sometimes youth may choose not to reside in OCFS approved homes or locations. OCFS has a responsibility to continue to work with the youth and pursue placement options in a diligent and focused manner." OCFS is expected to approve this policy in 2014.

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

Maine DHHS administers foster care in Maine. Maine DHHS contracts with nonprofit youth service providers statewide to help youth & families develop healthy transition plans that help youth obtain TH, PH, PSH, or remain in care until they finish their education. Providers actively monitor whether teens are discharged from foster care to the streets or shelters, & advocate with Maine DHHS for improved policies and resources. Placements include friends, family, relatives; state-funded residential treatment; market rate apartments; boarding homes; BRAP; Section 515 rental units, LIHTC-funded projects, HOPWA-funded housing, local- or state-funded residential recovery or transitional housing, group homes, halfway houses; Shalom House; TH funded by Maine DHHS or federal RRH; Sect. 8 HCV & other mainstream resources; those requiring ongoing support are transitioned to Adult Services (case management). Youth can remain with their foster parents past age 18 to complete their education.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

STATE/LOCAL GOVTS: Maine DHHS- OCFS; MaineHousing; Cities of Bangor, Lewiston, Auburn
NON-PROFIT AGENCIES: Kennebec Behavioral Health, New Beginnings, Shaw House, Rumford Group Homes, Opportunity Alliance, SMART, Kidspeace, Catholic Charities, Step-up, Community Health & Counseling, Community Care, Families & Children Together, Aroostook Mental Health Center, Frannie Peabody (HOPWA) & Spurwink
PRIVATE ORGANIZATIONS: Maine Children's Alliance, Homeless Youth Provider Network, The Moving Forward Policy Advisory Group
COC COMMITTEE: MCOC Resource Committee, Homeless Youth Work Group

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?

3B-2.1a If other, please explain. (limit 750 characters)

Hospital Discharge Planning Guidelines have been developed by the Statewide Homeless Council (SHC) (whose membership includes Maine COC & Portland COC) & Maine hospitals re: discharge of homeless patients. In December 2013 the Maine Hospital Association's Mental Health Council recommended approval of the guidelines by the Maine Hospital Assn. Board (MHA). Full MHA endorsement is expected in 2014.

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

Maine DHHS funds case managers who assist with discharge planning & transition to the community. The Guidelines instruct hospitals to begin the discharge planning process on admission. Patients are to be discharged with appropriate clothing & with a plan for accessing required medications/supplies. Each Maine hospital or community discharge location must designate a management team member to oversee ongoing compliance with the Guidelines. MCOC members also monitor discharges to shelters from hospitals and follow up with hospitals if this should occur. Placement options include family, residential treatment facilities, market rate apartments, boarding homes, and other federal-, state- or locally-funded housing options (such as Section 515 rental units, LIHTC-funded projects, HOPWA-funded housing, local- or state-funded residential recovery or transitional housing, group homes, and/or halfway houses). Individuals needing higher levels of medical care may be placed in PNMI facilities.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

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

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

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

COC COMMITTEE: Ad hoc Discharge Committee of the Statewide Homeless Council

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place State Mandated Policy
mandated by the State, the CoC, or other?

3B-3.1a If other, please explain.
(limit 750 characters)

N/A

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

Maine DHHS funds ICMs who assist with discharge planning for patients with SPMI. The Guidelines instruct hospitals to begin the discharge planning process on admission, working with appropriate providers. MCOC members monitor discharges to shelters from hospitals and follow up with hospitals if this should occur. The Statewide Homeless Council is leading an effort to create a Medicaid Waiver for long term homeless individuals that will improve care options. Placement options include family, residential treatment facilities, market rate apartments, boarding homes, and other federal-, state- or locally-funded housing options (such as Section 515 rental units, LIHTC-funded projects, HOPWA-funded housing, local- or state-funded residential recovery or transitional housing, group homes, and/or halfway houses). Individuals needing higher levels of medical care may be placed in PNMI facilities.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

STATE AND LOCAL GOVERNMENTS: Maine DHHS, MaineHousing, Riverview, Dorothea Dix
NON-PROFIT AGENCIES: Kennebec Behavioral Health, Volunteers of America, York County Shelters, CHOM, CHCS, Shalom, Sweetser, Aroostook Mental Health Services, Common Ties; Spring Harbor Hospital; NAMI Maine; Maine Disability Rights Center; Maine Human Rights Commission. Members of the Maine DHHS Adult Mental Health PNMI Stakeholder Group include: MAMHS; Opportunity Housing, Inc.; Behavioral Health Collaborative; Shalom House Inc.; York County Shelters; Consumer Council of Maine; Daniel Wathen, Court Master; Disability Rights Center of Maine; Frannie Peabody (HOPWA) & Maine Mental Health Partners.
PRIVATE ORGANIZATIONS: Families, friends, NAMI
COC COMMITTEE: MCOC Resources Committee, Statewide Homeless Council

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place CoC Adopted Policy mandated by the State, the CoC, or other?

3B-4.1a If other, please explain. (limit 750 characters)

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

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

Maine DHHS funds Intensive Case Managers (ICMs) at the county jails, who help with pre-release planning for inmates with mental health issues. Community-based nonprofit providers participate in pre-release planning & work with offenders following release to support housing retention & reintegration. Most offenders are released to families and friends. They may also be released to market rate apartments, boarding homes, and other federal-, state or locally-funded housing options (such as Section 515 rental units, LIHTC projects, HOPWA, or local- or state-funded residential recovery or transitional housing, group homes, and/or halfway houses). DOC operates 3 pre-release programs; 2 for men & 1 for women. A county-run program in the mid-coast accepts state inmates as well. These programs require that inmates who have jobs pay room & board, pay restitution, & save money to help pay rental security deposits when released.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

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

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3C-1 Does the Consolidated Plan for the No
jurisdiction(s)
within the CoC's geography include the
CoC's strategic
plan goals for addressing and ending
homelessness?**

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

The State of Maine Consolidated Plan-Action Plan for 2010 to 2014 includes the entire 2011 MBOS CoC Exhibit 1 application as an appendix.

In 2014 MCOC will work to ensure that the following MCOC strategic plan goals are included in the Con Plans of the 5 jurisdictions (many being updated in the coming year):

1. Increase permanent supportive housing beds dedicated or available to chronically homeless
2. Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80% or more.
3. Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20% or more.
4. Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.
5. Increase use of Rapid Re-Housing to reduce family homelessness

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

MaineHousing is the ESG administrator for Maine outside Portland & is the MCOC Collaborative Applicant, which facilitates coordination with MCOC. MCOC members participate in MaineHousing's ad hoc Committee on Shelter Funding to help develop shelter funding policies and priorities. This committee met 2 times in FY 12 and 3 times in FY 13 to review and discuss shelter funding policies. In 2013 MaineHousing discussed ESG funding decisions with the MCOC project committee. MaineHousing & MCOC will utilize the planning grant awarded under the 2012 CoC Competition to develop a monitoring, evaluation, & reporting policy & process for ESG subrecipients. This work will be coordinated with the Portland CoC.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

In 2012 & 2013 no MaineHousing (MH) ESG funds were used for homelessness prevention.

MH ESG funds used for RRH: 2012- 43% & 2013- 32%.

MH awarded ESG funds to nonprofit homeless services providers statewide to provide RRH activities under Home to Stay (HTS). HTS links ESG funds with STEP (HOME-funded short term TBRA) and Housing Choice Vouchers (HCV). HTS transforms the shelter system to a rapid response system that provides housing stability services to homeless individuals & families. The decision to allocate funds for RRH resulted from a high priority need to move people out of shelters quickly due to increasing shelter usage & homelessness. Funds were awarded through a competitive RFP process.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

MH's AI: Need for landlord/tenant FH education; Maine's old housing stock lacks accessibility, & some racial & cultural barriers.

MCOC & PCoC, collaborating with statewide 2-1-1 system, will use 2012 Planning grant funds to complete the Coord Assess in 2014; improving the MCOC's prevention capacity.

In Bangor Shaw House has Tenant Ed program focused on housing retention. PATH funding can serve at-risk individuals & families with unmet mental illness or co-occurring disorders to prevent homelessness.

SSVF pays for outreach & case mgmt to at-risk veterans' families statewide

MH funds Pine Tree Legal Assistance to help prevent evictions in larger cities

Maine DHHS uses some BRAP (TBRA) for homelessness prevention

FH barriers from jurisdictions' AIs include need for landlord/tenant education around FH laws, disability (rights to reasonable accommodation), & racial & cultural barriers.

MH is ESG grantee & MCOC Collab Applicant; ESG subrecipients are members of MCOC, facilitating coordination.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

HOPWA: HOPWA grantee Housing Coordinator is co-chair of MCOC, works with PCOC, SHC, RHCs & shelters to house eligible clients
TANF: MCOC members work closely with TANF- ASPIRE funding can help prevent eviction
RHYA: MCOC members receive grants under Basic Center, Maternity Group Home, Transitional Living & Street Outreach Programs
HEAD START: Prioritizes homeless & VLI; MCOC members work closely with HS programs statewide
PHILANTHROPIC: Aspen Institute supports planning for youth transitions. United Ways support shelters, local homeless planning
OTHER: PATH (federal/state)- outreach & engagement to homeless. BRAP (state)- TBRA. Maine DHHS - street outreach, shelter, & TH for youth. MH allocates \$1 million/year in HOME funds to the STEP program, a RRH program that provides short term TBRA & supports. Strong working relationship with VA for service delivery, planning. SHC holds meetings around the state to obtain input. AmeriCorps funding assists homeless vets (City of Bangor)

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

MaineHousing (MH) is the state PHA & the MCOC Collaborative Applicant. Its homeless preferences include DV, vets, & homeless. Provides HCV set-aside for Home to Stay, a RRH program, & administers VASH vouchers. MCOC targeted other PHAs for outreach. PHAs in Bangor & South Portland have homeless preferences. Auburn HA has a preference for involuntarily displaced, including DV victims. The Brunswick, So. Portland, & Westbrook PHAs have dedicated HCV to CH. Waterville allocated funds to be used with STEP vouchers in Home to Stay. MH awarded \$4 million in homeless RFP- 6 projects statewide; 5 in the MCOC. New MCOC Homeless Planning website www.mainehomelessplanning.org centralizes info dissemination about homeless planning efforts statewide, helps engage PHAs.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

Cloudburst is providing ongoing TA to help Portland and Maine COC members to complete systems planning; starting with mapping the shelter system & determining barriers, gaps & needs. Cloudburst is also assessing HMIS & ServicePoint to identify ways to improve the system. This information will support finalizing the Coordinated Assessment system, to be completed in 2014 & implemented in 2015. MCOC-funded projects are monitored by the MCOC Project Committee in order to identify barriers & to address them through TA. The 2012 Planning grant MCOC received will help MCOC establish monitoring policies & procedures for ESG & MCOC-funded projects, which will include identifying & eliminating barriers to access for the hardest to serve.

**3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach.
(limit 1000 characters)**

MCOC has embraced the Housing First (HF) approach. 100% of Maine DHHS & CITY OF BANGOR S+C projects use HF, and Bangor S+C does also. 75% of other COC-funded projects are also using a Housing First approach. MCOC continues to track performance of all projects in helping homeless people access & retain housing, and to educate and inform members of the value of this approach.

**3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need.
(limit 1000 characters)**

In the coming year the 2012 COC planning grant (executed in late 2013) will help MCOC develop the Coordinated Assessment (CA). In the interim, MCOC has been working with Cloudburst on performance measurement, & on mapping the shelter system. We have begun coordinating with Portland COC which is further along in developing a CA. Have also begun piloting (in Portland and Bangor) data sharing across programs within HMIS. We plan to complete the creation of the CA by the end of 2014 & implement beginning in 2015.

**3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach.
(limit 1000 characters)**

MCOC members & PHAs identify underserved in their area, & are required to reach out to protected classes. MCOC's Resource Committee held 2 Fair Housing trainings in 2012 on affirmative marketing, landlord/tenant laws. PATH providers outreach to hospitals, police depts. & other locations. MCOC providers post information in their offices in different languages, & use interpreters when needed. All providers offer TTY options. MaineHousing's website's shelter information is translated into 12 languages, & hosts the mainehousingsearch.org website which is translatable into 80 languages, & searchable by accessibility need (e.g., ramps). The statewide 2-1-1 number is promoted to faith-based entities, providers, area agencies on aging, & town offices in different languages. MaineCare reimburses service providers for interpreting services. Communication technology is provided for those with visual & hearing impairments. Shelters are accessible to people with mobility impairments.

**3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community.
(limit 1000 characters)**

MCOC requires COC-funded programs, & MaineHousing requires ESG-funded programs, to give homeless unaccompanied youth, & homeless parents or guardians of school-age children the NCHE poster describing children's rights to attend school, & the help available to get them enrolled or transported. Parents must sign a form listing the names & ages of their school-aged children, indicating they have received the poster & have either accepted or rejected help in contacting the school Homeless Liaison (HL). Homeless providers employ case managers who help families/youth connect with the HL & work out logistics of school enrollment, attendance, & transportation. HMIS also has a required data element for families with children, and unaccompanied youth, if they have been connected to the HL. Performance on this is tracked during MCOC & ESG monitoring.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

MCOC requires that COC- and ESG-funded homeless service providers use forms & informational flyers to inform families with children, & unaccompanied youth, of their rights under the McKinney-Vento Educational Assurances Act. Case Managers facilitate contact with their local Homeless Liaison (HL)- HL are listed online at www.maine.gov/doe/homeless/database/index.html. "Keeping Maine Kids Connected" has organized quarterly meetings for school HL & homeless providers in order to improve communication and coordination. MCOC members attend these meetings. The statewide coordinator of the school plans to offer webinars to school HL in 2014 to inform them about community resources for homeless & at-risk families & youth. HMIS data elements ask whether children have been connected to HLs. Performance on this is tracked during ESG & MCOC monitoring.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

The MCOC will reach out to ESG & COC-funded projects to inform them of this policy change. MCOC will work with the Statewide Homeless Council to develop a plan for implementing these new policies in all ESG & MCOC-funded projects & to monitor their adoption of them. This language will also be inserted into the Maine state Homeless Rule, program guides & contracts to ensure that ESG- & COC-funded projects adopt & implement the new policies. The 2012 planning grant will assist with this work; MCOC's Steering Committee & Project Committee will lead this effort.

**3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness.
(limit 1000 characters)**

MCOC tracks repeat homeless episodes through HMIS. HMIS is used to monitor grantee performance on coordinating and collaborating with state/local agencies to ensure clients obtain housing, mainstream resources, employment & health services, and to track whether clients experience repeat homelessness. MCOC's work on data sharing through HMIS will facilitate this tracking. MaineHousing's Home to Stay (RRH program serving individuals & families) requires 12 mths of follow-up after program exit. Navigators prevent repeat episodes by developing & monitoring a long-term housing plan with the client, meeting at least monthly- usually more often- with the client; providing renter education (i.e., rights, responsibilities, cleanliness); landlord mediation; credit & budget counseling. Consumers exiting Frannie Peabody assistance (HOPWA) retain their case managers for follow-up as they move to other housing, which aids housing retention. Maine DHHS BRAP also helps with housing retention.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

**3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 1000 characters)**

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

**3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)**

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

**3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals.
(limit 1000 characters)**

Copies of "Opening Doors" were provided to the Statewide Homeless Council (SHC) members that worked to update Maine's Plan to End & Prevent Homelessness in 2011. The SHC created a 1-page matrix illustrating how the Maine Plan aligns with the 4 strategic goals & themes of Opening Doors. MCOC is on track to meet Goal 1 through prioritizing all PSH beds for CH. MCOC has collaborated with the SHC who all CH beds for long term stayers to avoid them becoming CH. Goal 2: The SHC and MCOC has increased the # of Veteran Providers (the Maine Military and Community Network, Wounded Warriors) who attend meetings & new programs are being developed for Veterans including BOL Veterans Housing, etc. Goal 3: MaineHousing's new ESG Funded Home To Stay Program provides RRH to families, youth & children and will serve approx. 144 families in 2014 and 150 in 2015. Goal 4: SHC & MCOC continue to prioritize ending homelessness through new programs, outreach, & legislative advocacy to retain & expand funding.

**3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children.
(limit 750 characters)**

Even with significantly increased outreach in 2013 via the Maine Military & Community Network, the MCOC PIT survey found only 1 unsheltered family in the last 3 years. PATH grantees use their outreach staff to find unsheltered families. SSVF does some outreach statewide. MCOC members outreach to the 211 system, local & state police, local faith-based organizations, schools, GA offices, TANF, Head Start. Outreach will be strengthened by the Coordinated Assessment, which will help streamline intake & access to resources. MaineHousing markets HTS (RRH) through its website & rental guide; it will serve 142 fam in 2014 & 150 in 2015. Shelter & other homeless services providers do local outreach. MCOC will reallocate funding to RRH in 2014.

**3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.
(limit 1000 characters)**

DV services are available to women statewide through a network of providers who offer *Temporary emergency shelter & transitional housing; *Referrals and information; *Court advocacy; *Support groups; *Batterer's education groups; *Outreach & community education; *School based education; & *Advocacy. Most services are free of charge. Services are accessed through a 24-hour HELP line, where callers receive help with safety planning, information about options, crisis counseling, emotional support & advocacy. Women & families may be relocated to a more distant shelter if the abuser lives nearby. Providers protect clients' confidentiality through keeping files locked, encrypting data, etc. MCOC exempts DV programs from entering data into HMIS.

**3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.
(limit 1000 characters)**

RHY, MCOC, ESG, Maine DHHS PATH & state General Funds pay for outreach & engagement services. Shelters receive funding from RRH, MCOC & ESG. A new program w/in TANF provides financial help to prevent eviction. Nonprofit providers work with youth, families, & Maine DHHS to develop & support permanent placements which may include family reunification, foster care, or emancipation (for older youth). RRH is available through MaineHousing's HTS program. Maine DHHS BRAP (state-funded, transitional TBRA) provides housing vouchers for those with mental illness, which allows recipients to "transition in place" to other housing subsidies such as S+C or HCV. It varies by provider & program, but resources are generally targeted separately to youth up to age 21; the 22-24 year olds are more often served through adult shelters & programs.

**3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)**

Maine DHHS PATH-funded Navigators reach out statewide to homeless & at-risk youth & adults in the streets, shelters, living in cars & campgrounds, & in jails & hospitals. The goal of outreach is to engage homeless individuals, assess & determine eligibility for MaineCare & other services, & transition them to a community provider for ongoing assistance. Navigators work with local law enforcement, 211, GA offices, faith-based organizations, libraries, & other nonprofits such as community action programs to help identify homeless & those at-risk. As Maine is a large state, this helps identify homeless/at-risk individuals who might go unnoticed otherwise. MCOC also funds street outreach to youth in greater Bangor.

**3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)**

VA Maine-HUD VASH staff participates in the MCOC meetings, homeless coalitions, & Statewide Homeless Council. It also works closely with SSVF grantee Preble Street Resource Center. A VA Social Service Representative does outreach to the Oxford Street Shelter and the Preble Street Resource Center. While these are in Portland, homeless vets from other areas of the state often migrate to Portland & need help transitioning back to their home communities. The VA staff person engages homeless Veterans, helps them access VA Health care & HUD VASH as well as other mainstream resources. Vets that were dishonorably discharged are linked to non-VA housing & other resources. VA Maine contracts with Bread of Life in Augusta for 12 Emergency Housing Contract Beds that provide TH for homeless Veterans. The VA organizes quarterly summits to address Vets' needs, including homelessness. CHOM provides housing for homeless vets. VOA & CHOM (MCOC members) are both Per Diem grantees.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? No

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

MCOC will create RRH for families with children and PSH for CH with reallocated funds from TH and SSO projects in 2014. Re-allocation will happen in 2014 with the new RRH for families implemented in 2015. Family homelessness numbers are increasing, while CH numbers are not. Prioritizing access by CH to all PSH beds made available through turnover will provide sufficient housing resources to meet goal of ending CH homelessness by 2015.

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Not Applicable

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The MCOC Project Committee monitors the COC-funded projects' APRs annually. Over the course of several meetings the Project Committee reviews & edits the scoring template tool & to evaluates projects using its monitoring tool. The Project Committee has begun reviewing project performance in light of the HUD and HEARTH Act performance measures. MCOC has been receiving TA from Cloudburst on performance measures. In 2014 the Project Committee will complete evaluation metrics & adopt a new process for monitoring these measures. These new measures, along with site visits, will be incorporated into future monitoring.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

The MCOC Project Committee monitored project recipients using a tool its members revised (and the full MCOC approved) in the fall of 2013. This tool reviews performance goals, APRs & HMIS data. The tool is also used in scoring as "met all" or "some" with points for each. Plans are being made to utilize this along with a new process for interim monitoring and mentoring from the MCOC Resource Committee. Currently MCOC does not monitor ESG recipients; however, part of the work to be done under the 2012 planning grant will be adding ESG monitoring, including new performance measures. Currently, MaineHousing monitors ESG funded projects for HEARTH Act performance measures including recidivism & length of stay.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

MCOC-funded projects are encouraged to bring issues & barriers to monthly MCOC meetings, or to reach out to the HMIS lead to address issues. The MCOC Data Committee & HMIS Lead will also reach out to projects when issues are identified. The MCOC Resource Committee provides regular trainings (such as SOAR, Fair Housing, etc.) to help projects meet goals, & improve performance & outcomes. When capacity issues are identified MCOC members will help problem solve so that services to homeless consumers are continued uninterrupted in a way that meets requirements. Depending on the issue, MCOC members may share forms, provide peer-to-peer assistance, etc. If the issues require greater intervention members will advocate for greater oversight & TA from funding sources needed to correct the problem. In 2014, the MCOC will conduct site visits to COC-funded projects; these will allow members to spot issues & provide TA to resolve them.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

The Statewide Homeless Council (which includes MCOC Members), in collaboration with Maine DHHS & MaineHousing, is targeting “long term stayers” (in shelter over 180 days). This initiative is targeting funding & changing practices in order to help these individuals obtain & retain PSH. MaineHousing’s Home to Stay (HTS) is an ESG-funded initiative to provide RRH services statewide. Many MCOC members are HTS grantees. Maine DHHS prioritizes S+C vouchers to house CH & long term stayers with mental illness & co-occurring disorders. DHHS also administers the state-funded BRAP (TBRA TH) which serves the same population; a high priority of BRAP is to help people who are homeless obtain & retain housing. Frannie Peabody has formed a working group to redesign its policies & programming to create a RRH-style program to improve housing retention for those with HIV/AIDS.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC’s geography?
(limit 1000 characters)**

MaineHousing (MCOC Collab App) monitors ESG-funded projects on performance measures such as recidivism & length of stay. As the HMIS lead, MaineHousing is also developing tools to monitor for these performance measures. MCOC-funded PSH projects have a 90%+ retention rate, so our focus is more on maintaining this high performance. S+C vouchers are delivered through a network of community-based mental health agencies, who also provide case management services. This provides swift access to services that tenants need in order to retain their housing. S+C requires annual, face-to-face tenant reviews, so even stable tenants have an opportunity to discuss issues that may threaten tenancy. Tenants are also instructed & encouraged to contact case managers when issues arise, such as loss of benefits, that may threaten housing retention.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

Maine DHHS (active MCOC member) has added \$1.3 million to the PATH program, supporting outreach to literally homeless who are not engaged in services or treatment (they do not have to have MaineCare/Medicaid in order to receive services. Many MCOC members are PATH grantees. MaineHousing’s Home to Stay Program does not require participants to have MaineCare to receive services. Targeted Case Management (TCM) is a MaineCare-funded service that covers case management provision to homeless individuals & families, including outreach to those who are unsheltered. MaineCare will pay for interpreter services to those with limited English. Because Maine outside of Portland has relatively few non-English speakers, providers typically use language lines to meet language needs. Websites are translatable into other languages; posters & materials have the Fair Housing logo & are sometimes translated into French & Spanish.

4B. Section 3 Employment Policy

Instructions

*** TBD ***

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

**4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons?
(limit 1000 characters)**

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	75%
* Homeless assistance providers use a single application form for four or more mainstream programs.	100%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	95%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 10/01/2013

**4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options.
(limit 1000 characters)**

The MCOC Resource Committee helped organize Medicaid Part D presentations at the Region II and III Homeless Councils in September 2013. ACA Navigators based at local community-based organizations do regular outreach to shelters to help clients determine eligibility and sign up for benefits. Within the MCOC geography there are numerous people that offer certified application counselors to assist with sign ups. Most Community Action Programs and the Lobstermen Association offer trained "navigators" to assist people with enrollment. Maine Health Access Foundation's Enroll 207 website provides a place where all of the Navigators and certified application counselors (CAC) can be found by zip code, town, county etc. PCHC (a FQHC) has 20+ CACs through their practices alone. In the next year, the MCOC Resource Committee will continue scheduling trainings on the ACA & how to sign clients up.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

MCoC 's Project and Resource Committees plan to do outreach to SSO projects in the MCoC to identify other funding sources for their services . For example, MaineCare provides Targeted Case Management (TCM) which is used to provide for case management services for homeless individuals. MaineCare also has other services that are possible sources of funding for services: Community Integration Services for adults with a severe mental illness or TCM for children (up to 21) who have severe MI or severe medical disability. MCOC will match potentially effected projects with area "partners" who offer these services in the area as they identify any other options for the current provider. In 2014, the Resource Committee will continue to promote events and assist in identification of additional sources of funding for supportive services. The Project Committee will identify projects for whom this is relevant and identify resources that can help projects access these other funding sources.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	01/28/2014
CoC Governance Agreement	No	MCoC Governance A...	01/28/2014
CoC-HMIS Governance Agreement	No	Joint Governance ...	01/23/2014
CoC Rating and Review Document	No	MCoC Rating and R...	01/28/2014
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No	FY 2013 MCOC Chro...	01/29/2014
FY2013 HUD-approved Grant Inventory Worksheet	Yes	FY 2013 HUD-appro...	01/29/2014
FY2013 Rank (from Project Listing)	No	Maine CoC Project...	01/30/2014
Other	No	MCoC Affirmativel...	01/22/2014
Other	No	Public Notificati...	01/28/2014
Other	No	MCoC Rating and R...	01/28/2014
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No	Public Notificati...	01/28/2014

Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan

Attachment Details

Document Description: MCoC Governance Agreement

Attachment Details

Document Description: Joint Governance Charter - Maine CoC and Portland CoC (HMIS)

Attachment Details

Document Description: MCoC Rating and Review Document

Attachment Details

Document Description:

Attachment Details

Document Description: FY 2013 MCOC Chronic Homeless Prioritization List

Attachment Details

Document Description: FY 2013 HUD-approved Grant Inventory Worksheet

Attachment Details

Document Description: Maine CoC Project Ranking

Attachment Details

Document Description: MCoC Affirmatively Furthing Fair Housing Policy

Attachment Details

Document Description: Public Notification of Funding Availability and Rankings

Attachment Details

Document Description: MCoC Rating and Review Document

Attachment Details

Document Description:

Attachment Details

Document Description: Public Notification and Posting

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/22/2014
1C. Committees	01/29/2014
1D. Project Review	01/30/2014
1E. Housing Inventory	01/22/2014
2A. HMIS Implementation	01/28/2014
2B. HMIS Funding Sources	01/22/2014
2C. HMIS Beds	01/22/2014
2D. HMIS Data Quality	01/28/2014
2E. HMIS Data Usage	01/22/2014
2F. HMIS Policies and Procedures	01/28/2014
2G. Sheltered PIT	01/28/2014
2H. Sheltered Data - Methods	01/22/2014
2I. Sheltered Data - Collection	01/22/2014
2J. Sheltered Data - Quality	01/22/2014
2K. Unsheltered PIT	01/28/2014
2L. Unsheltered Data - Methods	01/22/2014
2M. Unsheltered Data - Coverage	01/22/2014
2N. Unsheltered Data - Quality	01/28/2014
Objective 1	01/28/2014
Objective 2	01/28/2014
Objective 3	01/28/2014
Objective 4	01/28/2014
Objective 5	01/29/2014
3B. CoC Discharge Planning: Foster Care	01/29/2014
3B. CoC Discharge Planning: Health Care	01/22/2014
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3B. CoC Discharge Planning: Mental Health	01/24/2014
3B. CoC Discharge Planning: Corrections	01/22/2014
3C. CoC Coordination	01/31/2014
3D. Strategic Plan Goals	01/29/2014
3E. Reallocation	01/29/2014
4A. Project Performance	01/29/2014
4B. Employment Policy	01/28/2014
4C. Resources	01/29/2014
Attachments	01/31/2014
Submission Summary	No Input Required

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

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

Applicant Name: Please see the attached list, which contains the Applicant name, Project

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

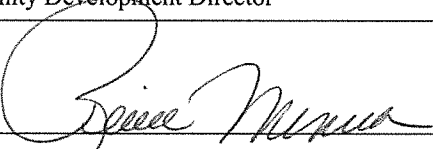
Location of the Project: for all new/renewal projects that are seeking inclusion in the 2013
Maine Continuum of Care application for funding. For details on any
particular project, please contact ppaladino@mainehousing.org.

Name of the Federal
Program to which the
applicant is applying: Continuum of Care Program: FR-5700-N-31B

Name of
Certifying Jurisdiction: City of Auburn, ME

Certifying Official
of the Jurisdiction
Name: Reine Mynahan

Title: Community Development Director

Signature: 

Date: 1-10-14

2013 Maine Continuum of Care Project Listing

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

If you would like more information regarding any particular project, please contact ppaladino@mainehousing.org

Project Information				Consolidated Plan Jurisdiction					
New or Renew	Project Applicant	Project Name	Project Location	State of Maine	City of Auburn	City of Bangor	City of Biddeford	City of Lewiston	Cumberland County
R	Bread of Life Ministries	Boothby Street	Augusta, ME	X					
R	Bread of Life Ministries	Westman Village	Augusta, ME	X					
R	City of Bangor	Shelter Plus Care TRA 8714	Bangor, ME	X		X			
R	City of Bangor	Shelter Plus Care TRA 8715	Bangor, ME	X		X			
R	City of Bangor	Shelter Plus Care PRA 8716	Bangor, ME	X		X			
R	City of Bangor	Shelter Plus Care PRA Northside	Bangor, ME	X		X			
R	Community Housing of Maine	Homeless Veteran's PH	Waterville, ME	X					
R	Counseling Services, Inc.	Woodbridge Group Home	York, ME	X					
R	Hope and Justice Project	Caribou Transitional Housing	Caribou, ME	X					
R	Kennebec Behavioral Health	Mid Maine Supported Housing	Skowhegan, ME	X					
R	Maine State Housing Authority	HMIS	Statewide coverage	X	X	X	X	X	X
R	New Beginnings	Transitional Living Program	Lewiston, Augusta, ME	X	X			X	
R	OHI	Chalila House	Bangor, ME	X		X			
R	PCHC	Hope House Bridge	Bangor, ME	X		X			
R	PCHC	Hope House Homebase	Bangor, ME	X		X			
R	Shaw House	Street Outreach	Penobscot County	X		X			
R	Shaw House	Tenant Education Program	Penobscot County	X		X			
R	Shaw House	Waterworks	Bangor, ME	X		X			
R	Tedford Housing	19 Pleasant St.	Augusta, ME	X					
R	Tedford Housing	Everett Street	Brunswick, ME	X					X
R	Washington County ARC	Milbridge Harbor Apartments	Milbridge, ME	X					
R	Dept. Health & Human Services	Maine 1-12	Statewide Coverage	X					
R	Dept. Health & Human Services	Maine 2-12	Statewide Coverage	X	X			X	
R	Dept. Health & Human Services	SB SHI-12	Cumberland County						X
R	Dept. Health & Human Services	SB YCS 12	York County	X			X		
R	Dept. Health & Human Services	Penobscot 1-12	Penobscot County	X		X			
R	York County Shelter Programs	Brand New Day	West Newfield, ME	X					
R	York County Shelter Programs	Smith Transitional	Alfred, ME	X					
R	York County Shelter Programs	Within Transitional	Sanford, ME	X					
N	Maine State Housing Authority	MCoC Planning Application	Statewide coverage	X	X	X	X	X	X

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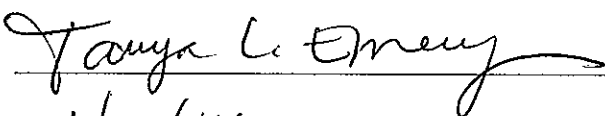
Location of the Project: for all new/renewal projects that are seeking inclusion in the 2013
Maine Continuum of Care application for funding. For details on any
particular project, please contact ppaladino@mainehousing.org.

Name of the Federal
Program to which the
applicant is applying: Continuum of Care Program: FR-5700-N-31B

Name of
Certifying Jurisdiction: City of Bangor, ME

Certifying Official
of the Jurisdiction
Name: Tanya Emery

Title: Director of Community and Economic Development

Signature: 

Date: 1/10/14

2013 Maine Continuum of Care Project Listing

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R	Bread of Life Ministries	Westman Village	Augusta, ME	X					
R	City of Bangor	Shelter Plus Care TRA 8714	Bangor, ME	X		X			
R	City of Bangor	Shelter Plus Care TRA 8715	Bangor, ME	X		X			
R	City of Bangor	Shelter Plus Care PRA 8716	Bangor, ME	X		X			
R	City of Bangor	Shelter Plus Care PRA Northside	Bangor, ME	X		X			
R	Community Housing of Maine	Homeless Veteran's PH	Waterville, ME	X					
R	Counseling Services, Inc.	Woodbridge Group Home	York, ME	X					
R	Hope and Justice Project	Caribou Transitional Housing	Caribou, ME	X					
R	Kennebec Behavioral Health	Mid Maine Supported Housing	Skowhegan, ME	X					
R	Maine State Housing Authority	HMIS	Statewide coverage	X	X	X	X	X	X
R	New Beginnings	Transitional Living Program	Lewiston, Augusta, ME	X	X			X	
R	OHI	Chalila House	Bangor, ME	X		X			
R	PCHC	Hope House Bridge	Bangor, ME	X		X			
R	PCHC	Hope House Homebase	Bangor, ME	X		X			
R	Shaw House	Street Outreach	Penobscot County	X		X			
R	Shaw House	Tenant Education Program	Penobscot County	X		X			
R	Shaw House	Waterworks	Bangor, ME	X		X			
R	Tedford Housing	19 Pleasant St.	Augusta, ME	X					
R	Tedford Housing	Everett Street	Brunswick, ME	X					X
R	Washington County ARC	Milbridge Harbor Apartments	Milbridge, ME	X					
R	Dept. Health & Human Services	Maine 1-12	Statewide Coverage	X					
R	Dept. Health & Human Services	Maine 2-12	Statewide Coverage	X	X			X	
R	Dept. Health & Human Services	SB SHI-12	Cumberland County						X
R	Dept. Health & Human Services	SB YCS 12	York County	X			X		
R	Dept. Health & Human Services	Penobscot 1-12	Penobscot County	X		X			
R	York County Shelter Programs	Brand New Day	West Newfield, ME	X					
R	York County Shelter Programs	Smith Transitional	Alfred, ME	X					
R	York County Shelter Programs	Within Transitional	Sanford, ME	X					
N	Maine State Housing Authority	MCoC Planning Application	Statewide coverage	X	X	X	X	X	X

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

Location of the Project: for all new/renewal projects that are seeking inclusion in the 2013
Maine Continuum of Care application for funding. For details on any
particular project, please contact ppaladino@mainehousing.org.

Name of the Federal
Program to which the
applicant is applying: Continuum of Care Program: FR-5700-N-31B

Name of
Certifying Jurisdiction: City of Biddeford, ME

Certifying Official
of the Jurisdiction
Name: John D. Bubier

Title: City Manager

Signature: 

Date: 1/22/2014

2013 Maine Continuum of Care Project Listing

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R	City of Bangor	Shelter Plus Care PRA 8716	Bangor, ME	X		X			
R	City of Bangor	Shelter Plus Care PRA Northside	Bangor, ME	X		X			
R	Community Housing of Maine	Homeless Veteran's PH	Waterville, ME	X					
R	Counseling Services, Inc.	Woodbridge Group Home	York, ME	X					
R	Hope and Justice Project	Caribou Transitional Housing	Caribou, ME	X					
R	Kennebec Behavioral Health	Mid Maine Supported Housing	Skowhegan, ME	X					
R	Maine State Housing Authority	HMIS	Statewide coverage	X	X	X	X	X	X
R	New Beginnings	Transitional Living Program	Lewiston, Augusta, ME	X	X			X	
R	OHI	Chalila House	Bangor, ME	X		X			
R	PCHC	Hope House Bridge	Bangor, ME	X		X			
R	PCHC	Hope House Homebase	Bangor, ME	X		X			
R	Shaw House	Street Outreach	Penobscot County	X		X			
R	Shaw House	Tenant Education Program	Penobscot County	X		X			
R	Shaw House	Waterworks	Bangor, ME	X		X			
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R	Dept. Health & Human Services	Maine 2-12	Statewide Coverage	X	X			X	
R	Dept. Health & Human Services	SB SHI-12	Cumberland County						X
R	Dept. Health & Human Services	SB YCS 12	York County	X			X		
R	Dept. Health & Human Services	Penobscot 1-12	Penobscot County	X		X			
R	York County Shelter Programs	Brand New Day	West Newfield, ME	X					
R	York County Shelter Programs	Smith Transitional	Alfred, ME	X					
R	York County Shelter Programs	Within Transitional	Sanford, ME	X					
N	Maine State Housing Authority	MCoC Planning Application	Statewide coverage	X	X	X	X	X	X

**Certification of Consistency
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Project Name: Name, Project Location and Consolidated Plan jurisdiction information

Location of the Project: for all new/renewal projects that are seeking inclusion in the 2013
Maine Continuum of Care application for funding. For details on any
particular project, please contact ppaladino@mainehousing.org.

Name of the Federal
Program to which the
applicant is applying: Continuum of Care Program: FR-5700-N-31B

Name of
Certifying Jurisdiction: Cumberland County, Maine

Certifying Official
of the Jurisdiction
Name: Peter Crichton

Title: County Manager

Signature: *William White / Acting County Mgr*

Date: *1/14/14*

2013 Maine Continuum of Care Project Listing

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R	Bread of Life Ministries	Westman Village	Augusta, ME	X					
R	City of Bangor	Shelter Plus Care TRA 8714	Bangor, ME	X		X			
R	City of Bangor	Shelter Plus Care TRA 8715	Bangor, ME	X		X			
R	City of Bangor	Shelter Plus Care PRA 8716	Bangor, ME	X		X			
R	City of Bangor	Shelter Plus Care PRA Northside	Bangor, ME	X		X			
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R	Counseling Services, Inc.	Woodbridge Group Home	York, ME	X					
R	Hope and Justice Project	Caribou Transitional Housing	Caribou, ME	X					
R	Kennebec Behavioral Health	Mid Maine Supported Housing	Skowhegan, ME	X					
R	Maine State Housing Authority	HMIS	Statewide coverage	X	X	X	X	X	X
R	New Beginnings	Transitional Living Program	Lewiston, Augusta, ME	X	X			X	
R	OHI	Chalila House	Bangor, ME	X		X			
R	PCHC	Hope House Bridge	Bangor, ME	X		X			
R	PCHC	Hope House Homebase	Bangor, ME	X		X			
R	Shaw House	Street Outreach	Penobscot County	X		X			
R	Shaw House	Tenant Education Program	Penobscot County	X		X			
R	Shaw House	Waterworks	Bangor, ME	X		X			
R	Tedford Housing	19 Pleasant St.	Augusta, ME	X					
R	Tedford Housing	Everett Street	Brunswick, ME	X					X
R	Washington County ARC	Milbridge Harbor Apartments	Milbridge, ME	X					
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R	Dept. Health & Human Services	Maine 2-12	Statewide Coverage	X	X			X	
R	Dept. Health & Human Services	SB SHI-12	Cumberland County						X
R	Dept. Health & Human Services	SB YCS 12	York County	X			X		
R	Dept. Health & Human Services	Penobscot 1-12	Penobscot County	X		X			
R	York County Shelter Programs	Brand New Day	West Newfield, ME	X					
R	York County Shelter Programs	Smith Transitional	Alfred, ME	X					
R	York County Shelter Programs	Within Transitional	Sanford, ME	X					
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**Certification of Consistency
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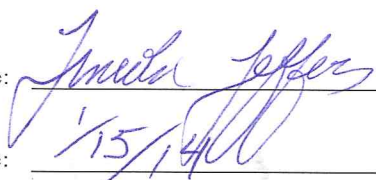
Location of the Project: for all new/renewal projects that are seeking inclusion in the 2013
Maine Continuum of Care application for funding. For details on any
particular project, please contact ppaladino@mainehousing.org.

Name of the Federal
Program to which the
applicant is applying: Continuum of Care Program: FR-5700-N-31B

Name of
Certifying Jurisdiction: City of Lewiston

Certifying Official
of the Jurisdiction
Name: Lincoln Jeffers

Title: Economic and Community Development Director

Signature: 

Date: 1/15/14

2013 Maine Continuum of Care Project Listing

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

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Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
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Name of the Federal
Program to which the
applicant is applying: Continuum of Care Program: FR-5700-N-31B

Name of
Certifying Jurisdiction: State of Maine

Certifying Official
of the Jurisdiction
Name: John D. Gallagher

Title: Director, Maine State Housing Authority

Signature: 

Date: 1-23-14

2013 Maine Continuum of Care Project Listing

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New or Renew	Project Applicant	Project Name	Project Location	State of Maine	City of Auburn	City of Bangor	City of Biddeford	City of Lewiston	Cumberland County
R	Bread of Life Ministries	Boothby Street	Augusta, ME	X					
R	Bread of Life Ministries	Westman Village	Augusta, ME	X					
R	City of Bangor	Shelter Plus Care TRA 8714	Bangor, ME	X		X			
R	City of Bangor	Shelter Plus Care TRA 8715	Bangor, ME	X		X			
R	City of Bangor	Shelter Plus Care PRA 8716	Bangor, ME	X		X			
R	City of Bangor	Shelter Plus Care PRA Northside	Bangor, ME	X		X			
R	Community Housing of Maine	Homeless Veteran's PH	Waterville, ME	X					
R	Counseling Services, Inc.	Woodbridge Group Home	York, ME	X					
R	Hope and Justice Project	Caribou Transitional Housing	Caribou, ME	X					
R	Kennebec Behavioral Health	Mid Maine Supported Housing	Skowhegan, ME	X					
R	Maine State Housing Authority	HMIS	Statewide coverage	X	X	X	X	X	X
R	New Beginnings	Transitional Living Program	Lewiston, Augusta, ME	X	X			X	
R	OHI	Chalila House	Bangor, ME	X		X			
R	PCHC	Hope House Bridge	Bangor, ME	X		X			
R	PCHC	Hope House Homebase	Bangor, ME	X		X			
R	Shaw House	Street Outreach	Penobscot County	X		X			
R	Shaw House	Tenant Education Program	Penobscot County	X		X			
R	Shaw House	Waterworks	Bangor, ME	X		X			
R	Tedford Housing	19 Pleasant St.	Augusta, ME	X					
R	Tedford Housing	Everett Street	Brunswick, ME	X					X
R	Washington County ARC	Milbridge Harbor Apartments	Milbridge, ME	X					
R	Dept. Health & Human Services	Maine 1-12	Statewide Coverage	X					
R	Dept. Health & Human Services	Maine 2-12	Statewide Coverage	X	X			X	
R	Dept. Health & Human Services	SB SHI-12	Cumberland County						X
R	Dept. Health & Human Services	SB YCS 12	York County	X			X		
R	Dept. Health & Human Services	Penobscot 1-12	Penobscot County	X		X			
R	York County Shelter Programs	Brand New Day	West Newfield, ME	X					
R	York County Shelter Programs	Smith Transitional	Alfred, ME	X					
R	York County Shelter Programs	Within Transitional	Sanford, ME	X					
N	Maine State Housing Authority	MCoC Planning Application	Statewide coverage	X	X	X	X	X	X

Maine Continuum of Care Governance and Structure

Article 1. Organization

- A. The Organization is established by and in accordance with HUD regulations.
- B. The name of this affiliation shall be the Maine Continuum of Care, hereinafter referred to as “MCOC”.
- C. MCOC covers the entire State of Maine except the City of Portland.
- D. MCOC will establish a Collaborative Applicant that is responsible for the general coordination, oversight, and planning efforts of MCOC for the purpose of submission of the funding application. This Collaborative Applicant shall have the authority by the MCOC to certify and submit the annual HUD Homeless assistance funding application on behalf of the MCOC.
- E. The Business address for MCOC will be maintained by the identified Collaborative Applicant. See addendum.
- F. The Collaborative Applicant cannot hold a Chair position of the MCOC.

Article 2: Purpose and Mission:

The mission of MCOC is to plan and coordinate an inclusive system that helps Maine people avoid or exit quickly from homelessness, and to address the underlying causes of homelessness. MCOC shall accomplish this mission by conducting the following activities:

- A. MCOC develops and manages the annual Continuum of Care (CoC) Application process to ensure that MCOC receives the maximum amount of federal McKinney-Vento funding from the US Department of Housing and Urban Development.
- B. MCOC fosters and promotes comprehensive, cohesive and coordinated approaches to housing and community resources for people and families who are homeless or at risk of becoming homeless through:
 - 1. Prevention
 - 2. Outreach services
 - 3. Emergency shelters and supportive services
 - 4. Transitional housing and supportive services
 - 5. Permanent housing and permanent housing with supportive services
 - 6. Linkages to mainstream and community resources.
- C. MCOC identifies and prioritizes the housing and service needs of people who are homeless, and supports a system of intervention, assessment, direct care and aftercare for homeless individuals and families
- D. MCOC identifies and addresses service gaps and risk factors in the community and develops specific goals and action steps to address homelessness throughout the service area
- E. MCOC participates in planning activities with the Statewide Homeless Council, the Regional Homeless Councils, the Portland Continuum of Care, and other local groups, alliances and coalitions, and in supporting Maine’s Plan to End and Prevent Homelessness and Continuum specific goals and objectives related to ending and preventing homelessness in Maine
- F. MCOC advocates for necessary funding at the state and federal level to develop needed housing and services for people who are homeless in Maine
- G. MCOC participates in the development and support of public policy to assist people who are homeless and advocates for systems change that will help to end and prevent homelessness in Maine
- H. MCOC educates the public and advocates for people who are homeless and for support of those agencies that help people who are homeless in Maine.

Article 3. Meetings:

- A. MCOC shall hold scheduled meetings of the general membership at a time and place agreed upon by the membership.
- B. All meetings of the MCOC are open to the public.
- C. Notice of meetings will be provided to the full MCOC membership by the CA.
- D. A quorum must be present to hold a vote or conduct business at regular MCOC meetings. A quorum shall be 51% of the number of eligible voting members, and determined prior to the start of each meeting. If a quorum is not present at a meeting, discussion may still take place, but business and voting will not be conducted. The CA shall track attendance and voting member status to determine quorum status for meetings.
- E. Committee meetings shall not require a quorum.
- F. Voting shall be conducted as outlined in Article 5 for general meetings
- G.

If at any time there is a conflict of interest whereby an organization or individual will have a direct interest in the funding, scoring, ranking, or policy decision making, then that organization, representative of the organization or individual will recuse themselves for the process in order to mitigate any perceived conflict of interest. The recusal may be oral or in writing. In addition, the CoC may request an organization, representative of organization or individual to recuse themselves from any activities. The CoC may also elect to develop a subcommittee consisting of members or individuals with no direct interest to make recommendations regarding funding, scoring, ranking or policy decision.

- H. In all procedural matters not otherwise specified in this document, MCOC shall be guided by the provisions of *Robert's Rules of Order – Simplified and Applied* (A Webster's new World Book © 1999 by Robert McConnell Productions).

Article 4: Membership:

Each member of MCOC is a vital link in a collaborative community network, and as such, share in ideas, concerns and decisions regarding the development, and deployment of resources to address the needs of people who are homeless and those at risk of becoming homeless.

- A. MCOC has open membership for all individuals and/or organizations within the service area that have an interest in and subscribe to the mission and policies of MCOC and who, through their participation, will contribute to MCOC's ability to carry out its mission.
- B. There is no membership fee.
- C. MCOC membership and participation is **required** for all agencies actively receiving MCOC funds. At a minimum, participations shall be defined as maintaining voting eligibility at regular meetings.
- D. Regular meeting attendance will be recorded and maintained by the CA. The CA will provide MCOC Chairs with attendance tracking sheets prior to the regular scheduled MCOC meetings for the Chairs to determine voting eligibility as defined in Article 5.

Article 5: Members General Voting Rights:

- A. There shall be one vote per Agency, Association or Individual in attendance and eligible to vote on all MCOC matters that come up at general MCOC meetings and committee meetings. Participation by conference call or other electronic means shall count as attendance and eligible members may vote by electronic means.
- B. For voting purposes: an Agency is defined as "an IRS Corporate Entity. Therefore, if a person receives a 1099 as a consultant or a W-2 as an employee they are a member of said Agency. An Association is defined as a group of people who voluntarily enter into an agreement to establish an organization to accomplish a specific purpose. An Individual shall be defined as anyone who has no formal or informal relationship to any Agency or Association otherwise recognized by MCOC.

- C. If an agency, association or company holds different corporations, it is the intention of Article 5 that only the parent agency and not the separate corporations may cast a vote. It is the responsibility of said agency, association, parent company or corporation to determine who will vote on their behalf.
- D. An Agency or Association shall be considered in attendance if they are represented by any member of their organization (it need not be the same person at all meetings).
- E. A member must have attended at least 50% of the meetings in the previous 12 months to be eligible to vote.
- F. Committee meetings will not be included for voting or quorum calculation purposes.
- G. All items placed for voting must be made by motion and seconded. Motions may be made and seconded by anyone in attendance (you need not be eligible to vote in order to make or second a motion).
- H. A simple majority (at least 51%) affirmative vote by those in attendance and eligible to vote shall determine the outcome of the vote. If specified in the motion, a vote may be taken by roll call or by written ballot, and/or via electronic means.

Article 6: Officers and Elections:

- A. Maine Continuum of Care will have three Chairs, who will each serve for a three year term.
 - 1. Chairs shall be responsible for planning and conducting general and Steering Committee meetings.
 - 2. Any Chair may act as the designated signatory for MCOC correspondence.
- B. One new Chair shall be nominated and elected by MCOC on an annual basis. Nominations for a new Chair will be taken prior to and at the **October** MCOC meeting. Elections shall be held at the **January** meeting. Any eligible voting member may stand for nomination. The new Chair will begin serving upon election.
- C. Term of Office shall be three years. There is no limit on terms, but all Chairs must be re-nominated and re-elected to serve another term once their initial term has expired.
- D. D. Officers may resign in writing during their term and shall, to the best of their ability give at least one-month notice of such resignation. Any vacancies shall be filled for the remainder of the term by nomination and election at the next regular meeting.

Article 7. HMIS:

The purpose of this article is to address the HUD requirement that both the Portland CoC and the Maine CoC have and agree to use the same HMIS lead agency and therefore both CoC's governance's must also reflect that agreement and address any issue which may arise regarding HMIS and its governance. The HMIS governance, which has been accepted by both PCOC and MCOC will remain the governing document unless and until both PCOC and MCOC jointly agree on any changes which are directed by HUD and or requested through either MCOC or PCOC.

The MCOC and PCOC will establish a HMIS advisory committee with equal representation from each COC to meet with the HMIS lead agency on a (minimum)quarterly basis to address HMIS issues and or concerns along with review of HUD changes or requirements which may need to be adopted into the HMIS governance.

Article 8: MCoC Committees

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

- B. With the exception of the Steering Committee, each committee shall elect co-chairs annually after the January meeting of the MCOC. These Co-chairs are responsible for planning, calling and conducting committee meetings.
- C. At least one Co-chair from each Standing Committee will participate on the Steering Committee
- D. With the exception of the Steering Committee, as detailed below, Committees shall not make any policy or funding related decisions. Committees may make recommendations to MCOC, which may be placed for voting approval by MCOC.
- E. All standing Committees shall designate a secretary to record minutes of the meetings and make them available to the CA prior the 10th of each month. The CA will send to the full MCOC membership.
- F. .

Steering Committee – The Steering Committee will be comprised of: The three MCOC chairs; at least one co-Chair from each of the other Standing Committees; the chair of the Statewide Homeless Council (regardless of being a MCOC Chair or a Co-Chair on a MCOC standing Committee); at least one representative from DHHS (regardless of being a MCOC Chair or a Co-Chair on a MCOC standing Committee); at least one representative from MaineHousing (regardless of being a Co-Chair on a MCOC standing Committee); and the Collaborative Applicant. *(sorry not sure was this a voting or non voting member of steering?) also is it assumed the voting rule one agency one vote applies here too?*

- A. The Steering Committee will coordinate with the Standing committees to ensure that information is disseminated to MCOC.
- B. B. The chairs and/or the Collaborative Applicant may call may call a Steering Committee meeting at any time to address immediate needs.
- C. Recommendations from the Steering Committee shall go to MCOC to be voted on at the next regular meeting.
- D. For immediate, emergency, or time sensitive decisions regarding the COC Application Process, or for other specific decisions as assigned by MCOC, the Steering Committee has the authority from MCOC to make appropriate decisions. In all other matters, the Steering Committee can only make recommendations to MCOC.
- E. E. Any such decisions made by the Steering Committee shall be reported back to the MCOC at the next regular meeting and by email or posting on the Homeless Planning Website.
- F. The ‘One Agency- One Vote’ rule shall also apply to the Steering Committee. Therefore, as many agencies and individuals as possible should be encouraged to participate as Chairs on various committees.

Project Committee – The Project Committee will oversee the processes and methodologies used to monitor Renewal Projects that receive ongoing funding through MCOC. The Project Committee will also establish the criteria and protocols used to score and rank New Projects seeking funding through MCOC.

A. **Monitoring Process**

1. Develop and refine the Monitoring Questionnaire and methodology used to monitor and evaluate ongoing program performance. The Monitoring Questionnaire will be presented for approval by MCOC prior to the start of the Monitoring process.
2. Once approved, the Monitoring Questionnaire will be provided to all projects up for renewal in the current funding round, along with a request for the project’s most recent APR.
3. The Project Committee will rank renewal applications as either meeting threshold or not. The first time an agency fails to meet threshold they will be put on probation for one year

and will be required to demonstrate improvement in that area during the probationary period. The Project Committee will also offer and/or refer agencies to appropriate assistance and training if available.

4. This Committee then prepares the information collected and presents their recommendations for renewals to the larger MCOC membership.

B. Scoring Criteria

1. Develop and refine the Scoring Templates, methodology and protocols used to score and rank New Project applications seeking inclusion in the MCOC annual Exhibit 1 Application to HUD.
2. This Committee will work closely with other committees to determine appropriate criteria for the separate Scoring Templates for New Project, and HMIS applications based on priorities established by MCOC and by HUD.
3. This Committee will also establish a list of protocols and a set of instructions to be provided to the Selection Committee.
4. The Scoring Templates, protocols and instructions shall be presented for approval by MCOC, copies of the approved forms will be provided to the Selection Committee and to all New, and HMIS project applicants prior to the Selection process.

Data Committee – The Data Committee works to collect information on homelessness throughout the MCOC area and to improve data collection techniques and data analysis methods for use in the MCOC Application and to better inform MCOC members, and the general public regarding homelessness in Maine.

- A. Coordinates the annual Point-in-Time count of sheltered and unsheltered persons and the annual Housing Inventory of shelter, transitional housing, and permanent supportive housing in the MCOC area.
- B. Conducts research and reviews of “Best Practices” on data collection methods.
- C. The committee reviews the HMIS and other data for Renewal Projects and presents to the MCOC their recommendations for renewal.
- D. Works with the HMIS Project Team and with the Portland Continuum of Care on implementation issues related to the integration of the Point-in-Time survey and other relevant information within the statewide HMIS system.
- E. Coordinates with the other Standing Committees to ensure that they have the information they need to properly perform their functions.
- F. As MaineHousing is also the statewide HMIS Lead Agency, the MCOC Data Committee will include at least one member of the MaineHousing HMIS Team

Resources Committee – The Resource Committee is an action oriented group that will collect, organize and share information on a number of levels.

- A. Works to recruit and orient new members to MCOC and its Committees to involve the broader public including private businesses, landlords, law enforcement, educators, citizens, faith-based organizations, and persons who are homeless or were formerly homeless in the Continuum of Care planning activities
- B. Plans and implements training opportunities for members and other providers
- C. Assists in resource development strategies to access new funding sources and improve connections with other agencies and organization
- D. Engages with the community and supports local initiatives to reduce and end homelessness throughout the MCOC area, particularly in our rural communities
- E. Seeks to educate and inform MCOC member organizations and the general public on issues regarding homelessness and availability and access to mainstream and other resources.

Policy Committee - it is recommended by the group that this be remove all together. It can be considered an ad-hoc committee as needed.

A. .

Ad-hoc Committees – From time to time MCOC or a Standing Committee may vote to create an Ad-hoc Committee in order to address and respond to an emerging issue, to investigate a specific topic, or to perform a specific task. MCOC intends each Ad-hoc Committee to deal with a specific defined issue and to exist for a limited time. Ad-hoc Committees will be dissolved once their purpose is fulfilled. Ad-Hoc Committees will work in Collaboration when possible with the State Wide Homeless Council (SWHC) or the Portland Continuum.

Article 9: Selection Process

- A. The Selection Committee (not a standing committee) shall consist of agencies and /or individuals not competing for New Project funding during the current round of the MCOC application process.
 - 1. MCOC members shall recommend a list of agencies and/or individuals to be contacted concerning participation on the Selection Committee for the current funding round.
 - 2. Once the list is approved by MCOC, the recruitment process will begin. Potential new members must be made aware of, and must be willing and able to commit to, the time and effort required to fulfill the duties of this committee.
 - 3. MCOC will be informed of the final make up of the Selection Committee.
- B. This committee will be responsible for the selection and ranking of new projects to be included in the annual MCOC Application for Funding according to the Selection Process outlined below.
 - 1. MCOC shall provide information and materials to all committee members to familiarize them with the purpose and responsibilities of the committee.
 - 2. Applications, Scoring Templates and all other relevant materials will be given to the Selection Committee members for review prior to scoring.
 - 3. Each New Project applicant shall give a Project Presentation, including a Question and Answer Session, to the Selection Committee.
 - 4. All New Projects shall be scored using the appropriate approved Scoring Template.
 - 5. Ranking of applications will be based on scoring results and adjusted as appropriate to address MCOC and HUD priorities and to maximize potential funding.
 - 6. The Selection Committee shall draw up a slate of New Project applications in ranked order of prioritization to be recommended to MCOC for inclusion in the Application.

Article 10: Appeals Process

The original decision or action being appealed shall remain in effect throughout the Appeals Process unless or until a Final Decision is reached. Timeframes may be adjusted in order to expedite the CoC Application Process. However, MCOC makes no assurances that an appeal will be resolved within any timeframe other than that outlined below.

- A. STEP ONE APPEAL: A written request for appeal must be submitted to the CA within five (5) working days from the date of the decision or action the individual or agency is appealing. The appeal should include the date of the filing of the appeal, the specific decision or action the individual or agency is in disagreement with, suggestions about possible ways to resolve the situation, and must include how the individual or agency can be reached. (Send attention to: Maine Continuum of Care, using CA info as outlined in appendix 1.

- B. Within ten (10) working days, the CA shall convene all available members of the group responsible for the decision or action to review and respond in writing to the Step One Appeal.
- C. If the individual or agency is not satisfied with the outcome of the Step One Appeal, the individual or agency may appeal again within five (5) working days from the date the individual or agency received the Step One Decision by filing a written Step Two Appeal to the Coordinator. If there is no Step Two Appeal, the Step One Decision shall be Final.
- D. STEP TWO APPEAL: Within ten (10) working days, CA shall convene all available members of the Steering Committee to review, investigate and respond in writing to the Step Two Appeal.
- E. If dissatisfied with the Step Two Decision, the individual or agency may submit a Step Three Appeal to the CA, requesting that the issue be reviewed by an ad-hoc Appeals Committee of the Maine COC. The written Step Three Appeal must be sent within five (5) working days from the date the individual or agency received the Step 2 decision. If there is no Step Three Appeal, the Step Two Decision shall be Final.
- F. STEP THREE APPEAL: Within ten (10) working days, the CA shall convene an ad-hoc Appeals Committee to review, investigate and respond in writing to the Step Three Appeal. The Appeals Committee may request an extension of an additional five (5) working days, if necessary, to prepare a Final Decision.

Article 11: Code of Conduct

- A. All members of the Maine Continuum of Care have responsibility for maintaining high standards of honesty, integrity, courtesy, respect, and ethical conduct in all MCOC activities. Members are expected to conduct themselves in a professional and responsible manner while carrying out the business of MCOC and to:
 - 1. Advocate on behalf of all people experiencing homelessness, or at imminent risk of homelessness, with respect, concern, courtesy, compassion and responsiveness.
 - 2. Exercise reasonable care, good faith and due diligence in all MCOC business and act within the boundaries of his or her authority regarding MCOC business.
 - 3. Carefully prepare for, regularly attend, and actively participate in MCOC meetings, Committees, and other assignments.
 - 4. Accept personal responsibility to be informed of emerging issues and to administer MCOC business with professional competence, fairness, efficiency and effectiveness.
 - 5. Approach MCOC activities with a positive attitude and constructively support open communication, cooperation, creativity, dedication, and collaboration.
 - 6. Respect and value the work done by, and the diversity of opinions expressed by, other members of MCOC and our partnering agencies and organizations, and to formally register dissent or disagreement only in an appropriate and professional manner.
- B. Members have an obligation to conduct MCOC business within guidelines that prohibit actual, perceived or potential conflicts of interest and to serve in a manner as to avoid inappropriate personal gain resulting from the performance of MCOC duties.
 - 1. An actual, perceived or potential conflict of interest occurs when a Member is in a position to influence a decision that may result in a personal gain for that Member, a relative, or an entity with which the member is associated. Personal gain may result from financial interest, a substantial gift, or any form of special consideration.
 - 2. MCOC members are expected to identify any conflicts prior to any activities where that would be an issue.
 - 3. No MCOC member may participate in any decision on any MCOC Application if that member has a direct or indirect interest in any entity that is a party to the application or that has a financial interest in the project.

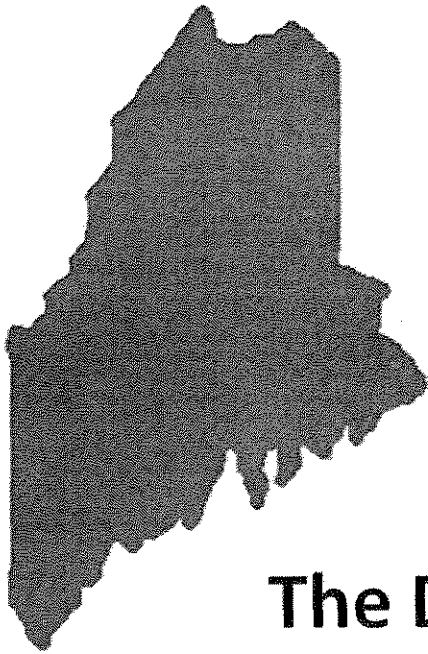
4. All members must respect and protect privileged information to which there is access in the course of MCOC duties and may not divulge or profit from the confidential information learned while performing MCOC duties.
- C. Any concerns regarding Code of Conduct or Conflict of Interest matters must be brought to the attention of the Steering Committee who will consider all facts and will make a recommendation to the full group what further action, if any, should be taken.

Article 12; Adoption and Amendment of Governance Document

- A. This Governance document shall be adopted and thereafter amended at a regular MCOC meeting by a simple majority (at least 51%) affirmative vote of the members present and eligible to vote.
- B. Proposed amendments must be in written form and distributed to the members of the MCOC prior to the presentation and vote.
- C. The Governance document may be fully revised to include the agreed upon change or an Amended Article may be added for insertion into the existing Governance document.

Business address for MCOC is:

Maine Continuum of Care
Maine Housing Authority
353 Water Street
Augusta, Maine 04330-4633



HMIS

The Data Does Matter!

**MAINE HOMELESS MANAGEMENT
INFORMATION SYSTEM
Procedures Manual**

(Homeless Management Information System Policies & Procedures Manual)

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Maine HMIS Overview and Procedures

Introduction

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

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

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

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

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

For more information regarding HMIS policies and procedures, please contact by email Clif Graves, (cgraves@mainehousing.org), or Cindy Namer, cnamer@mainehousing.org. Maine HMIS staff can also be contacted by phone at 207- 626-4600.

ServicePoint is a trademark of Bowman Systems.
Windows is a trademark of Microsoft.
Apple and OSX are trademarks of Apple Computer.
Business Objects is a trademark of SAP AG

Maine HMIS Overview and Procedures

Access to Maine HMIS

System Availability

The Maine HMIS ServicePoint data entry web site will be available to participating agencies 24 hours a day, 7 days a week. In the case there is a planned outage or issues impacting availability users will be advised in advance if at all possible.

ServicePoint Licenses

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

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

HMIS / ServicePoint Provider And User Agreements

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

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

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

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

Maine HMIS Overview and Procedures

Access to Maine HMIS ServicePoint from a authorized home office

MaineHousing and other participants in the Maine HMIS who have written and enforced work-at-home policies may authorize home office locations as authorized agency location for Maine HMIS ServicePoint use given the home office location is structured to assure that viewing of client information by unauthorized persons does not happen. A signed copy of work at home authorization and the related work at home policy should be on file at the MaineHousing HMIS office for anyone who works with ServicePoint from a home office setting.

ServicePoint User Activation

As soon as possible following receipt of the completed and appropriate signed user agreement form(s) from an agency participating HMIS by the Maine HMIS Administrator at MaineHousing

- The new ServicePoint user will be given an initial introductory training on the use of ServicePoint.
- The new ServicePoint user will be provided with a user ID and password by the Maine Housing HMIS staff

Updating HMIS / ServicePoint Provider And User Agreements

At any time that there is a significant change at the agency level which impacts the use of the HMIS system it is the agency's responsibility to immediately notify MaineHousing.

Failure notify MaineHousing HMIS staff of changes could expose confidential client information or negatively impact the HMIS overall.

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

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

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

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

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

Confidentiality, Privacy, and Security

Maine HMIS Overview and Procedures

Protected Personal Information

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

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

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

HUD rules published in the federal register state:

“4.1.3. Allowable HMIS Uses and Disclosures of Protected Personal Information (PPI) A CHO may use or disclose PPI from an HMIS under the following circumstances:

- (1) To provide or coordinate services to an individual;**
- (2) for functions related to payment or reimbursement for services;**
- (3) to carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions; or**
- (4) for creating de-identified PPI.”**

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

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

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

Special Note on Confidentiality and Release of Information

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

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

Use of ServicePoint without a release of information

To the extent that client data is entered into the agencies database or ServicePoint where the database or

Maine HMIS Overview and Procedures

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

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

Release of Information

By participating in the Maine HMIS, agencies and users agree to high standards of confidentiality and to seek explicit authority and permission from clients for release of any identifiable client information.

The client has the right to have access to their own data.

- A Release of Information form must be signed by a client (even to low-barrier shelters) before any protected personal information can be shared.
- Written interagency data sharing agreements (if any) between particular agencies (i.e., Memoranda of Agreement) will have to be in place and on file at MaineHousing prior to sharing of information within Maine HMIS ServicePoint across agencies.
- All agencies participating in HMIS will be required to follow all current data security practices detailed in this document, and adhere to ethical data use standards, regardless of the location where agency users connect to HMIS.
- The client will have access to view, or keep a printed copy of, his or her own records contained in the HMIS.
 - The participating agencies and MaineHousing reserve the right, granted under federal and state statutes, to charge a fee to cover reasonable costs for the retrieval and printing of such client information.
- A privacy notice shall be prominently displayed in the program offices where intake occurs. The content of this privacy notice shall be in accordance with HMIS Privacy Standards in: Federal Register / Vol. 69, No. 146 / Friday, July 30, 2004 and any other applicable standards.

Client Consent

Securing client consent

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

- A sign or signs that explain the general reasons for collecting information must be posted where clients can see it in the intake area.
- Consent for individual data collection and entry into HMIS/ServicePoint may be inferred from the circumstances of the collection.
- A verbal explanation stated in plain language should include a description of HMIS, how the information will be used, how it will be protected, and the advantages of providing accurate information.
- It is also appropriate to provide a written description that echoes the verbal explanation for the consumer to keep for review. Individuals should understand exactly what they are consenting to, including the specific content of the information that will be shared.
- A verbal explanation stated in plain language should explain that individual has the right to revoke the consent in writing, except to the extent that the information has already been released based on a release of information.

Maine HMIS Overview and Procedures

- The consent procedure should document the information being shared and with whom it is being shared and be the release be signed and dated by the individual.
- Should a client verbally consent to releasing protected information but be unwilling to sign a consent form, two staff members should witness and document that fact.

Client worries regarding computer information.

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

Client Grievance

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

HMIS Security

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

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

Security Procedures

- Maine Housing and the Maine Housing HMIS staff are responsible for assuring that client information in the Maine HMIS system is handled responsibly.
- Each agency is responsible for administering its own users and assuring that they receive adequate training in the confidential handling of client information.
- The MaineHousing ServicePoint system administrators are responsible for setting up ServicePoint users, User IDs and passwords
- Each new ServicePoint user will review this document and be provided initial training on the use of ServicePoint.
- The signed User Policy Agreement form for each ServicePoint user will be on file at MaineHousing before they are allowed access ServicePoint.
- It will be the Agencies' responsibility to immediately inform MaineHousing HMIS staff of any staff changes (Resignations, transfers, etc) involving ServicePoint users.
- The Maine Housing System Administrators will have access to the complete list of ServicePoint users.
- In addition to ServicePoint, passwords and other security processes will be required and used for other areas of HMIS, including the reporting module and the batch upload module.

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- Any paper or other hard copy generated by or for HMIS that contains identifiable information must be under constant supervision by an HMIS user or developer when in a public area.
- When staff is not present, the information shall be secured in areas that are not publicly accessible.
- Any and all printouts / hard copies of ServicePoint information must be kept in a secure file.
- When any printouts / hard copies of ServicePoint information are no longer needed they will be shredded or otherwise properly destroyed to maintain confidentiality.
- Written information, specifically pertaining to user access (user name and password) shall not be stored or displayed in any publicly accessible location.

Right to deny or restrict user access

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

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

Some Inappropriate use of HMIS include:

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

User IDs and Passwords

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

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

Rules for safe computing and User IDs and Passwords

- DO NOT share your ID or password with anyone else.
- DO NOT use someone else's ID or password. If you need more access than you presently have or if you are having problems with your access, contact the HMIS System Administrator at MaineHousing for help.
- DO NOT use obvious, trivial, or predictable passwords.

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

ServicePoint HIPPA Compliance

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

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

Reports

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

Non-Identifiable Information and reporting

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

ServicePoint ART reports

All Maine HMIS users who use ServicePoint will have access to reports created in the Business Objects based Advanced Reporting Tool. MaineHousing staff dedicated to the HMIS project will assist the agencies to work

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with existing ART reports and to develop and manage new needed agency-level reports. Service Point ART reports are intended to meet a broad range of intra-agency reporting needs. Agencies are encouraged to identify reporting needs to help create reports to address their internal agency needs.

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

State wide and Continuum of Care reporting

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

ServicePoint assessment and report customization

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

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

Computer Resources

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

Participating Agency Hardware and Software Requirements

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

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

Participating Agency internet access requirements

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

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Maine HMIS computing assistance

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

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

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

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Technical Support

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

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

Maine HMIS Training

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

E-mail Communications

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

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Maine HMIS and the HUD Elements

Minimum Required Data Collection, The HUD Universal Data Elements.

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

HUD Universal Data Elements
Name
SSN
Date of Birth
Ethnicity and Race
Gender
Veteran Status
Residence Prior to Program Entry
Zip Code of Last Permanent Address
Housing Status (HUD)
Program Entry Date
Program Exit Date

The HUD Program-Specific Data Elements

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

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

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

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Quality Control

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

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

Data Integrity

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

Data Integrity Expectations

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

Data Loading

Loading data into ServicePoint from other databases

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

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Data Availability and Disaster Recovery

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

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

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Addendum - Maine HMIS Forms and Use Guides

- A. Agency Participation ServicePoint Agreement
- B. HMIS Agency Batch Upload Participation Agreement
- C. HMIS Agency Information Form
- D. HMIS Provider Information Form
- E. HMIS ServicePoint User Policy Agreement
- F. HMIS VIRTUAL OFFICE User Policy
- G. HMIS Unnamed Client SSN Agreement
- H. Data entry using Maine HUD Universal Data Elements Screen
- I. Sample HMIS Release of Information
- J. Annual Housing Chart Survey
- K. ServicePoint setup information sheet
- L. HMIS Program Description Form
- M. Organization Business Associate Agreement

Sample Release of Information and other sample HMIS related forms are available from the HUD sponsored HMIS information site <http://www.hmis.info>

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Joint Governance Charter of Maine CoC and Portland CoC

Article 1: Purpose:

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

Article 2: Definitions:

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

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

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

Article 3: Organization

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

Joint Governance Charter of Maine CoC and Portland CoC

- E. All CHOs and other participants of Maine's HMIS shall be governed by the Governance Charter and must meet minimum standards as ratified by the CoCs and included in HMIS policies and procedures.
- F. Each CoC agrees in this charter to comply with all procedures and policies required to comply with HUD rules regarding CoC governance including, HMIS requirements as prescribed by HUD and a code of conduct and recusal process for their respective boards, chairs, and anyone acting on behalf of their respective boards. The code of conduct and recusal process is as follows: if at any time there is a conflict of interest whereby an organization or individual will have a direct interest in the funding, scoring, ranking, or policy decision making, then that organization, representative of the organization or individual will recuse themselves for the process in order to mitigate any perceived conflict of interest. The recusal may be oral or in writing. In addition, the CoC may request an organization, representative of organization or individual to recuse themselves from any activities. The CoC may also elect to develop a subcommittee consisting of members or individuals with no direct interest to make recommendations regarding funding, scoring, ranking or policy decision.
- G. The CoCs and the HMIS Lead agree to comply with HUD regulations and HUD guidance. If there is a conflict or a question of interpretation, HUD regulations and HUD guidance will control this HMIS charter.

Article 4: Relationship between Parties

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

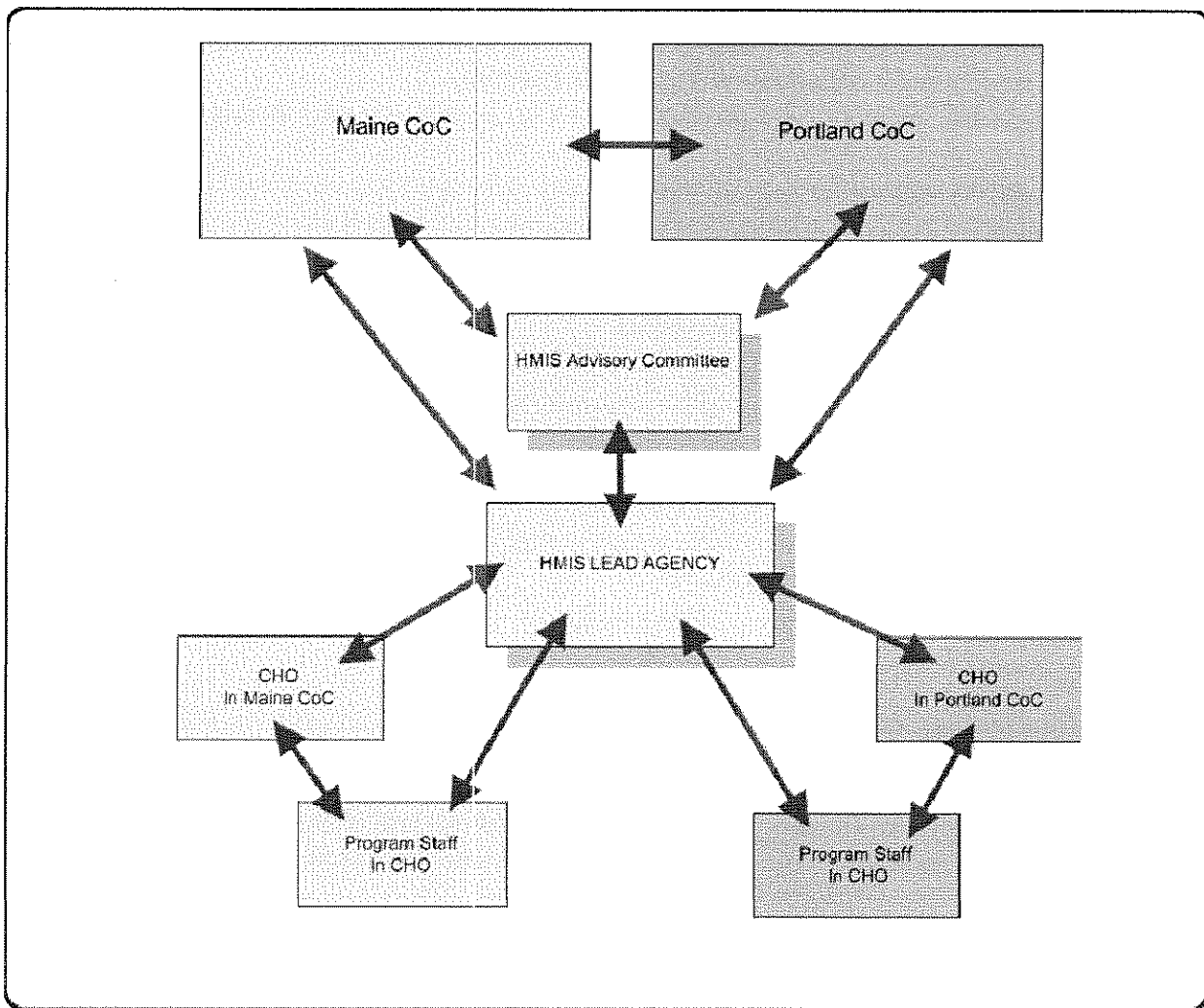
Continuums of Care: The two Maine Continuums of Care will jointly establish and operate a single, statewide HMIS and will designate a single HMIS Lead Agency to facilitate its operation. The Continuums of Care will designate members to participate in the HMIS Advisory Committee and will ensure that CHOs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

HMIS Advisory Committee: The HMIS Advisory Committee will act as the conduit for the Continuums of Care to jointly operate and manage the HMIS. It will work directly with the HMIS Lead to establish required functionality, standards, plans, policies, and procedures and will ensure timely approval of HMIS related needs by the two Continuums of Care. The HAC will assess and develop resolutions to HMIS related activities and requirements for recommendation to the CoCs for approval, assist and make recommendations to the Continuums

Joint Governance Charter of Maine CoC and Portland CoC

of Care for appropriate HMIS project performance measures, and generally ensure that the HMIS is in compliance with all applicable regulations, including the annual review of all required plans, standards, policies and procedures.

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



Joint Governance Charter of Maine CoC and Portland CoC

Article 5: Responsibilities:

A. Continuums of Care:

1. Jointly designate a single HMIS application for the collective geographic region covered by the CoCs;
2. Jointly designate a single, eligible applicant to manage the Continuums' HMIS, which will be known as the HMIS Lead; enter into a formal agreement that itemizes the CoC and HMIS Lead roles, consistent with HUD policy and this HMIS Governance Charter.
3. Establish a funding structure across multiple funding opportunities to ensure adequate funding to ensure the ongoing and uninterrupted operation and management of the HMIS, which may include grants, match development, and a fee structure for individual agencies and services.
4. Establish the maximum annual per license cost for participation in HMIS that the HMIS Lead Agency can charge is \$1500. This cost may be waived or reduced at the discretion of the HMIS Lead Agency.
5. Commit to supporting, and ensuring management of HMIS in a manner that meets HUD's standards for data quality, privacy, and security.
6. Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS.
7. Ensure consistent participation of recipients and sub-recipients in the HMIS.
8. Ensure that the HMIS is administered in compliance with the requirements prescribed by HUD.
9. Ensure that the HMIS executes written agreements with each CHO and/or participating organization requiring HMIS compliance.
10. Require CHOs to be in compliance with HMIS data quality, privacy and security. Develop, implement, monitor, and enforce sanctions for CHO failure to comply with HMIS.
11. Review, revise, and approve all HMIS related policies and plans. Ensure HMIS policies are implemented appropriately and consistently.
12. Develop, conduct, and document an annual compliance monitoring of the HMIS Lead on HMIS related policies and procedures.

Planning and Software Selection

13. **HMIS Planning and Strategic Activities** Ensures that activities related to HMIS growth and uses are developed, reviewed regularly, and in accordance with the CoC's goals through approval of planning of activities, auditing and monitoring, and oversight
14. **HMIS Program Milestones Development** Identifies general milestones for project management, including training, expanded system functionality, etc via approval and request role.
15. **APR Reporting** Ensures the HMIS is consistently able to produce a reliable APR through monitoring and enforcement; oversight; reminders/notifications of APR schedule and verification of submission; monitoring / priority committee review before submission.
16. **HMIS Reports** Ensures the HMIS generates other client served, utilization summary, and demographic reports both at the system and program levels for purposes of

Joint Governance Charter of Maine CoC and Portland CoC

understanding the nature and extent of homelessness in the CoC through guidance on type of reports; regular review of CoC requested reports.

HMIS Management and Operations - Governance and Management.

17. **HMIS Governance Structure** Ensures HMIS governance is developed and formally documented between the HMIS Lead Agency/grantee and the CoC. Ensures that a formal agreement that outlines management processes, responsibilities, decision-making structures, and oversight of the HMIS project has been executed (as evidence by a Memorandum of Understanding, Letter of Agreement, or similar such documentation). Regularly monitors and enforces the HMIS compliance to the agreement; ensures annual review of governance.
18. **Separation of Services:** The CoCs will develop and keep current a business contingency plan that addresses separation or termination of services by either CoC or the HMIS Lead Agency, including a succession and transition process. The Separation of Services Contingency Plan will include operational and financial considerations for separation and/or transition, including in the event of a change in HMIS software.
19. **HMIS Technical Oversight:** Provides technical expertise commensurate with the general HMIS program oversight; provides timely support on high level matters; reviews and authorizes HMIS Software changes in response to the changing requirements of participating agencies; and, generally reviews and authorizes special issues brought to it by participating agencies.
20. **HMIS User Feedback** Manage and maintain mechanisms for soliciting, collecting, and analyzing feedback from end users, program managers, agency executive directors, and homeless persons. Feedback includes impressions of operational milestones and progress, system functionality, and general HMIS operations. Examples of feedback include satisfaction surveys, questionnaires, and focus groups. Based on feedback and recommendations from the HAC, the CoCs will approve any resultant changes to HMIS Strategic Plan.

HMIS Management and Operations - Compliance Monitoring

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

Joint Governance Charter of Maine CoC and Portland CoC

- Ensures that programs providing legal services do not enter data into HMIS that would jeopardize the attorney-client privilege.
- 22. **Client Consent** Approve/establish privacy, release of information, and consent protocols. Ensure the completion and documentation of client consent, as appropriate with the CoC's Client Consent Policies and Protocols established in the HMIS Privacy Plan.
- 23. **Data and System Security** Approves, establishes and ensures adherence by agency staff with the HMIS data and system security protocols as outlined by the CoC and the HUD HMIS Data and Technical Standards and as established by the HMIS Security Plan.
- 24. **Data Quality Standards**: Ensures development and enforcement of a community level Data Quality Standard and Compliance Plan.

HMIS Policy Development and Oversight

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

B. HMIS Lead:

1. Ensure the reliability, integrity, and availability of the Homeless Management Information System (HMIS).
2. Develop written policies and procedures for HMIS utilization, including standards and plans for data quality, privacy, security, and business continuity.
3. Execute and maintain HMIS participation agreements with each CHO which require the CHO to comply with all applicable rules and requirements and outlines that sanctions may be imposed for failure to comply.
4. Work with the CoCs to impose sanctions, where necessary, for CHOs that fail to comply with applicable rules.
5. Execute and maintain HMIS End User Agreements with each person accessing the HMIS.
6. Serve as the applicant to HUD for all HMIS grants covering the joint CoC geographic area
7. Monitors HMIS program milestones, notes variances, and reports variances to CoC membership via monitoring, enforcement, and oversight policies and procedures.
8. Provides regular training on client confidentiality and privacy requirements to intake staff, data entry staff and reporting staff at participating agencies. Ensures all agencies have sufficient privacy policies and protocols in place.
9. Monitor, and report to the CoC, compliance by all CHOs who are members of the CoC. Work with agencies to achieve compliance. Provide recommendations toward ensuring or re-establishing compliance by all CHOs to the CoC Steering Committee for approval, if further action is necessary (CHO remains non-compliant)

Joint Governance Charter of Maine CoC and Portland CoC

10. Develop project milestones, including management, CoC-approved training, and expanding system functionalities. Work with CoC on creating milestones. Report regularly to CoC on progress.
11. Provide a consistent HMIS staff representative to participate in regular meetings of the CoC to facilitate HMIS reporting.
12. Develop and make available to the CoCs, a Business Plan to include staffing structures and finances/budget.
13. HMIS Issue Tracking (Community Level) Regular review of HMIS service request activities and develop a tracking system to provide authoritative support when necessary to expedite issue resolution and tracking abilities.

Software Compliance

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

HMIS Management and Operations - Governance and Management

19. HMIS Technical Support - Initiate and implement HMIS strategic and associated Plans; provide updates on software specific changes/fixes needed.
20. HMIS Issue Tracking - Maintains a list of Software provider HMIS system service requests, activities, deliverables, and resolutions. Reports to CoC on any request status
21. HMIS Issue Monitoring (Community Level) – Maintains a list of CHO service requests, activities, deliverables and resolutions. Reports to CoC on request status
22. HMIS Software Technical Support – Provides technical expertise commensurate with the requirements of the HMIS software and/or system; provides timely support on software technical matters; is responsible for implementation of authorized changes to the HMIS software and processes; and, generally implements resolutions to any special issues authorized by the CoC within the software and/or overall system.
23. HMIS Staff Organization Chart – Maintains a current and accurate organization chart that clearly identifies all team members, roles and responsibilities, and general work activities/functions. Organization chart is available for review.
24. HMIS Software Training - provides regular training on software usage, software and data security, and data entry techniques to participating agencies. Develops, updates, and disseminates data entry tools and training materials.
25. HMIS User Feedback – Develop and implement an annual survey to gather User feedback; reporting on results to the CoC

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26. System Operation and Maintenance - Responsible for the day to day operation and maintain of the HMIS System. Monitors and ensures system and data security.

HMIS Management and Operations - Data Quality

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

HMIS Policy Development and Oversight

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

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

1. Sign and comply with HMIS Participation Agreement

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2. Ensure that all CHO End Users have a current and valid HMIS End User Agreement on file with the HMIS Lead Agency
3. Ensure that all CHO staff conducting HMIS data collection, entry, and reporting are operating within the established privacy, security, data quality, and business continuity plans.
4. Ensure that all CHO staff are utilizing the HMIS in accordance with the HMIS Participating Agency Agreement and End User Agreement
5. Establish and enforce human resource compliance protocols to investigate and discipline CHO staff that are not in compliance with the HMIS Participating Agency and/or End User Agreements.
6. Work with HMIS Lead to ensure the HMIS processing capabilities remain consistent with the privacy obligations of the CHO
7. APR and AHAR Reporting – Ensure existence and reliability of CHO data required to generate and submit an accurate APR and to ensure participation in the AHAR.
8. HMIS Reports - Ensure existence and reliability of CHO data required to generate CoC desired reports.
9. HMIS Issue Monitoring (Program Level)- Report issues in a timely fashion; work with HMIS to resolve.
10. HMIS Software Training- Ensures that staff collecting and inputting data into HMIS attend all mandated trainings.
11. HMIS User Feedback- Required to complete the survey
12. Agency and Program HMIS Participation- engage and foster relationships with other non-HUD funded programs to increase participation in HMIS and the CoC.
13. AHAR- engage and foster relationships with other non-HUD funded programs to increase participation in HMIS and the CoC.
14. Client Consent- Adhere to the Privacy Plan
15. Data and System Security- Adhere to the Security Plan
16. Data Quality Standards- adhere to data quality standards
17. Data Quality Reports- Review and correction of data within DQ Standard timelines
18. HMIS Security Standards- Designates a middle or upper management staff to fulfill security officer role
19. Background checks – conduct background checks on staff accessing Personal Protected Information collected, managed, input, or analyzed for HMIS as established by HUD.
20. Client Confidentiality and Privacy Training - participate in trainings and request specialized training based on program/community-identified needs
21. Data Sharing Agreements – Ensures and maintains written agreements with participating agencies who share client level data that describes the level of data element or program information sharing among the data sharing HMIS agencies.
22. HMIS End-User Agreement – Ensures and maintains a written agreement with each authorized user of the HMIS that defines participation protocols, including training criteria, consent protocols, system use, and privacy and security standards.
23. Data Release- Programs owns and accounts and authorizes release of program specific data.

Joint Governance Charter of Maine CoC and Portland CoC

Article 6: Acknowledgement and Acceptance

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

IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

All parties will demonstrate a commitment to work together and support each other to achieve stated project goals.

The CoCs agree to provide representation to the HMIS Advisory Group, for the purpose of ensuring HMIS policy and practice that is both consistent with federal and state requirements, and with the local needs of the Continuums.

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

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

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

Joint Governance Charter of Maine CoC and Portland CoC

EFFECTIVE DATE AND SIGNATURE

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

I acknowledge by evidence of signature below and as the authorized representative of the Maine Continuum of Care, that this HMIS Governance Charter has been ratified by the Continuum of Care membership on January 16, 2014.



Signature of MCoC Representative

1.16.2014
Date


I acknowledge by evidence of signature below and as the authorized representative of the Portland Continuum of Care, that this HMIS Governance Charter has been ratified by the Continuum of Care membership on January 15, 2014.



Signature of Portland CoC Representative

1/21/14
Date

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



Signature of Maine HMIS Lead Agency Representative

1.17.2014
Date

Program Name	Agency Name	Program Type	Number of Units that commit to prioritizing PSH units for CH as units are vacated
Westman Village Renewal Project	Bread of Life Ministries, Inc.	PSH	10
Permanent Housing for Homeless Veterans with Disabilities	CHOM	PSH	5
PRA Northside Apartments	City of Bangor	PSH	6
Shelter Plus Care TRA Consolidated 8715	City of Bangor	PSH	51
Shelter Plus Care TRA Consolidated 8714	City of Bangor	PSH	36
Shelter Plus Care TRA 8716	City of Bangor	PSH	16
CSI Woodbridge Renewal project FY 2012	Counseling Services, Inc.	PSH	7
Mid Maine Supported Housing 12	Kennebec Behavioral Health	PSH	7
Maine Lewiston 1-12 Consolidated into Maine 1	Maine DHHS / Shalom	PSH	19
Maine DHHS - SPC Maine 2 voucher	Maine DHHS / Shalom	PSH	309
SB SPC YCSP (renewed as SB YCS-12)	Maine DHHS / Shalom	PSH	0
SB SPC SH1 (renewed as SB SHI-12)	Maine DHHS / Shalom	PSH	6
Penosbsoct 1-10 (renewed as Penobscot 1-12)	Maine DHHS / Shalom	PSH	79
Maine 3 (5 yr)	Maine DHHS / Shalom	PSH	4
Maine 6 (5 yr)	Maine DHHS / Shalom	PSH	7
Maine 10 (5 yr)	Maine DHHS / Shalom	PSH	1
Maine 16 (consolidated into Maine1)	Maine DHHS / Shalom	PSH	26
Maine 17 (consolidated into Maine1)	Maine DHHS / Shalom	PSH	0
Maine 19 (5 yr)	Maine DHHS / Shalom	PSH	0
Maine 20 (5 yr)	Maine DHHS / Shalom	PSH	20
Penosbscot 4 (consolidated into Maine1)	Maine DHHS / Shalom	PSH	7
Penobscot 5 (consolidated into Maine1)	Maine DHHS / Shalom	PSH	0
Penobscot 6 (5 yr)	Maine DHHS / Shalom	PSH	3
Chalila Apartments	OHI	PSH	5
Shaw House Waterworks Supportive Housing Program	Shaw House	PSH	7
19 Everett St	Tedford Housing	PSH	7
19 Pleasant St	Tedford Housing	PSH	6
Brand New Day	York County Shelter Programs, Inc.	PSH	2
			646

Sub-Section 1	Field Office:	Boston		
	CoC Number:	ME-500		
	CoC Name:	Maine Balance of State CoC		
Sub-Section 2	Collaborative Applicant (CA) Name: MaineHousing			MaineHousing
	Is the CA the same as in FY2012? (select from dropdown)			Yes

Section 5 - SUMMARY OF COC ELIGIBLE FUNDS	
CoC's Annual Renewal Demand:	\$7,670,722
(HUD USE ONLY):	

SECTION 1 - APPLICANT AND PROJECT INFORMATION											SECTION 2 - CURRENT BUDGET LINE ITEMS (BLIs) AND UNITS																										
											Sub-Section 2.1 - Current BLI Amounts										Sub-Section 2.2 - Former S+C and Rental Assistance Unit Configuration							Sub-Section 2.3 - Current Grant Characteris									
No	Applicant Name	EIN	Project Name	Grant Number	Grant Term (Years)	Effective Date (mm/dd/yyyy)	Operating Start Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	First-Time Former Project under the SHP or S+C Program	Comments	Acquisition	Rehabilitation	New Construction	Leasing	Rental Assistance	Supportive Services	Operating Costs	HMIS	Planning	Administration Costs (up to 10%)	Total Budget Awarded	SRO Units	0 BR Units	1 BR Units	2 BR Units	3 BR Units	4 BR Units	5 BR Units	6+ BR Units	Total Units	Total Budget Awarded (S+C only)	Project Component (select from dropdown)	Renewing from Leasing to Rental Assistance? (applicable for 1st time former SHP renewals ONLY) (select from dropdown)	Is this a 2007 Grant? (select from dropdown)	Was this project extended? (select from dropdown)		
1	Maine State Housing Authority	01-0312916	State of Maine HMIS	ME0017L1T001205	1		1/1/2014	12/31/2014	CoC	GA not yet executed.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$322,326	\$0	\$22,562	\$344,888	0	0	0	0	0	0	0	0	0	\$0	HMIS					
2	OHI	01-0362709	Chaila Apartments	ME0022L1T001205	1	6/27/2012	2/1/2013	1/31/2014	CoC		\$0	\$0	\$0	\$0	\$0	\$0	\$29,077	\$0	\$0	\$539	\$29,616	0	0	8	0	0	0	0	0	8	\$0	PH			No	Yes	
3	Hope House/PCHC	01-0514750	Hope House 24/PCHC	ME0031L1T001205	1	6/11/2013	1/2/2013	1/1/2014	CoC		\$0	\$0	\$0	\$0	\$0	\$4,745	\$4,881	\$0	\$0	\$193	\$9,819	0	0	0	0	0	0	0	0	0	\$0	TH	N/A	No	No		
4	State of Maine, Department of Health and Human Services	01-6000001	Maine 1-12	ME0008L1T001205	1	7/29/2013	7/1/2013	6/30/2014	CoC	Maine Lewiston 1-12 ME0007L1T001205, \$126,135, Maine 16-12 ME0086L1T001201, \$231,847, Maine 17 Chronic -12 ME0087L1T001201, \$66,177, Penobscot 4-12 ME0090L1T001201, \$60,359, Penobscot 5-12 ME0091L1T001201, \$13,054 consolidated into primary grant ME008L1T001205 approved by HUD on July 29, 2013	\$0	\$0	\$0	\$0	\$2,687,592	\$0	\$0	\$0	\$0	\$0	\$170,554	\$2,858,146	7	15	193	48	34	0	0	0	297	\$2,858,146	PH			No	Yes
5	State of Maine, Department of Health and Human Services	01-6000001	Maine Lewiston 1-12	ME0007L1T001205	1				CoC	consolidated into primary grant ME008L1T001205 approved by HUD on July 29, 2013	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	\$0	PH		No	No		
6	State of Maine, Department of Health and Human Services	01-6000001	Maine 2-12	ME0009L1T001205	1		1/1/2014	12/31/2014	CoC	GA not yet executed.	\$0	\$0	\$0	\$0	\$1,798,284	\$0	\$0	\$0	\$0	\$117,672	\$1,915,956	1	9	145	40	16	0	0	0	211	\$1,915,956	PH			No	No	
7	State of Maine, Department of Health and Human Services	01-6000001	Maine 16-12	ME0086L1T001201	1				CoC	consolidated into primary grant ME008L1T001205 approved by HUD on July 29, 2013	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	\$0	PH			No	No	
8	State of Maine, Department of Health and Human Services	01-6000001	Maine 17 Chronic -12	ME0087L1T001201	1				CoC	consolidated into primary grant ME008L1T001205 approved by HUD on July 29, 2013	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	\$0	PH			No	No	
9	State of Maine, Department of Health and Human Services	01-6000001	SB SHI -12	ME0088L1T001201	1		8/15/2013	8/14/2014	CoC	GA not yet executed.	\$0	\$0	\$0	\$0	\$58,752	\$0	\$0	\$0	\$0	\$3,830	\$62,582	0	0	6	0	0	0	0	0	6	\$62,582	PH			No	No	
10	State of Maine, Department of Health and Human Services	01-6000001	SB YCS-12	ME0089L1T001201	1		12/5/2013	12/4/2014	CoC	GA not yet executed.	\$0	\$0	\$0	\$0	\$85,800	\$0	\$0	\$0	\$0	\$5,767	\$91,567	0	0	10	0	0	0	0	0	10	\$91,567	PH		Yes	Yes		
11	State of Maine, Department of Health and Human Services	01-6000001	Penobscot 1-12	ME0024L1T001205	1		10/1/2013	9/30/2014	CoC	GA not yet executed.	\$0	\$0	\$0	\$0	\$431,256	\$0	\$0	\$0	\$0	\$27,392	\$458,648	0	2	32	12	3	0	0	0	49	\$458,648	PH			No	No	
12	State of Maine, Department of Health and Human Services	01-6000001	Penobscot 4-12	ME0090L1T001201	1				CoC	consolidated into primary grant ME008L1T001205 approved by HUD on July 29, 2013	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	\$0	PH			No	No	
13	State of Maine, Department of Health and Human Services	01-6000001	Penobscot 5-12	ME0091L1T001201	1				CoC	consolidated into primary grant ME008L1T001205 approved by HUD on July 29, 2013	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	\$0	PH			No	No	
14	Milbridge Harbor Apartments	59-3796786	Milbridge Harbor Apartments	ME0013L1T001205	1	4/9/2012	2/1/2013	1/31/2014	CoC		\$0	\$0	\$0	\$0	\$0	\$8,301	\$19,674	\$0	\$0	\$1,928	\$29,903	0	0	0	0	0	0	0	0	0	\$0	PH					
15	Kennebec Behavioral Health	01-0265559	Mid Maine Supported Housing 12	ME0012L1T001205	1		9/1/2013	8/31/2014	CoC	GA not yet executed	\$0	\$0	\$0	\$0	\$0	\$0	\$33,188	\$0	\$0	\$1,563	\$34,751	0	0	0	0	0	0	0	0	0	\$0	PH		No			
16	Counseling Services, Inc.	01-0315038	CSI Woodbridge Renewal project FY 2012	ME0006L1T001205	1	8/9/2013	7/1/2013	6/30/2014	CoC		\$0	\$0	\$0	\$0	\$0	\$0	\$66,250	\$0	\$0	\$1,997	\$68,247	0	0	0	0	0	0	0	0	0	\$0	PH					
17	City of Bangor	01-6000020	PRA Northside Apartments	ME0092L1T001201	1		1/1/2014	12/31/2014	CoC	Grant Agreement not yet executed because the grant was terminated by AECAS/GA/2003.6 from HUD on 12/1/2014	\$0	\$0	\$0	\$0	\$30,744	\$0	\$0	\$0	\$0	\$1,774	\$32,518	0	0	0	3	0	0	0	0	3	\$32,518	PH	N/A	No	No		
18	City of Bangor	01-6000020	Shelter Plus Care TRA Consolidated 8715	ME0028L1T001205	1	9/10/2013	9/1/2013	8/31/2014	CoC		\$0	\$0	\$0	\$0	\$368,940	\$0	\$0	\$0	\$0	\$23,050	\$391,990	0	41	10	0	0	0	0	0	51	\$391,990	PH	N/A	No	No		
19	City of Bangor	01-6000020	Shelter Plus Care TRA Consolidated 8714	ME0029L1T001205	1	6/17/2013	4/1/2013	3/31/2014	CoC		\$0	\$0	\$0	\$0	\$314,460	\$0	\$0	\$0	\$0	\$19,751	\$334,211	0	17	19	4	0	0	0	0	40	\$334,211	PH	N/A	No	No		
20	City of Bangor	01-6000020	Shelter Plus Care TRA 8716	ME0026L1T001205	1		12/1/2013	11/30/2014	CoC	Grant Agreement not yet executed by HUD	\$0	\$0	\$0	\$0	\$112,320	\$0	\$0	\$0	\$0	\$5,215	\$117,535	0	16	0	0	0	0	0	0	16	\$117,535	PH	N/A	No	No		
21	Shaw House	01-0495262	Shaw House Waterworks Supportive Housing Program	ME0051L1T001204	1	5/9/2012	5/1/2013	4/30/2014	CoC		\$0	\$0	\$0	\$0	\$0	\$103,875	\$0	\$0	\$0	\$3,381	\$107,256	0	0	0	0	0	0	0	0	0	\$0	PH					
22	Tedford Housing	01-0422035	19 Everett St	ME0048L1T001204	1	6/26/2013	6/1/2013	5/31/2014	CoC		\$0	\$0	\$0	\$0	\$0	\$15,182	\$0	\$0	\$0	\$1,101	\$16,283	0	0	0	0	0	0	0	0	0	\$0	PH					
23	Tedford Housing	01-0422035	19 Pleasant St	ME0004L1T001205	1	6/24/2013	1/2/2013	1/1/2014	CoC		\$0	\$0	\$0	\$0	\$0	\$6,272	\$0	\$0	\$0	\$455	\$6,727	0	0	0	0	0	0	0	0	0	\$0	PH					
24	New Beginnings, Inc.	01-0360077	New Beginnings Transitional Living Program for Homeless Youth 12	ME0014L1T001205	1	8/9/2013	6/1/2013	5/31/2014	CoC		\$0	\$0	\$0	\$0	\$0	\$39,968	\$119,191	\$0	\$0	\$5,180	\$164,339	0	0	0	0	0	0	0	0	0	\$0	TH					
25	Community Housing of Maine, Inc.	01-0490195	Permanent Housing for Homeless Veterans with Disabilities	ME0015L1T001205	1	3/13/2013	9/1/2013	8/31/2014	CoC		\$0	\$0	\$0	\$0	\$0	\$0	\$20,196	\$0	\$0	\$609	\$20,805	0	0	0	0	0	0	0	0	0	\$0	PH	N/A	No	No		
26	Hope and Justice Project, Inc	01-0364852	Transitional Housing	ME0019L1T001205	1		10/1/2013	9/30/2014	CoC	GA not yet executed.	\$0	\$0	\$0	\$0	\$0	\$17,946	\$8,008	\$0	\$0	\$844	\$26,798	0	0	0	0	0	0	0	0	0	\$0	TH					
27	York County Shelter Programs, Inc.	01-0361089	Within Transitional Housing	ME0020L1T001205	1		12/1/2013	11/30/2014	CoC	GA not yet executed	\$0	\$0	\$0	\$0	\$0	\$49,240	\$45,212	\$0	\$0	\$3,074	\$97,526	0	0	0	0	0	0	0	0	0	\$0	TH					
28	York County Shelter Programs, Inc.	01-0361089	Smith Transitional Housing	ME0016L1T001205	1		10/1/2013	9/30/2014	CoC	GA not yet executed	\$0	\$0	\$0	\$0	\$0	\$61,954	\$43,882	\$0	\$0	\$3,444	\$109,280	0	0	0	0	0	0	0	0	0	\$0	TH					
29	York County Shelter Programs, Inc.	01-0361089	Brand New Day	ME0005L1T001205	1	7/19/2013	8/1/2013	7/31/2014	CoC		\$0	\$0	\$0	\$0	\$0	\$31,052	\$0	\$0	\$0	\$1,645	\$32,697	0	0	0	0	0	0	0	0	0	\$0	PH					
30	Bread of Life Ministries, Inc.	22-2717615	Westman Village Renewal Project	ME0063L1T001203	1		10/1/2013	9/30/2014	CoC	GA not yet executed.	\$0	\$0	\$0	\$0	\$0	\$12,000	\$0	\$0	\$0	\$391	\$12,391	0	0	0	0	0	0	0	0	0	\$0	PH					
31	Shaw House	01-0495262	Street Outreach and Supportive Services Project	ME0030L1T001205	1	4/26/2012	1/2/2013	1/1/2014	CoC		\$0	\$0	\$0	\$0	\$0	\$91,000	\$0	\$0	\$0	\$6,370	\$97,370	0	0	0	0	0	0	0	0	0	\$0	SSO					
32	Bread of Life Ministries, Inc.	22-2717615	Boothby Renewal Project FY 2012	ME0062L1T001203	1	5/9/2012	6/1/2013	5/31/2014	CoC		\$0	\$0	\$0	\$0	\$0	\$27,379	\$40,000	\$0	\$0	\$4,900	\$72,279	0	0	0	0	0	0	0	0	0	\$0	TH					
33	CHCS HUD TPC	01-0211483	Transitional Planning Coordinator	ME0032L1T001205	1	4/26/2012	4/26/2013	4/25/2014	CoC		\$0	\$0	\$0	\$0	\$0	\$17,948	\$0	\$0	\$0	\$0	\$17,948	\$0	0	0	0	0	0	0	0	0	\$0	SSO					
34	Maine State Housing Authority	01-0312916	MCoC Planning Application	ME0096L1T001200	1					NEW 2012 project. GA not yet executed.									\$90,885		\$90,885								0								
35	Shaw House	01-0495262	Tenant Education Program	ME007281T011000	2	4/10/2012	5/1/2012	4/30/2014	CoC							\$7,797				\$389	\$389											SSO					
36	Hope House/PCHC	01-0514750	Hope House Penobscot Community Health Care	ME007381T011000	2	5/22/2012	6/1/2012	5/31/2014	CoC							\$1,200	\$8,569															TH					

Maine Continuum of Care Project Ranking

Approved 1/16/14

SUMMARY OF COC ELIGIBLE FUNDS

COC's Annual Renewal Demand	\$7,670,722.00
5%	\$383,536.00
Amount for Tier 1	\$7,287,186.00

Score	Proposed for Submission	Tier	Applicant Name	Project Name	Expiring Grant #	Project Type	Component Type	Amount Requested	Running total
104	1	1	City of Bangor	Shelter Plus Care TRA Consolidate	3/31/2014	Renewal	PH	\$334,211	\$334,211
104	2	1	City of Bangor	PRA Northside Apartments	12/31/2014	Renewal	PH	\$32,518	\$366,729
101	3	1	Kennebec Behavioral Health	Mid Maine Supported Housing 12	8/31/2014	Renewal	PH	\$34,751	\$401,480
97	4	1	Community Housing of Maine, Inc,	Permanent Housing for Homeless	8/31/2014	Renewal	PH	\$20,805	\$422,285
95	5	1	City of Bangor	Shelter Plus Care TRA Consolidate	8/31/2014	Renewal	PH	\$391,990	\$814,275
94	6	1	City of Bangor	Shelter Plus Care TRA 8716	11/30/2014	Renewal	PH	\$117,535	\$931,810
92	7	1	OHI	Chalila Apartments	1/31/2014	Renewal	PH	\$29,616	\$961,426
92	8	1	State of Maine, Department of Health a	SB SHI -12	8/14/2014	Renewal	PH	\$62,582	\$1,024,008
92	9	1	State of Maine, Department of Health a	Maine 1-12	6/30/2014	Renewal	PH	\$2,858,146	\$3,882,154
92	10	1	State of Maine, Department of Health a	Maine 2-12	12/31/2014	Renewal	PH	\$1,915,956	\$5,798,110
92	11	1	State of Maine, Department of Health a	Penobscot 1-12	9/30/2014	Renewal	PH	\$458,648	\$6,256,758
91	12	1	Hope House/PCHC	Hope House 24/PCHC	1/1/2014	Renewal	TH	\$9,819	\$6,266,577
91	13	1	Maine State Housing Authority	State of Maine HMIS	12/31/2014	Renewal	HMIS	\$344,888	\$6,611,465
87	14	1	York County Shelter Programs, Inc.	Smith Transitional Housing	9/30/2014	Renewal	TH	\$109,280	\$6,720,745
84	15	1	York County Shelter Programs, Inc.	Within Transitional Housing	11/30/2014	Renewal	TH	\$97,526	\$6,818,271
83	16	1	State of Maine, Department of Health a	SB YCS-12	12/4/2014	Renewal	PH	\$91,567	\$6,909,838
81	17	1	Bread of Life Ministries, Inc.	Boothby Renewal Project FY 2012	5/31/2014	Renewal	TH	\$72,279	\$6,982,117
81	18	1	Hope House/PCHC	Hope House Penobscot Community H	5/31/2014	Renewal	TH	\$9,769	\$6,991,886
72	19	1	New Beginnings, Inc.	New Beginnings Transitional Livin	5/31/2014	Renewal	TH	\$164,339	\$7,156,225
66	20	1	Hope and Justice Project, Inc	Transitional Housing	9/30/2014	Renewal	TH	\$26,798	\$7,183,023
60	21	1	Bread of Life Ministries, Inc.	Westman Village Renewal Project	9/30/2014	Renewal	PH	\$12,391	\$7,195,414

	22	1	Maine State Housing Authority	MCoC Planning Application	n/a	New	n/a	\$90,885	\$7,286,299
89	23	2	Shaw House	Shaw House Waterworks Support	4/30/2014	Renewal	PH	\$107,256	\$7,426,252
86	24	2	York County Shelter Programs, Inc.	Brand New Day	7/31/2014	Renewal	PH	\$32,697	\$7,318,996
69	25	2	Tedford Housing	19 Everett St	5/31/2014	Renewal	PH	\$16,283	\$7,450,527
68	26	2	Tedford Housing	19 Pleasant St	1/1/2014	Renewal	PH	\$6,727	\$7,457,254
67	27	2	Shaw House	Street Outreach and Supportive S	1/1/2014	Renewal	SSO	\$97,370	\$7,554,624
71	28	2	Shaw House	Tenant Education Program	4/30/2014	Renewal	SSO	\$7,992	\$7,434,244
59	29	2	Counseling Services, Inc.	CSI Woodbridge Renewal project	6/30/2014	Renewal	PH	\$68,247	\$7,622,871
50	30	2	Milbridge Harbor Apartments	Milbridge Harbor Apartments	1/31/2014	Renewal	PH	\$29,903	\$7,652,774

\$259,219.00

CHCS

\$277,167.00

Paula Paladino

From: Paula Paladino
Sent: Friday, January 24, 2014 4:01 PM
To: Paula Paladino
Cc: Kelly Watson
Subject: FW: Important: Due Date for Project Applications as part of the NOFA Application

-----Original Message-----

From: Paula Paladino
Sent: Tuesday, December 10, 2013 12:24 PM
To: Subject: Important: Due Date for Project Applications as part of the NOFA Application

To all Maine Continuum of Care Renewal Agencies,

As many of you know, HUD recently released the FY 2013-2014 NOFA (Notice of Funding Availability) Application which is due on February 3, 2014. All MCOC Renewal Projects must submit their Project Applications (formerly called Exhibit 2 Applications) to MCOC through HUD's e-snaps electronic application system in order to be included in the 2013-2014 Maine Continuum of Care Application for funding. If you are not the person who will be submitting the Renewal Project Application(s) for your agency this year, please forward this information to them and include me (ppaladino@mainehousing.org) in that message so that I can contact them directly.

The Deadline for initial submission of Project Applications is Friday, Jan. 3, 2014.

This Year HUD requires that each Continuum have all Project Applications submitted for review at least 30 days prior to the final HUD deadline for Continuum of Care submission, which is February 3, 2014. If you do not submit your Project Application on time, by Jan.3, 2014, it will not be included in the Continuum Application.

To access e-snaps, training materials, and other helpful information please go to:
<https://www.onecpd.info/e-snaps>. Also, here is the link to HUD's instructional guide on how to access the Project Application in e-snaps:
<https://www.onecpd.info/resources/documents/FY2013-Accessing-the-Project-Application-Resource.pdf>.

Please note: You will not be able to 'pull forward' information from last year's application. There have been significant changes and all information must be entered directly into e-snaps. Also, all renewal applications must be Prioritized and Ranked in this year's application like the FY 2012 application.

If you have any questions, please feel free to contact me.

Thank you, Paula

Paula Paladino, M.A., L.S.W.
Manager of Homeless Initiatives
MaineHousing
353 Water St.
Augusta, ME 04330

(207) 624-5706 Phone
(207) 624-5768 Fax

Paula Paladino

From: Virginia Dill [VDill@shalomhouseinc.org]
Sent: Friday, January 17, 2014 3:10 PM
To: Fogler, Orinda; Wheeler, Sheldon; Cindy Namer; DKelley@KBHMAINE.ORG; mmooney@newbeginmaine.org; DavidB@ycspi.org; giff@tedfordhousing.org; finance@hopeandjustice.org; bleavitte@ohi.maine.org; Brenda@chomhousing.org; Steven.Price@csimaine.org; sdean@sun-rise.tv; csmith@pchcbangor.org; lachancedean@aol.com
Cc: Paula Paladino; HRhoda@peabodycenter.org
Subject: COC RANKING NOTIFICATION
Attachments: 2013-COC-Project-Ranking-FINAL-1-16-14.xlsx

The MCOC Steering and Project/Monitoring Committees have completed the ranking process for the 2013 application and I am enclosing the results for your review (see attached). The Steering and Project/Monitoring Committees carefully considered HUD's priorities, as well as its own priorities which were adopted earlier by the MCOC. Those priorities include, reduction of SSO and services funded by HUD, reducing TH and the future expansion of PSH and RRH, bonus for not placing SSO's in Tier 1, points for performance based projects and significant plans for solving homelessness. The MCOC also recognizes that TH for youth, domestic violence and veterans are a priority and were tiered accordingly. The Steering Committee made a recommendation to the MCOC using a template that ranked projects based on HUD's priorities, MCOC's priorities, along with performance in order to maximize the most of its available dollars. The results were presented to, and voted on for approval by the MCoC at the monthly meeting on the 16th.

Please feel free to contact myself, Donna Kelley or Heather Rhoda, if you should have questions regarding the ranking process.

Sincerely,

Virginia Coleman Dill
Continuum of Care Tri-chair
Shalom House Inc.
106 Gilman Street
Portland, Maine 04102
(207) 874-1080 ext. 147
(207) 874-1077 fax
vdill@shalomhouseinc.org

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Maine Homeless Planning

Planning for ending homelessness in Maine

CoC Project Ranking Notification

Posted on [January 17, 2014](#) by [Paula Paladino](#) | [Comments Off](#)

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[Copy of 2013-COC-Project-Ranking-FINAL-1-16-14](#)

This entry was posted in [Maine CoC](#), [News](#). Bookmark the [permalink](#).

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Maine Homeless Planning

Planning for ending homelessness in Maine

DRAFT CoC Application

Posted on [January 18, 2014](#) by [Paula Paladino](#) | [Comments Off](#)

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[NOFA Application DRAFT](#)

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