

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

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

CoC Lead Organization Name: Maine State Housing Authority

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

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Maine Balance of State Continuum of Care

Indicate the frequency of group meetings: Monthly or more

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

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

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

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

Specify "other" process(es):

Briefly describe the selection process including why this process was established and how it works.

Maine Balance of State CoC (MBOS) encourages all members to participate in the decision making process. Members either volunteer or are assigned by their agency to participate in MBOS. All members may suggest agenda items, make motions, and participate in discussions. There is one vote per agency and an agency must have been represented at 3 of the last 6 meetings to be eligible to vote.

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

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

Specify "other" process(es):

MBOS has two Co-Chairs who are elected annually. Each standing committee also annually elects a Chair and Co-Chair. The MBOS Co-Chairs, the Chairs and Co-Chairs of all standing committees, and the Maine State Housing Authority Homeless Initiatives Coordinator form the Steering Committee. The Coordinator is the only member of the leadership group who is assigned, rather than elected, to participate.

If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.

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

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

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
MBOS Steering Com...	Monthly or more
MBOS Gaps & Data ...	Monthly or more
MBOS Community En...	Monthly or more
MBOS Monitoring C...	Monthly or more
MBOS Selection Cr...	Quarterly
MBOS Monitoring a...	Annually
Statewide Homeles...	Monthly or more
Regional Homeless...	Monthly or more
Augusta Working G...	Monthly or more
Lewiston Auburn A...	Monthly or more
Greater Franklin ...	Monthly or more
Veterans Homeless...	Monthly or more
Maine Coalition t...	Monthly or more
Homeless Youth Wo...	Monthly or more
HMIS Working Group	Quarterly
Homeless Voices f...	Monthly or more

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: MBOS Steering Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The Steering Committee facilitates the collection of information and materials for inclusion in the annual HUD application and coordinates with other committees to ensure that information is disseminated to MBOS.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: MBOS Gaps & Data Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This Committee collects information on homelessness, improves data collection techniques and coordinates the Point-in-Time count and Housing Inventory survey with the Greater Penobscot and Portland COCs. Works closely with MaineHousing HMIS staff to improve data quality and project participation.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: MBOS Community Engagement Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Community Engagement works to inform and involve the broader public in CoC activities. This group also tracks media activity related to homelessness, acts to raise awareness of homeless issues and assists local initiatives to end and prevent homelessness. Finally, this committee plans ways to improve MBOS-wide participation in mainstream resources programs by organizing and distributing information on trainings and resource fairs.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: MBOS Monitoring Criteria Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This committee develops the Monitoring Questionnaire and methodology used to evaluate project performance. Questionnaire responses and APRs are collected by this group and presented to the Monitoring and Selection Committee prior to scoring and ranking of projects.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: MBOS Selection Criteria Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This group develops and refines the Scoring Templates and methodology that will be used to score and rank all project applications submitted to MBOS. This group works closely with other committees to establish appropriate priorities and guidelines.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: MBOS Monitoring and Selection Committee

Indicate the frequency of group meetings: Annually

Describe the role of this group:

This group of agencies/individuals not in competition for funds in the current application, score and rank all projects based on review of Monitoring materials, APRs, Exhibit 2s, Project Presentations and Q&A sessions from each applicant.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Statewide Homeless Council

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group provides leadership in efforts to end and prevent homelessness in Maine and acts as an advisory committee to the Governor, the Legislature, and Maine State Housing Authority. Overlapping membership with MBOS ensures communication and coordination of effort.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Regional Homeless Councils

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

There are three Regional Homeless Councils in Maine that coordinate with the Statewide Homeless Council to develop and implement regional components of the Statewide Plan to End and Prevent Homelessness. Overlapping membership with MBOS ensures communication and coordination of effort.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Augusta Working Group

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

A group of local service providers who meet regularly to coordinate their efforts to develop local strategies to improve services and housing for people who are homeless. Overlapping membership with MBOS ensures communication and coordination of effort.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Lewiston Auburn Alliance of Services to the Homeless

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

A group of local service providers who meet regularly to coordinate their efforts to develop local strategies to improve services and housing for people who are homeless. Overlapping membership with MBOS ensures communication and coordination of effort.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Greater Franklin County Coalition for the Homeless

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

A group of local service providers who meet regularly to coordinate their efforts to develop local strategies to improve services and housing for people who are homeless. Overlapping membership with MBOS ensures communication and coordination of effort.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Veterans Homeless Working Group

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

A group of service providers from across the state who meet regularly to coordinate their efforts to develop strategies to improve services and housing for Veterans who are homeless, and to coordinate the annual Veterans' Stand Down event. Overlapping membership with MBOS ensures communication and coordination of effort.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Maine Coalition to End Domestic Violence

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

A group of service providers from across the state who meet regularly to coordinate their efforts to develop specialized strategies to improve services and housing for people who are homeless as a result of domestic violence. Overlapping membership with MBOS ensures communication and coordination of effort.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Youth Working Group

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

A group of service providers from across the state who meet regularly to coordinate their efforts to develop specialized strategies to improve services and housing for youth who are homeless. Overlapping membership with MBOS ensures communication and coordination of effort.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HMIS Working Group

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This group of HMIS users from across the state works to increase HMIS participation of HUD and Non-HUD funded programs, improve data quality and develop standardized reports at the project and aggregate levels that can be used by all 3 Maine CoCs. Overlapping membership with MBOS ensures communication and coordination of effort.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Voices for Justice

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Homeless Voices for Justice is an advocacy organization comprised of homeless and formerly homeless individuals. Their efforts include: getting legislation passed in Maine to make the homeless status of a crime victim a consideration in the sentencing of the perpetrator and to require police training regarding the difficulties faced by people who are homeless in accessing legal and law enforcement services; creating, organizing, and performing the play "Hear Our Voices- Know Our Names" at a number of venues across the state to raise awareness of Homelessness in Maine; promoting the 'Get Out The Vote' campaign to register homeless individuals to vote in the upcoming elections. They are actively involved in the Statewide and Regional Homeless Councils and overlapping membership with MBOS ensures communication and coordination of efforts. There are from 6-8 active members throughout the year.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

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

Maine Balance of State CoC			COC_REG_v10_000058	
Tri County Mental Health	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Sweetser	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Community Housing of Maine	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Rumford Group Homes	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Youth
Coastal Enterprises, Inc.	Private Sector	Funder...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
New Beginnings	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Counselling Servies, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Community Health and Counseling Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Tedford Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
York County Shelter Programs, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
Abused Women's Advocacy Project	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Domestic Vio...
Family Violence Project	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Caring Unlimited	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Goodwill Hinckley	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Mid Maine Homeless Shelter	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substance Ab...
MAPS Shelter Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Youth
Midcoast Maine Community Action	Private Sector	Non-pro..	Primary Decision Making Group	Seriously Me...
Motivational Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Hope Haven Gospel Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...

Maine Balance of State CoC			COC_REG_v10_000058	
Bread of Life Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
United Way (Several local offices)	Private Sector	Funder...	Primary Decision Making Group	HIV/AIDS, Youth
Saint Mary's Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Seriously Me...
Acadia Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Seriously Me...
Voices for Justice (Homeless and formerly homel...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Battered Women's Project	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Domestic Vio...
Breakwater Teen Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Catholic Charities	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Substance Abuse
Central Maine Pre-Release Center	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Substance Abuse
Charlotte White Cetnter	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Community Concepts	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Domestic Violence Network	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Domestic Vio...
Family Crisis Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Frannie Peabody House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS
Home Counselors Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
HOME, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Homeless Services of Aroostook	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
House of Peace	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Empower Lewiston	Private Sector	Othe r	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...

Maine Balance of State CoC			COC_REG_v10_000058	
Maine Re-entry Program	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substan ce Ab...
Maine's CAP Agencies	Public Sector	Publi c ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veteran s, Do...
Maine's Career Centers (20 in MBOS)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriou sl y Me...
Mid-Coast Hospitality House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriou sl y Me...
New Hope for Women	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Pine Tree Legal	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriou sl y Me...
Preble Street Resource Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriou sl y Me...
St Mary's Regional Medical Center	Private Sector	Hos pita..	Committee/Sub-committee/Work Group	Substan ce Ab...
Salvation Army (11 in MBOS)	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Seriou sl y Me...
Shaw House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Ab...
Next Step	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Pleasant Point Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	Substan ce Ab...
Rural Community Action Ministries	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Substan ce Abuse
Womancare	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Women Unlimited	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Youth Alternatives	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriou sl y Me...
Youthbuild	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Youth and Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth, Serio...
St. Martin de Porres	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Seriou sl y Me...
YANA (You Are Never Alone)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse

Maine Balance of State CoC			COC_REG_v10_000058	
CHAMP (Creative Housing Alternatives for Maine ...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
The Maine Way	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Charlotte White Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Milestone Foundation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
WCARC/Sunrise Opportunites	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Genesis Community Loan Fund	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Homeless Voices for Justice	Private Sector	Other	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Dee Clarke	Individual	Homeless..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Yvonne Mickles	Individual	Homeless..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth, Domes..

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

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

**Rating and Performance Assessment Measure(s):
(select all that apply)** a. CoC Rating & Review Committee Exists, b. Review CoC Monitoring Findings, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

**Voting/Decision Method(s):
(select all that apply)** a. Unbiased Panel/Review Committee, d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

The 2008 MBOS (ME-500) eHIC shows an increase of 32 available Emergency Shelter Beds when compared to our 2007 HIC. 16 of these beds became available when York County Shelter Programs, Inc. moved the Within Transitional Housing for Families Program to a new location, allowing these beds to be used by their Emergency Shelter. The Family Violence Prevention Project opened an 11 bed Emergency Shelter for victims of Domestic Violence in rural Somerset County. And the Togus Veterans Medical Center dedicated 5 beds in their Lodger Unit for use by Homeless Veterans in need of Emergency Shelter.

Safe Haven Bed: No

Briefly describe the reasons for the change:

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

Transitional Housing: Yes

Briefly describe the reasons for the change:

The 2008 MBOS (ME-500) eHIC shows an increase of 34 available Transitional Housing Beds compared to our 2007 HIC. 28 of these are due to the opening of facilities previously listed as Under Development. There were a number of programs, particularly Family and DV projects, that showed minor fluctuations in beds available because they are able to reconfigure their bed numbers to accommodate the needs of the clients in those facilities. We also had a few non-HUD funded TH facilities change their designation to Permanent Supportive Housing. These losses were more than made up for by the expansion of the MaineHousing RAC+ Program, a transitional tenant based rental assistance program that showed an increase of 52 beds this year.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

The 2008 MBOS (ME-500) eHIC shows an increase of 285 available Permanent Supportive Housing beds compared to our 2007 HIC. This is principally due to a change in the way Shelter Plus Care beds are now accounted for in our Inventory. In previous years we had reported the S+C beds based on the number of vouchers under contract with HUD. This year we are reporting based on the number of beds under lease on the night of the Point-in-Time Count. We feel this demonstrates a more accurate picture of our inventory, though we anticipate it may create significant fluctuations in the inventory from year to year. By this new method, an additional 230 S+C beds appear in our inventory this year. 38 new beds became available due to the opening of projects previously listed as under development and 14 beds previously listed as Transitional Housing are now available as Permanent Supportive Housing. Again, there were a number of smaller changes due to Family projects that reconfigure their bed numbers to accommodate the needs of the clients in those facilities. 12 of the new beds are designated for Chronically Homeless persons. Chart 4A shows 20 new Chronic Homeless beds; 8 more new Chronic Homeless beds became available between the Point-in-Time Count and the time of this application submission.

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

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

Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	2008 MBOS ME 500 ...	10/03/2008

Attachment Details

Document Description: 2008 MBOS ME 500 eHIC

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

Instructions:

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

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/30/2008
(mm/dd/yyyy)

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

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Instructions, Training, Updated prior housing inventory information, Follow-up, Confirmation, HMIS
(select all that apply)

Must specify other:

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

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Statewide

Select the CoC(s) covered by the HMIS: ME-500 - Maine Balance of State CoC, ME-501 - Bangor/Penobscot County Coc, ME-502 - Portland CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? No

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

Is the HMIS Lead Organization the same as CoC Lead Organization? Yes

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ServicePoint

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

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

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

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

Indicate the challenges and barriers impacting the HMIS implementation: No or low participation by non-HUD funded providers
(select all the apply):

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

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

Attachment Details

Document Description:

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

Enter the name and contact information for the HMIS Lead Organization.

Organization Name Maine State Housing Authority
Street Address 1 353 Water Street
Street Address 2
City Augusta
State Maine
Zip Code 04330
Format: xxxxx or xxxxx-xxxx
Organization Type State or Local Government
If "Other" please specify

2C. Homeless Management Information System (HMIS)

Contact Person

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

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

Instructions:

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

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	76-85%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	86%+

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

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

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

Instructions:

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

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

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	12%
* Date of Birth	0%	0%
* Ethnicity	4%	0%
* Race	3%	0%
* Gender	0%	0%
* Veteran Status	10%	3%
* Disabling Condition	3%	10%
* Residence Prior to Program Entry	6%	3%
* Zip Code of Last Permanent Address	2%	15%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? Yes

Did the CoC or subset of the CoC participate in AHAR 4? Yes

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

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

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

The statewide dedicated HMIS project maintains data quality reports for providers who use ServicePoint that may be run at any time by a user who has a license to access the system. Those providers who send their data to HMIS via the batch upload process do not have access at this time to a self-service tool that is as robust as ServicePoint, but data quality reports are generated from the batch database and shared back with the providers who submitted the data in order to monitor and improve their data quality on a monthly basis.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

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

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

Instructions:

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

Indicate the frequency in which the CoC uses each of the following items:

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

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

Instructions:

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

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

* Unique user name and password	Monthly
* Secure location for equipment	Monthly
* Locking screen savers	Monthly
* Virus protection with auto update	Monthly
* Individual or network firewalls	Monthly
* Restrictions on access to HMIS via public forums	Monthly
* Compliance with HMIS Policy and Procedures manual	Never
* Validation of off-site storage of HMIS data	Monthly

How often does the CoC assess compliance with HMIS Data and Technical Standards? Monthly

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Monthly

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

If 'Yes' indicate date of last review or update by CoC: 06/27/2008

If 'No' indicate when development of manual will be completed:

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

Privacy/Ethics training	Annually
Data Security training	Annually
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Never
HMIS software training	Monthly

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

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

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

Indicate the date of the last PIT count: 01/30/2008

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

		Households with Dependent Children			
		Sheltered	Transitional	Unsheltered	Total
		Emergency			
Number of Households		53	249	2	304
Number of Persons (adults and children)		159	664	4	827
		Households without Dependent Children			
		Sheltered	Transitional	Unsheltered	Total
		Emergency			
Number of Households		185	333	27	545
Number of Persons (adults and unaccompanied youth)		185	333	27	545
		All Households/ All Persons			
		Sheltered	Transitional	Unsheltered	Total
		Emergency			
Total Households		238	582	29	849

Maine Balance of State CoC			COC_REG_v10_000058	
Total Persons	344	997	31	1,372

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

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	20	9	29
* Severely Mentally Ill	262	2	264
* Chronic Substance Abuse	138	1	139
* Veterans	40		40
* Persons with HIV/AIDS	29		29
* Victims of Domestic Violence	214		214
* Unaccompanied Youth (under 18)	17		17

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

Instructions:

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

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

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/28/2009
(mm/dd/yyyy)

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

Emergency Shelter providers 100%

Transitional housing providers: 100%

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

Instructions:

Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

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

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

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

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

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

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

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

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	
Sample Strategy:	
Provider Expertise:	
Non-HMIS client level information:	X
None:	
Other:	X

If Other, specify:

Client level information was collected via individual client interviews at each provider on the night of the PIT count. Providers were also asked to submit a cumulative count form to reflect totals within each population being counted. Total counts from the individual surveys (at the client level) and count forms (at the provider level) were compared, and a percentage was calculated reflecting a factor to be used when calculating the subpopulations based on % coverage reported. For example, if a CoC reported 942 individual clients surveyed on the night of the PIT but 1343 total persons counted on the provider count forms, an adjustment factor of 142.6% ($1343/942$ or total reported/total individuals surveyed) was applied to the subpopulation data that was calculated from the individual survey forms. Therefore, if the CoC identified 28 Veterans on individual surveys, the adjusted number of Veterans reported was 40 ($28 * 142.6\%$). However, for the HIV/AIDS subpopulation, there was only one individual who self-reported as being in this category. The Continuum did not believe that this accurately reflected the prevalence of individuals with HIV/AIDS in our homeless population, so for this subpopulation we drew on statistics on HIV/AIDS among homeless populations from the Maine CDC and the National Alliance to End Homelessness. According to the NAEH, as many as 3.4% of the homeless population are HIV positive, and we applied this factor to our adult population to arrive at the figure in our chart.

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

The CoC used the "Other" methodology described in detail above to produce the subpopulation count. The major factor contributing to the change in subpopulation numbers is that in previous years transitional subpopulation numbers were extrapolated from emergency shelter survey data, whereas this year transitional numbers are actual survey counts based on raw data returned from transitional providers. The chronic number appears to have decreased, and that is most likely due to more accurate instructions this year regarding the HUD definition of Chronically Homeless.

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

Instructions:

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

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

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

If Other, specify:

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

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

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

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

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

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

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

If Other, specify:

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

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

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

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

Indicate the level of coverage of the PIT count of unsheltered homeless people: Known Locations

If Other, specify:

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

Instructions:

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

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

Training:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used to reduce duplication.

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

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

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

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

In addition to the efforts mentioned above, Maine Department of Health and Human Services conducts outreach and engagement through the Project for Assistance in Transition from Homelessness (PATH). PATH is designed to assist homeless adults with Serious Mental Illness and youth with Serious Emotional Disturbance and/or Substance Abuse. The Veteran's Administration Medical Center at Togus has recently made 5 beds in its Lodger Unit available specifically for homeless veterans in need of emergency shelter, and has hired an Outreach Worker to seek out and engage sheltered and unsheltered homeless veterans in connection with the VASH Program. We believe all of these efforts have combined to have a direct impact on reducing the number of unsheltered chronically homeless and homeless families with children. While this year's Point-in-Time shows only a small decrease in these areas when compared to last year's, we believe this year's numbers would have been much higher than last if it were not for these efforts.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Execute pending S+C / CH contracts with HUD	Director of Housing Resource Development, OAMH, Maine DHHS
Action Step 2	Implement S+C / CH units as they become available	Grants Administrator, Shalom House
Action Step 3	Place in service 8 PSH (SHP) beds awarded in 2006 for CH	Development Director, YCSI

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	50
Numeric Achievement in 12 months	58
Numeric Achievement in 5 years	68
Numeric Achievement in 10 years	80

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Identify & provide TA to any MBOS PH projects that do not meet the retention rate	Chair, MBOS Scoring Committee
Action Step 2	Use scoring criteria in SHP renewal applications to incent maintained/improved retention	Chair, MBOS Scoring Committee
Action Step 3	Provide APR & HMIS training & TA to SHP projects to strengthen tracking	State Homeless Coordinator, MaineHousing

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	75
Numeric Achievement in 12 months	75
Numeric Achievement in 5 years	80
Numeric Achievement in 10 years	80

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Use HMIS data to identify TH projects that are not achieving this goal, and provide technical assistance to help them do so	Homeless Project Coordinator, MaineHousing
Action Step 2	Identify & provide TA to any MBOS SHO projects that are not able to demonstrate transition to permanent/permanent supportive housing	Co-Chair, MBOS
Action Step 3	Use scoring criteria in TH renewal applications to incent maintained/improved performance	Chair, MBOS Selection Committee

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	81
Numeric Achievement in 12 months	70
Numeric Achievement in 5 years	70
Numeric Achievement in 10 years	70

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Strengthen utilization of new, state funded Employment Specialists who work with adults receiving Section 17 (adult mental health) services. These new positions are stationed statewide and can help eligible homeless clients locate employment, and provide supports to them to help them retain their jobs.	Program Manager for Vocational Services, Maine Medical Center
Action Step 2	Provide training to provider staff on Mainstream Resources such as ASPIRE/TANF, Ticket to Work, Women, Work & Community	Chair, MBOS Community Engagement
Action Step 3	Provide training to provider staff on the impact on SSI/SSDI benefits of employment	Chair, MBOS Community Engagement

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	9
Numeric Achievement in 12 months	11
Numeric Achievement in 5 years	12
Numeric Achievement in 10 years	15

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Expand & strengthen Pine Tree Legal initiative to intervene in evictions to prevent homelessness.	Staff Attorney, Pine Tree Legal
Action Step 2	Expand & strengthen family financial literacy, using HUD Housing Counseling grant funds, to prevent homelessness or recidivism	Homeless Programs Coordinator, Maine State Housing Authority
Action Step 3	Implement statewide online housing registry to more efficiently match families with available subsidized and unsubsidized units	Homeless Programs Coordinator, Maine State Housing Authority

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	53
Numeric Achievement in 12 months	50
Numeric Achievement in 5 years	48
Numeric Achievement in 10 years	45

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

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

Foster Care Discharge Protocol: Formal Protocol Implemented
Health Care Discharge Protocol: Formal Protocol Finalized
Mental Health Discharge Protocol: Formal Protocol Implemented
Corrections Discharge Protocol: Formal Protocol Implemented

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Maine Department of Health & Human Services (Maine DHHS) is the state agency administering foster care. In the last 5 years Maine DHHS has implemented new policies that reduce the extent to which children are placed outside the home. Instead, Maine DHHS emphasizes family reunification and kinship care. These policies have reduced the number of children in foster care overall, which in turn has reduced the numbers of youth requiring discharge from foster care. Foster care placement does still occur, however, and the state has developed policies and procedures for helping youth transition safely to independence. The attached document is a summary of policies relevant to reducing use of foster care, and to transition planning for youth aging out of the system. The policies include 1)V.D-7. Relative Placement and Kinship Care Including Fictive Kin; 2)IX.A. Permanency Guardianship; 3)V.K. Education Beyond High School; 4)V.L-1. Extension/Termination of Care at Age 18; and 5)V. T. Maine Title IV-E Independent Living Program.

Health Care Discharge

For Formal Protocol Finalized, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon and provide a date for implementation.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Maine's Statewide Homeless Council has been working closely with hospitals to develop language governing discharge of homeless people with health issues from hospitals. Some of the largest hospitals in the state, including Maine Medical Center and Spring Harbor (a private psychiatric hospital) were actively involved in these discussions. The attached Guidelines, although labeled "Draft", have been approved by the Statewide Homeless Council, and are within weeks of being formally signed off on by Maine Department of Health & Human Services (Maine DHHS). Through contracts with homeless services providers, Maine DHHS funds most of the case managers who would be assisting with discharge planning and implementation. The last remaining step is to obtain formal approval from the Maine Hospital Association, which we anticipate will occur within the next couple of months. These Guidelines apply to all three of Maine's CoCs. The Guidelines instruct hospitals to begin the discharge planning process as soon as possible after hospital admission. Patients are to be discharged with clothing appropriate to the weather, with a specific plan in place for access to required medications/supplies. Each Maine hospital and each community discharge location will be responsible for designating an appropriate member of its management team to be responsible and accountable for assuring ongoing compliance with these guidelines.

Mental Health Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Riverview and Dorothea Dix are Maine's two publicly-financed mental health institutions. Both institutions have adopted a discharge planning process that begins at admission and is pursued during the hospital stay to connect clients back to community supports. The treatment team includes the client, community support providers, family and friends, and other natural supports. The team works with the client to identify housing and services which will support ongoing recovery once discharged. Placement options include residential treatment facilities, permanent housing, other community living arrangements, or returning home to friends or family. Neither institution supports or advocates for discharge to homelessness or to an emergency shelter. Letters from these two institutions are attached.

Corrections Discharge

For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The attached MOA was signed in 2005 by Maine State Housing Authority (MaineHousing), the Maine Department of Corrections, and the Maine Re-Entry Network, and remains in effect. It is intended to enhance housing-related opportunities and services to offenders ages 18 and older who are currently or were formerly incarcerated through strengthened collaborations among the three signing agencies. The MOA details the responsibility of the Reentry Specialists in working with offenders in pre-release planning. MaineHousing can offer RAC+ (rental housing vouchers) that help support housing tenure until recipients become employed and self-sufficient. These partnerships have worked well to prevent release from correctional facilities to homelessness, and the follow-up described here also helps to sustain housing tenancies once prisoners are released.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Disch...	09/08/2008
Mental Health Discharge Protocol	No	Letters describin...	09/08/2008
Corrections Discharge Protocol	No	MOA between Maine...	09/08/2008
Health Care Discharge Protocol	No	Health Care Disch...	09/08/2008

Attachment Details

Document Description: Foster Care Discharge and Transition Policies

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Letters describing discharge policies at Dorothea Dix & Riverview Psychiatric Centers

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: MOA between Maine Dept. of Corrections and MaineHousing

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Health Care Discharge Final Draft Guidelines

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan:

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

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? Yes

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

The cities of Lewiston and Auburn Maine have recently begun work on a local 10 year plan. Members of the committee working to develop the preliminary draft have been provided with information regarding the Continuum Strategic Plan goals and the goals of the Maine Statewide Plan to End and Prevent Homelessness established by our Statewide Homeless Council. The Maine Balance of State Continuum of Care will continue to work closely with this committee.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	18	Beds	20	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	77	%	75	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	66	%	81	%
Increase percentage of homeless persons employed at exit to at least 18%	11	%	9	%
Ensure that the CoC has a functional HMIS system	75	%	85	%

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	34	12
2007	35	30
2008	29	42

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

12

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$46,238		\$477,488		\$23,853
Operations	\$27,952				\$5,283
Total	\$74,190	\$0	\$477,488	\$0	\$29,136

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	173
b. Number of participants who did not leave the project(s)	569
c. Number of participants who exited after staying 6 months or longer	119
d. Number of participants who did not exit after staying 6 months or longer	439
e. Number of participants who did not leave and were enrolled for 5 months or less	130
TOTAL PH (%)	75
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	139
b. Number of participants who moved to PH	112
TOTAL TH (%)	81

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

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 312

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	70	22 %
SSDI	70	22 %
Social Security	5	2 %
General Public Assistance	0	0 %
TANF	46	15 %
SCHIP	0	0 %
Veterans Benefits	2	1 %
Employment Income	29	9 %
Unemployment Benefits	1	0 %
Veterans Health Care	1	0 %
Medicaid	240	77 %
Food Stamps	228	73 %
Other (Please specify below)	60	19 %
State Supplemental(35) Medicare(15) Child Support(9) Alimony(1)		
No Financial Resources	65	21 %

The percentage values are automatically calculated by the system when you click the "save" button.

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

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

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

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

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

4E. Section 3 Employment Policy Detail

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

If Yes to above question, click save to provide activities

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

Notify area Youthbuild programs of job opportunities

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

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

The MBOS Monitoring Committee reviews projects' APRs to assess and improve their utilization of mainstream programs. This occurs annually at the time of project submission. Projects are provided feedback on their performance in enrolling homeless consumers, and committee members suggest strategies for improving their performance.

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

If "Yes", indicate all meeting dates in the past 12 months.

3-13-07; 4-24-07; 5-24-07; 6-19-07; 7-16-07; 8-21-07; 9-18-07; 10-16-07; 11-20-07

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

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

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

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

Does the CoC uses HMIS to screen for benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? No

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

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	97%
<p>Case Managers meet one-on-one with clients to develop an Individualized Support Plan. This process identifies clients' needs and eligibility for Mainstream Resources (MR). Case Managers may have MR applications that they can help clients fill out; otherwise, they assist clients in obtaining needed applications by accompanying them or providing transportation assistance to the MR office. Case Managers help clients complete applications and resolve obstacles to application completion. For example, if clients lack ID or other needed documentation Case Managers help them obtain that.</p>	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	55%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
<p>Maine has one application that provides access to four mainstream resources: Food Stamps, TANF, & MaineCare (Medicaid) and Emergency Assistance through GA. Also, the VA has a single application for all VA benefits</p>	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	87%
4a. Describe the follow-up process:	
<p>MBOS covers most of Maine (except Penobscot County & the City of Portland - each a separate CoC). MBOS includes a diverse array of providers, so the process may vary slightly, but generally, providers check to verify that applications have been completed, and they will check with clients to verify that they have received the benefits. If they have not, Case Managers will help clients contact the MR office and ask about the status. Case Managers also check with clients, as part of their regular meetings, to verify that they are continuing to receive MR, and if there are problems they will help to resolve them. Clients are encouraged to contact Case Managers if they have difficulty with their MR and do not feel comfortable negotiating with the MR office directly.</p>	

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

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

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

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

Part B - Page 1

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

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

Part B - Page 2

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

Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
State of Maine HM...	2008-09-17 09:46:...	1 Year	Maine State Housi...	66,431	Renewal Project	SHP	HMIS	F10
State of Maine HMIS	2008-09-25 12:05:...	1 Year	Maine State Housi...	154,959	Renewal Project	SHP	HMIS	F9
Milbridge Harbor ...	2008-09-18 11:29:...	1 Year	Washingto n County...	28,927	Renewal Project	SHP	PH	F13
Within Transition..	2008-09-18 08:43:...	1 Year	York County Shelt...	99,174	Renewal Project	SHP	TH	F5
Smith Transitiona ...	2008-09-18 08:40:...	1 Year	York County Shelt...	111,127	Renewal Project	SHP	TH	F6
Brand New Day	2008-09-18 08:36:...	1 Year	York County Shelt...	33,238	Renewal Project	SHP	PH	F11
Maine XVIII	2008-09-26 11:21:...	5 Years	State of Maine, D...	1,081,800	New Project	S+C	TRA	F16
Permanent Housing...	2008-09-22 09:46:...	1 Year	Communit y Housing...	19,635	Renewal Project	SHP	PH	F12
19 Pleasant Stree...	2008-09-22 14:26:...	1 Year	Tedford Housing	6,825	Renewal Project	SHP	PH	F4
22 Pine Street	2008-09-22 14:31:...	3 Years	Tedford Housing	391,203	New Project	SHP	PH	F15
Maine 1-08	2008-09-26 10:56:...	1 Year	State of Maine, D...	1,434,504	Renewal Project	S+C	TRA	U17
Maine 5-08	2008-09-26 10:52:...	1 Year	State of Maine, D...	395,580	Renewal Project	S+C	TRA	U18
Maine 2-08	2008-09-26 10:54:...	1 Year	State of Maine, D...	1,009,164	Renewal Project	S+C	TRA	U19

Maine Balance of State CoC							COC_REG_v10_000058	
Maine 7-08	2008-09-26 10:49:...	1 Year	State of Maine, D...	300,252	Renewal Project	S+C	TRA	U20
Lewiston 1-08	2008-09-26 11:00:...	1 Year	State of Maine, D...	96,924	Renewal Project	S+C	TRA	U21
New Beginnings Tr...	2008-10-06 16:59:...	1 Year	New Beginnings, Inc.	167,116	Renewal Project	SHP	TH	F2
Maine XIX Chronic	2008-09-26 11:07:...	5 Years	State of Maine, D...	284,040	New Project	S+C	TRA	S1
Maine XX	2008-09-26 11:06:...	5 Years	State of Maine, D...	681,360	New Project	S+C	TRA	F14
Mid Maine Support...	2008-09-25 12:01:...	1 Year	Kennebec Behavior...	32,838	Renewal Project	SHP	PH	F3
CSI Woodbridge Gr...	2008-09-18 09:30:...	1 Year	Counseling Servic...	64,410	Renewal Project	SHP	PH	F7
Transitional Housing	2008-09-18 10:22:...	1 Year	Battered Women's ...	27,251	Renewal Project	SHP	TH	F8
City of Biddeford..	2008-08-28 21:16:...	10 Years	City of Biddeford	460,320	New Project	SRO	SRO	X

Budget Summary

FPRN	\$2,966,294
Rapid Re-Housing	\$0
Samaritan Housing	\$284,040
SPC Renewal	\$3,236,424
Rejected	\$460,320

Submission Summary

Part	Last Updated
Part 1: CoC Structure	
1A. Identification	No Input Required
1B. Primary Decision-Making Group	10/2/08 9:27 AM
1C. Committees	10/5/08 9:20 PM
1D. Member Organizations	10/8/08 11:43 AM
1E. Project Review and Selection	7/30/08 9:53 PM
1F. e-HIC Change in Beds	9/14/08 9:01 PM
1G. e-HIC Attachment	10/3/08 12:57 PM
1H. e-HIC Sources and Methods	9/23/08 3:37 PM
Part 2: Data Collection and Quality	
2A. HMIS Implementation	10/6/08 2:28 PM
HMIS Attachment	Please Complete
2B. HMIS Lead Organization	7/31/08 2:26 PM
2C. HMIS Contact Person	7/31/08 2:29 PM
2D. HMIS Bed Coverage	8/8/08 3:30 PM
2E. HMIS Data Quality	10/6/08 10:10 AM
2F. HMIS Data Usage	8/11/08 3:33 PM
2G. HMIS Data and Technical Standards	8/8/08 4:03 PM
2H. HMIS Training	8/11/08 3:40 PM
2I. Homeless Population	8/27/08 11:41 AM
2J. Homeless Subpopulations	9/23/08 1:26 PM
2K. Sheltered Data - PIT	8/27/08 11:42 AM
2L. Sheltered Data - Methods	10/5/08 9:28 PM
2M. Sheltered Data - Subpopulations	9/24/08 9:54 AM
2N. Sheltered Data - Quality	No Input Required
2O. Unsheltered Data - Methods	No Input Required
2P. Unsheltered Data - Coverage	8/28/08 9:58 AM
2Q. Unsheltered Data - Quality	10/5/08 9:32 PM
Extrapolation Attachment	Please Complete
PIT Attachment	Please Complete
Part 3: CoC Strategic Planning	
3A. CoC 10 Year Plan	10/5/08 9:33 PM

3B. Discharge Planning Protocol Status	9/8/08 2:47 PM
3C. Discharge Planning Narratives	9/24/08 10:11 AM
3D. Discharge Planning Attachments	9/8/08 2:46 PM
3E. CoC Coordination	9/2/08 2:56 PM
3F. HHN Reallocation	7/30/08 10:05 PM
3G. HHN Eliminated Grants	Please Complete
3H. HHN Reduced Grants	Please Complete
3I. New Projects Requested	Please Complete
Part 4: CoC Performance	
4A. 2007 CoC Achievements	8/18/08 2:47 PM
4B. Chronic Homeless Progress	10/3/08 1:00 PM
4C. Housing Performance	8/2/08 11:14 AM
4D. Mainstream Services Enrollment	8/28/08 2:06 PM
4E. Energy Star & Section 3	9/2/08 2:59 PM
4E. Section 3 Employment Policy Detail	9/16/08 2:53 PM
4F. CoC Mainstream Programs	8/18/08 3:29 PM
4G. Provider Mainstream Programs	10/5/08 9:45 PM
Regulatory Barriers	
4I. Removing Regulatory Barriers	
Page 1	No Input Required
Page 2	No Input Required
Page 3	No Input Required
4H. Removing Regulatory Barriers - B	
Page 1	No Input Required
Page 2	No Input Required
Submission Summary	No Input Required

Notes:

3G. HHN Eliminated Grants list must include at least 1 item(s).

3H. HHN Reduced Grants list must include at least 1 item(s).

3I. New Projects Requested list must include at least 1 item(s).