

## Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (\*), which are mandatory and require a response.

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

### Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

#### Resources:

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**1A-1. CoC Name and Number:** ME-500 - Maine Statewide CoC

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

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Maine State Housing Authority

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

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**1B-1. CoC Meeting Participants.**

**For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:**

- 1. participated in CoC meetings;**
- 2. voted, including selecting CoC Board members; and**
- 3. participated in the CoC’s coordinated entry system.**

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	No	No	No
Local Jail(s)	No	No	No
Hospital(s)	No	No	No
EMS/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

Youth Advocates	Yes	Yes	Yes
School Administrators/Homeless Liaisons	No	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Domestic Violence Advocates	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
LGBT Service Organizations	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
Veteran Service Providers	Yes	Yes	Yes
State Government Agencies	Yes	Yes	Yes

**1B-1a. CoC’s Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.**

**Applicants must describe how the CoC:**

- 1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;**
- 2. communicates information during public meetings or other forums the CoC uses to solicit public information;**
- 3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and**
- 4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF. (limit 2,000 characters)**

1.MCOC continues to bring many diverse agencies to the table; consistently solicits/considers opinions & involvement of Statewide Homeless Council (SHC) & Regional Homeless Councils (RHC), HOPWA & ESG subrecipients, housing developers, RHYA, DV/VAWA, PATH, SSVF, & SAMHSA providers, advocates, people who have experienced homelessness, business community, local, state & federal government officials, & community members. MCOC Board & members target outreach to potential stakeholders, entities & persons that have an interest in homelessness not already represented at meetings. MCOC meetings are open to the public & accessible remotely via phone/video conferencing; there are no membership fees/dues. All are welcome to participate in discussions & share ideas/opinions.

2.The MCOC & its activities are standing agenda items at SHC & RHCs (Maine’s version of an interagency council on homelessness created via statute), which meet monthly to solicit/share information, opinions, feedback &

best practices & discuss emerging state & local issues & advocacy.  
3.Information is both disseminated & gathered at SHC & RHC meetings & other public forums across the state, which the MCOC incorporates into all its effort to develop improvements & new approaches to ending & preventing homelessness.  
4.Physical meetings are held in public, handicapped accessible buildings. Remote connectivity through GoToMeeting for full MCOC & most committees is available statewide for people who cannot attend in person. Meeting agendas, minutes, notices, & other important information are posted as WORD and/or PDF documents on the MCOC website ([www.mainehomelessplanning.org](http://www.mainehomelessplanning.org)) where they can be read aloud using Text to Speech or translated into other languages using Google Translate by anyone familiar with these programs. Our CA also maintains an email account ([cochelpdesk@mainehousing.org](mailto:cochelpdesk@mainehousing.org)) where anyone may submit questions or comments regarding MCOC, or request needed accommodations.

### **1B-2. Open Invitation for New Members.**

**Applicants must describe:**

- 1. the invitation process;**
  - 2. how the CoC communicates the invitation process to solicit new members;**
  - 3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
  - 4. how often the CoC solicits new members; and**
  - 5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

1)MCOC has an open membership policy/active recruitment process including outreach/engagement by MCOC Resource Committee & all MCOC members. An annual call for new members emphasizing the importance of connecting w/ agencies not currently funded through MCOC is publicly posted on the MCOC website [mainehomelessplanning.org](http://mainehomelessplanning.org) which has 3100+ subscribers. MCOC has 10 funded agencies, 35 current member agencies & 58 different agencies have participated at MCOC meetings since Jan 2018. Info about MCOC is also posted on the MaineHousing website & shared via many email lists.

2)Monthly meeting notices & the annual call for new members are posted on MCOC's website. The annual call for new members is shared w/ Regional Homeless Council email lists, posted on the 211 website & on MaineHousing's website.

3)The call for new members is posted on the MCOC website as WORD/PDF docs which can be read aloud using Text to Speech or translated into other languages using Google Translate by anyone familiar with these programs. Our CA has an email [cochelpdesk@mainehousing.org](mailto:cochelpdesk@mainehousing.org) for all questions/comments about MCOC including accommodations for effective communication to people w/ disabilities.

4)MCOC solicits new members through its annual call for new members. Targeted outreach/engagement of new members occurs at least monthly via publicly posted invites to MCOC meetings sent to 3100+ subscribers. MCOC Resource Committee solicits new members via monthly meetings/quarterly

trainings attended by various stakeholders.  
5)MCOC works closely w/ Homeless Voices for Justice, Maine's homeless self-advocacy org/MCOC member to ensure persons experiencing homelessness &/or formerly homeless persons can actively & meaningfully participate in MCOC. MCOC also incorporated Maine's Youth Advisory Board (YAB) in our governance & has approved stipends to compensate participating YAB members for time/travel for MCOC activities. YAB membership includes youth w/ lived experience of homelessness.

### **1B-3. Public Notification for Proposals from Organizations Not Previously Funded.**

**Applicants must describe:**

- 1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;**
- 2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;**
- 3. the date(s) the CoC publicly announced it was open to proposal;**
- 4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and**
- 5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.**  
**(limit 2,000 characters)**

1)MCOC welcomes/encourages new proposals from organizations not previously funded by MCOC by publicly posting info on our website [www.mainehomelessplanning.org](http://www.mainehomelessplanning.org) which has 3100+ subscribers & by sharing this info at Statewide & Regional Homeless Council meetings, Shelter Directors meetings & at other meetings throughout the state. The initial HUD NOFA Announcement & invitation to apply for funding was publicly posted on the MCOC website on July 3, 2019. A Request For Proposals (RFP) w/ information specific to the MCOC process/deadlines was subsequently posted on the website on July 23, 2019. This RFP was shared w/ email distribution lists. All such announcements encourage interested parties with questions or wishing to know more about the process to contact staff at MCOC's Collaborative Applicant, MaineHousing, for more info.

2)The MCOC accepts project applications from all organizations & uses a publicly posted transparent scoring/ranking process for all new/renewal projects including those from entities not previously funded. Final scoring/ranking of all projects determines if any project, including any from entities not previously funded, will be included in the FY19 CoC Program Competition process.

3)The MCOC publicly announced it was open to proposals on July 23, 2019.

4)To ensure effective communication w/ individuals w/ disabilities in its public notification for proposals from organizations not previously funded, the MCOC posts all info/notifications/materials as WORD and/or PDF documents on its website where they can be read aloud using Text to Speech or translated into other languages using Google Translate by anyone familiar with these

programs. Our CA also maintains an email account (cohelpdesk@mainehousing.org) where anyone may submit questions or comments regarding this process, including any needed accommodations.  
5)N/A - MCOC accepts project apps from all orgs, including project apps from orgs who have not been previously funded.

# 1C. Continuum of Care (CoC) Coordination

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## 1C-1. CoCs Coordination, Planning, and Operation of Projects.

**Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.**

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Programs of VA & other Veteran Service Providers	Yes



Housing & Services Programs funded through VAWA	Yes
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**1C-2. CoC Consultation with ESG Program Recipients.**

**Applicants must describe how the CoC:**  
**1. consulted with ESG Program recipients in planning and allocating ESG funds;**  
**2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and**  
**3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.**  
**(limit 2,000 characters)**

1)The MCOC Coverage area includes 7 Consolidated Plan jurisdictions, but MaineHousing & the City of Portland are the only ESG recipients in the state. Both MaineHousing & City of Portland regularly participate in MCOC meetings. MCOC & ESG subrecipients are actively engaged in ESG fund planning & allocation & consult w/ each other regularly. MaineHousing & City of Portland consult w/ & solicit input & feedback from MCOC in crafting responses for their Con Plans & Annual Action Plan Updates to ensure MCOC strategic plan goals are addressed. MCOC provides input in the development phase of the Plans & makes recommendations for the allocation of funds. MCOC reviews & comments on the Plans during the Public Comment period to provide more feedback in the final Plans. Annually, MaineHousing, who serves as the MCOC CA & HMIS Lead, compiles PIT, HIC, LSA & other reports for the MCOC & distributes them to stakeholders across Maine. MCOC has made available & highly publicized annual PIT & HIC data. MCOC ensures that all Con Plan jurisdictions have access to these reports for their Con Plan & Annual Action Plan updates & provides additional info & TA as needed for these reports.  
 2) MCOC worked w/ HUD TA to develop ESG policies & procedures which include monitoring processes & performance standards for ESG recipients & sub-recipients. The MCOC monitors/evaluates ESG recipient & sub-recipient data annually. The MCOC & its Board of Directors reviews the ESG recipient & sub-recipient performance outcomes/data, ESG Dashboard Reports in HMIS, the CAPER, PIT, & HIC annually, prior to their submissions.  
 3)The MCOC ensures local homeless information/data is communicated & addressed in the Con Plan updates by working w/ MaineHousing and the City of Portland at all stages during the development of their Con Plan & Annual Action Plans, including providing data, the MCOC's and the homeless service system's gaps & needs analysis, trends, & any other relevant info.

**1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions.** Yes to both

**Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.**

**1C-2b. Providing Other Data to Consolidated** Yes

### **Plan Jurisdictions.**

**Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.**

#### **1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.**

**Applicants must describe:**

- 1. the CoC's protocols, including protocols for coordinated entry and the CoC's emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and**
- 2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality. (limit 2,000 characters)**

1)Maine Coalition to End Domestic Violence (MCEDV) works w/ MCOC to ensure persons/families fleeing DV have access to housing/services unique to their needs that prioritize safety/confidentiality, including trauma-informed victim-centered services, development/implementation/adherence to Emergency Transfer Plans & protocols specifically for Coordinated Entry System (CES) DV referrals to ensure safety & choice. Maine's Homeless Rule sets ESG funding eligibility including maintaining confidentiality of all DV client data & PII & prohibits involuntary family separation. MCOC CES has protocols to prioritize safety/trauma-informed/victim-centered services, including a separate DV CES, as desired.

2)MCOC maximizes client choice & ensures safety/confidentiality w/ a CES that accounts for unique housing/service needs of DV survivors, including a DV-specific CES that they may choose to utilize or not. MCOC CES incorporates confidentiality/safety protections in policy & ensures access to various housing/service options both DV and non-DV housing/services as desired. MCOC has many ES, TH & PSH beds dedicated to people fleeing DV & providers operate shelters/service/housing specifically for human trafficking victims which are accessible via MCOC & DV CES. Many DV households qualify for rental assistance or other non DV-specific housing, ensuring access to many housing types w/ varying support to maximize client choice. MCEDV the DV CES lead agency trains & monitors compliance w/ QA standards for DV providers, who must offer crisis intervention & advocacy services for emotional/physical safety/enhancing survivors' personal agency/autonomy. Each interaction is collaborative, trauma-informed & grounded in the fact that survivors are the authorities regarding risk they face & potential impact of any interventions. In this context advocates provide shelter/housing/services, in compliance w/ VAWA confidentiality/non-discrimination standards.

#### **1C-3a. Training–Best Practices in Serving DV Survivors.**

**Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:**

- 1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and**
  - 2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.**
- (limit 2,000 characters)**

1)MCOOC coordinates w/ victim service providers to provide trainings at least annually for MCOOC project staff to address safety/best practices including trauma-informed/victim-centered approaches/planning protocols in serving DV survivors through its Resource Committee trainings, provided at Regional Homeless Council (RHC) meetings attended by MCOOC project staff. Notices for trainings are posted on the MCOOC website well in advance of the trainings to optimize attendance. The most recent VAWA trainings were on 2 dates 6/5 & 6/14 in 2 locations to maximize attendance/info dissemination. The MCOOC & its member orgs provide trainings to a variety of groups including PHAs, CAP agencies & shelters, which includes MCOOC project staff.

2) Maine Coalition to End Domestic Violence (MCOOC) members actively participate in MCOOC & provide info/training on best practices in serving survivors of domestic violence, dating violence, sexual assault, stalking & human trafficking to non-DV providers. MCOOC is involved w/ MCOOC Coordinated Entry System (CES) to ensure safety/planning protocols are in place, MCOOC CES staff are trained on safety best practices & planning protocols in serving survivors of DV. MCOOC received a new grant in last year's competition for the DV CES & integration/coordination of DV specific programs/services in the MCOOC CES. At the first point of interaction w/ MCOOC CES, safety/triage questions are asked & the person is asked if they would prefer to access the DV CES. DV referrals are prioritized to ensure survivors of domestic violence, dating violence, sexual assault, stalking & human trafficking are connected to the most appropriate, trauma-informed, victim-centered services ASAP & strict confidentiality is maintained regarding all PII, in keeping w/ best practices, MCOOC policies, & VAWA regs. MCOOC coordinated w/ MCOOC to provide trainings. MCOOC provided CE training for CES access points including the statewide 211.

### **1C-3b. Domestic Violence–Community Need Data.**

**Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking.**  
**(limit 2,000 characters)**

The Maine Continuum of Care collects available data related to DV, dating violence, sexual assault, stalking & human trafficking from aggregate data compiled in a comparable database used by all member agencies of the Maine Coalition to End Domestic Violence (MCOOC) & utilizes this info as part of its needs & gaps analysis, to ensure that the special need related to DV, dating violence, sexual assault, and stalking are assessed and incorporated into the various planning processes, policies, and resource allocation within the state, including the MCOOC, Statewide Homeless Council, ESG, CES, DV CES, & Maine's Plan to End & Prevent Homelessness. MCOOC compiles Quarterly Statistical Data Reports & an Annual Family Violence Prevention Services Report reflecting the services provided by the 9 Maine DV Resource Centers.

These reports include the number of calls received by DV Resource Center hotlines/service providers; the number of requests for & admissions to DV Shelters, Safe Homes & other DV-specific housing programs; the number of requests for/referrals to DV-related services. The Maine Continuum of Care also looks at DV-related figures from our PIT, HIC, LSA, CAPER, & other available data sources, including the number of people who report fleeing &/or having a history of DV, dating violence, sexual assault, stalking or human trafficking as a reason for seeking shelter or services from non-DV homeless service providers.

**\*1C-4. PHAs within CoC. Attachments Required.**

**Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC’s geographic area.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On
Maine State Housing Authority	56.00%	Yes-HCV	Yes-Both
Portland Housing Authority	31.00%	Yes-Both	Yes-HCV

**1C-4a. PHAs’ Written Policies on Homeless Admission Preferences.**

**Applicants must:**

**1. provide the steps the CoC has taken, with the two largest PHAs within the CoC’s geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or**

**2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)**

1)MCOC has worked with the two largest HAs in the state, the Portland Housing Authority (PHA) and the Maine State Housing Authority (MaineHousing), to adopt a homeless admission preference. MCOC has done this via written communication, meetings w/ HA leadership, invitations to join CoC meetings, seeking membership on HA boards & networking at community stakeholder events. The MCOC enjoys a strong relationship with PHA, and supported its recent successful application for HUD’s Section 811 Mainstream Voucher Program. MaineHousing serves as the MCOC CA, and is an integral aspect of the MCOC and has a close working relationship with it. The successful collaborations between MCOC and the two largest HAs in the state is evidenced by the very high percentage of people experiencing homelessness upon program entry: 56% of MaineHousing new admissions into Public Housing and the Housing Choice Voucher Program in FY18 were people who were experiencing homelessness at entry; and 31% of PHA’s new admissions into Public Housing and the Housing Choice Voucher Program in FY18 were people who were experiencing homelessness at entry. Over the years MCOC has worked with HAs in the state to incorporate homeless preferences into their

admin plans. Both PHA & MaineHousing have general or limited homeless preferences included within their admin plans. MCOC continues to work with & encourage all HAs in the state to incorporate Homeless Admission Preference Policies into their Admin Plans. Additionally, MCOC has secured MOUs from Portland HA and MaineHousing documenting Move On Strategies, which designate preference/practices for current PSH program participants who no longer need intensive services, for their programs, such as allowing current PSH program participants to port existing Project Based Section 8 vouchers to Housing Choice Vouchers.  
2)N/A, since MCOC does work closely with these and other PHAs.

**1C-4b. Moving On Strategy with Affordable Housing Providers.**

**Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.**

Yes

**If “Yes” is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs. (limit 1,000 characters)**

The MCOC has established Move On strategies w/ affordable, multi-family housing developers in Maine, formalized via MOUs &/or commitment letters. The MCOC has formalized Move On strategies w/ Community Housing of Maine (CHOM) & Avesta. CHOM is an affordable housing developer & the largest provider of supportive housing for people experiencing homelessness in Maine, w/ 747+ units of affordable housing. Avesta is a nonprofit affordable housing provider, & has 2700+ units of affordable housing in its portfolio. MCOC established formalized Move On strategies w/ CHOM & Avesta for people exiting MCOC-funded & non MCOC-funded PSH who no longer need intensive services. MCOC, CHOM & Avesta all have long-established collaborative partnership. Avesta & CHOM have been & continue to be welcoming to people who have experienced homelessness & people exiting PSH.

**1C-5. Protecting Against Discrimination.**

**Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing. (limit 2,000 characters)**

The MCOC has taken the following actions to address all forms of discrimination including discrimination based on all protected classes under the Fair Housing Act, Equal Access to Housing Final Rule, and Equal Access in Accordance with Gender Identity Final Rule: MCoC sponsored trainings coordinated with Maine Human Rights Commission available to CoC/ESG programs and other entities to encourage adherence to Rules and Rights beyond mere policies; MCoC adopted an Affirmatively Furthering Fair Housing

& Access to Supportive Services Policy; MCOC written standards & Coordinated Entry System (CES) policies/procedures includes a Fair & Equal Access Policy to ensure that all persons experiencing homelessness regardless race, color, religion, national origin, age, gender, pregnancy, citizenship, familial status, marital status, household composition, disability, Veteran status, or sexual orientation have fair equal access to the CES & subsequent housing/services. MCOC has a general Nondiscrimination Policy which prohibits discrimination based on any protected classes (& demographics listed above) & includes adherence to the Fair Housing Act, 24 CFR 5.105(a)(2) & Maine State laws and outline how to file grievances under these protections, including local fair housing/civil rights laws; MCOC implementation/monitoring of nondiscrimination policies ensures CoC/ESG programs are adhering to all equal access and fair housing standards and providing for the needs of protected class individuals & their families experiencing homelessness; MCOC supported PCHC’s successful SAMHSA application for the WISH Program, which included the creation of a series of culturally appropriate linguistic presentations to inform organizations on the impact of disparate outcomes and the importance of adhering/creating CLAS Standards at the program level; and MCOC has a Racial Equity Policy & has assessed its data for racial disparities.

**\*1C-5a. Anti-Discrimination Policy and Training.**

**Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:**

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

**\*1C-6. Criminalization of Homelessness.**

**Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC’s geographic area.**

1. Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
2. Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
3. Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
4. Implemented communitywide plans:	<input checked="" type="checkbox"/>
5. No strategies have been implemented:	<input type="checkbox"/>
6. Other:(limit 50 characters)	

	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**1C-7. Centralized or Coordinated Assessment System. Attachment Required.**

**Applicants must:**

- 1. demonstrate the coordinated entry system covers the entire CoC geographic area;**
- 2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and**
- 3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)**

1)MCOCCES covers the entire geographic area using a statewide 211, outreach programs & other access points. It's a no-wrong-door person-centered model w/ statewide access/standard assessment & coordinated referral/housing placements so those experiencing homelessness quickly receive appropriate interventions.

2)CES reaches those least likely to apply for assistance in the absence of special outreach w/ targeted outreach & a statewide well advertised/easily accessible 211, w/translation services & culturally sensitive staff. MCOCCES targeted outreach efforts are outlined in CES policies/procedures, including a specific policy for addressing needs of people fleeing or attempting to flee DV/dating violence/ sexual assault/stalking but desire shelter/services from non-DV orgs. CES includes the Affirmatively Furthering Fair Housing policy specifically addressing reaching those least likely to seek assistance. Significantly, resources are expended coordinating regional by-name-lists w/ PDs, EDs, GA, DHHS, homeless services, etc. organizing front-line outreach to the most service-resistant.

3)MCOCCES assessment prioritizes those most in need of assistance & ensures they rapidly receive assistance. MCOCCES has a standardized assessment process ensuring uniform decision making & care coordination. There are 2 standardized assessment elements to evaluate need for resources: Length of Time Homeless (LOTH) & Vulnerability. These are used to prioritize clients according to MCOCCES established prioritization criteria which ensure people w/ the longest LOTH & highest vulnerability as determined by the VI-SPDAT receive the right intervention as rapidly as possible, ideally w/in 30 days of initial engagement. This prioritization process aligns w/ HUD's Notice Prioritizing Persons Experiencing Chronic Homelessness & Other Vulnerable Homeless Persons in PSH and is encouraged by performance-based funding of ESG recipients.

# 1D. Continuum of Care (CoC) Discharge Planning

**Instructions:**

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

**Resources:**

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

**1D-1. Discharge Planning Coordination.**

**Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>



# 1E. Local CoC Competition

## Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

### Resources:

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notice>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

## \*1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.

**Applicants must indicate whether the CoC:**

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

## 1E-2. Project Review and Ranking–Objective Criteria.

**Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:**

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes

## 1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.

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**Applicants must describe:**  
**1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and**  
**2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.**  
**(limit 2,000 characters)**

1)The MCOC reviewing, ranking, & rating process & tools prioritize projects that serve homeless individuals & families with the most severe needs & vulnerabilities. The MCOC revised its scoring, ranking, & selection policies & procedures to prioritize severity of needs & vulnerability of participants by factoring CH, Longest Histories of Homelessness, DV/Abuse/victimization/trafficking, low or no income, criminal history, unaccompanied youth, Veterans, Mental Illness, Substance Use Disorder, disabilities, & for DV Projects their ability to improve client safety.

2)The MCOC Project scoring for new & renewal projects applications considers the degree to which projects have implemented a Housing First (HF) approach while allowing partial points for working towards HF but still having service requirements based on client severity of need/vulnerabilities, prioritize CH, & serve high need/vulnerable populations (described above) to provide additional points for projects that reduce barriers to project entry & serve populations w/ severe needs & vulnerabilities. The performance-based scoring questions take into account project type & population served as well having lower thresholds to receive full points, to ensure that projects serving very high-need/vulnerable populations who are among the least likely to achieve some of the high performance benchmarks, are equitably scored. The ranking/selection processes are directly related to this point system & scoring metrics. MCoC has included HUD's notice CPD-14-012 for prioritizing CH in our Written Standards & Coordinated Entry System assessment & prioritization processes, which are also scoring/ranking metrics for project selection.

**1E-4. Public Postings–CoC Consolidated Application. Attachment Required.**

**Applicants must:**  
**1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or**  
**2. check 6 if the CoC did not make public the review and ranking process; and**  
**3. indicate how the CoC made public the CoC Consolidated Application—including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or**  
**4. check 6 if the CoC did not make public the CoC Consolidated Application.**

Public Posting of Objective Review and Ranking Process

Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings

1. Email	<input checked="" type="checkbox"/>	1. Email	<input checked="" type="checkbox"/>
2. Mail	<input type="checkbox"/>	2. Mail	<input type="checkbox"/>
3. Advertising in Local Newspaper(s)	<input type="checkbox"/>	3. Advertising in Local Newspaper(s)	<input type="checkbox"/>
4. Advertising on Radio or Television	<input type="checkbox"/>	4. Advertising on Radio or Television	<input type="checkbox"/>
5. Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	5. Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>
6. Did Not Publicly Post Review and Ranking Process	<input type="checkbox"/>	6. Did Not Publicly Post CoC Consolidated Application	<input type="checkbox"/>

**1E-5. Reallocation between FY 2015 and FY 2018.**

**Applicants must report the percentage of the CoC’s ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.**

**Reallocation: 3%**

**1E-5a. Reallocation–CoC Review of Performance of Existing Projects.**

**Applicants must:**

- 1. describe the CoC written process for reallocation;**
  - 2. indicate whether the CoC approved the reallocation process;**
  - 3. describe how the CoC communicated to all applicants the reallocation process;**
  - 4. describe how the CoC identified projects that were low performing or for which there is less need; and**
  - 5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.**
- (limit 2,000 characters)**

- 1)MCOCC has a written Reallocation Procedure in its Governance: MCoC considers the reallocation process each year, including both voluntary & involuntary reallocations. Voluntary reallocations are initiated by an applicant by choice often due to poor monitoring performance. Involuntary reallocations are any renewal project that is entirely eliminated or has its renewal funding reduced by MCOCC. MCOCC may pursue involuntary reallocation for many reasons including unspent funds, repeated negative monitoring findings, or scoring very low during the renewal competition.
- 2)The reallocation process was approved by the full MCOCC when it adopted the most recent version of its Governance.
- 3)The Reallocation process is communicated to all applicants by the wide dissemination/public posting of the Governance, included w/in MCOCC minutes also posted publicly & through the monitoring results/TA to projects.
- 4) MCOCC actively reviews the performance of existing CoC-funded projects to determine the viability of reallocating to create new high performing projects.

The MCOC uses the reallocation process to ensure: progress toward HUD identified priority areas, high performance standards & effective use of funding. At least annually through project monitoring, MCOC analyzes projects per its Gaps & Needs Analysis, & whether funding for some projects, in whole or in part, should be reallocated to make resources available for new projects better aligning w/ its needs.

5)A Committee monitors project performance including APRs & data quality resulting in a threshold score. If projects fail to meet monitoring threshold they are provided TA & put on a Performance Improvement Plan. If there is no improvement over a reasonable period of time the MCOC & its Board initiates involuntary reallocation starting with the poorest performing/least improved project to create higher performing projects through the annual competition.

## DV Bonus

### Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

**Resources:**

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notice>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### 1F-1 DV Bonus Projects.

**Applicants must indicate whether the CoC is Yes requesting DV Bonus projects which are included on the CoC Priority Listing:**

**1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.**

1. PH-RRH	<input checked="" type="checkbox"/>
2. Joint TH/RRH	<input checked="" type="checkbox"/>
3. SSO Coordinated Entry	<input type="checkbox"/>

**Applicants must click “Save” after checking SSO Coordinated Entry to view questions 1F-3 and 1F-3a.**

### \*1F-2. Number of Domestic Violence Survivors in CoC’s Geographic Area.

**Applicants must report the number of DV survivors in the CoC’s geographic area that:**

Need Housing or Services	1,140.00
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the CoC is Currently Serving	1,418.00
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**1F-2a. Local Need for DV Projects.**

**Applicants must describe:**

- 1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and**
- 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).**  
**(limit 500 characters)**

1) 1140 is the number of DV Survivors who requested but were not able to secure housing or shelter directly from one of our DV provider agencies between 7/1/18 & 6/30/19. During that time there were 13,881 DV survivors who received some level of service/referral from one of our 9 DV Resource Centers. 1418 represents those served in DV ES, TH or Save Homes in that time period.  
2) All data is from the Maine Coalition to End Domestic Violence EmpowerDB HMIS comparable database.

**1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.**

**Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing—using the list feature below.**

<b>Applicant Name</b>	<b>DUNS Number</b>
Preble Street	7800814850000
Through These Doors	884755166

## 1F-4. PH-RRH and Joint TH and PH-RRH Project

### Applicant Capacity

DUNS Number:	7800814850000
Applicant Name:	Preble Street
Rate of Housing Placement of DV Survivors–Percentage:	52.00%
Rate of Housing Retention of DV Survivors–Percentage:	72.00%

#### 1F-4a. Rate of Housing Placement and Housing Retention.

**Applicants must describe:**

- 1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and**
- 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)**

1. During Fiscal Year 2019 Preble Street Anti-Trafficking Services served 56 individuals who meet the HUD definition of Fleeing Domestic Violence and who were homeless at Intake. Of those, 29, or 52%, were then housed in permanent housing. 21 of those 29 individuals retained their housing, totaling 72%.

2. The Comparable Database currently used by Preble Street for DV related data is ClientTrack.

#### 1F-4b. DV Survivor Housing.

**Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)**

The project is consistent with the Maine CoC Coordinated Entry process and focuses on rapidly re-housing adults who are currently homeless and fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child.

Preble Street uses a Rapid Re-Housing (RRH) model informed by a Domestic Violence Housing First approach (including mobile advocacy, community engagement, and flexible financial assistance) to assist survivors to quickly move into permanent housing, as designed by The Washington State Coalition Against Domestic Violence, to facilitate access to mainstream resources including income supports, insurance, and SNAP, etc. The team focuses on cultivating relationships with landlords, and helping clients increase income, access safe and affordable permanent housing, and begin their path towards healing. The team works alongside all Preble Street programs utilizing a low-barrier, harm reduction, and victim-centered approach. Caseworkers work in partnership with survivors of DV, supporting them in taking the lead in defining goals and making their own safety assessment, and provide options without

mandates or restrictions and meeting survivors in the community. By focusing on the strengths of the survivor and allowing them autonomy over their choices, including how/when/where to access services, it helps them regain power and control and maximize their ability to live independently.

The VI-SPDAT, both the individual and family, will serve as a guideline for determining eligibility. In addition, we utilize a prescreen form for survivors during the intake process to determine specific eligibility, which addresses: housing, income status, and homeless status, and safety concerns as it relates to fleeing a violent situation.

#### **1F-4c. DV Survivor Safety.**

**Applicants must describe how project applicant:**

- 1. ensured the safety of DV survivors experiencing homelessness by:**
  - (a) training staff on safety planning;**
  - (b) adjusting intake space to better ensure a private conversation;**
  - (c) conducting separate interviews/intake with each member of a couple;**
  - (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
  - (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;**
  - (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and**
- 2. measured its ability to ensure the safety of DV survivors the project served.**

**(limit 2,000 characters)**

Preble Street understands its role in protecting personal information & adheres to all confidentiality & safety planning requirements in line with funder expectations & best practice standards. All staff are trained at orientation & annually & bound by a comprehensive confidentiality policy to ensure client information is protected. Personal information is stored securely & is never transferred to any individual or agency, except when given signed consent. Staff use motivational interviewing to assess for risks to safety, security & healing. Caseworkers focus on rapport-building & gaining informed consent from the client to voluntarily disclose as much or as little personal information as directed by them, before conducting a safety & needs assessment & developing an individual service plan which is inclusive of a safety plan.

Client safety planning is continually addressed through case management service provision from initial contact & screening, which includes an assessment of risks of harm for a client's physical, mental, & sexual health. All intakes are conducted in a private & confidential space; they are one-on-one meetings with the survivor & caseworker to ensure third parties (including partners) do not conflict with the client disclosing their needs or safety concerns.

Preble Street utilizes rental assistance through a scattered site model and works with survivors to identify and decide what/where is safe for them. We implement a comprehensive safety planning process that includes a range of options for people with disabilities and can include contracting with service partners for translation assistance or to ensure other needs are addressed. Preble Street does not operate congregate living spaces or dedicated DV units. In order to measure the programs' ability to ensure the safety of survivors served, survivors complete a survey every three months that measures the



impact of services on their feelings and experience of safety.

#### **1F-4d. Trauma-Informed, Victim-Centered Approaches.**

**Applicants must describe:**

- 1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and**
  - 2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:**
    - (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;**
    - (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
    - (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;**
    - (d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
    - (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
    - (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
    - (g) offering support for parenting, e.g., parenting classes, childcare.**
- (limit 4,000 characters)**

Preble Street’s trauma-informed, victim-centered rights-based, empowerment model, provides a coordinated community-wide response to support the safety, security, & healing of DV survivors. As part of our commitment to provide trauma-informed services, Preble Street fosters a professional development training structure & supports to ensure that we provide the most effective services for all DV survivors. As an entry point of social services across Maine, Preble Street emphasizes training staff on issues related to human trafficking, domestic violence & sexual abuse as well as physical abuse & its impact on different populations to best support trauma-informed services regardless of their identified victimization.

Preble Street utilizes a Housing First model coupled with harm reduction, cultural sensitivity, & survivor informed services. Preble Street focuses on rapport-building & gaining informed consent from the client to voluntarily disclose as much or as little personal information as directed by them, before conducting a safety and needs assessment & developing an individual support plan.

Staff support program participants in making choices & allow them to lead the process. Using a Housing First Rapid Re-Housing (RRH) model quickly moving people into permanent housing is key to helping survivors find stability & begin the healing process. All services are provided in alignment with participants’ preferences through an environment mutual respect. The project does not use punitive interventions & ensures interactions between staff & clients are based

on equality & minimize power differentials which is reflected by the professional development training structure & supports used across Preble Street.

Assessment, intervention, & casework services are part of a proven low-barrier holistic, seamless approach to engaging and supporting people experiencing homelessness, helping them navigate systems & seize opportunities to reach a place of permanence. Program participants have access to information on the effects of trauma & are supported in accessing counseling or other services to help them process trauma & begin to heal. Caseworkers build trusting relationships & help survivors work toward their goals using the following best practices:

- **Trauma Informed Care:** Staff are mindful of how to best address each person's immediate basic needs while taking into consideration the impact of past and/or recent trauma such as abuse, neglect, & trafficking, etc.
- **Motivational Interviewing:** Assist clients in recognizing & utilizing their intrinsic motivation to change behaviors & realize their goals.
- **Strengths Based:** Emphasizes clients' self-determination or strengths & helps them see themselves as resourceful & resilient agents in the face of adversity. Preble Street staff use a client-led process that empowers clients to set goals for their future using their assets/strengths.

All staff, including caseworkers, are regularly trained on cultural competence, how to be responsive to individual needs, provide inclusive services & equal access to all clients. Caseworkers provide multi-cultural support through materials in multiple languages, translation services, & informed connections to community services. Preble Street has a clear nondiscrimination policy & take all issues of bias seriously.

Preble Street programming meets the distinct & varied needs of clients through a comprehensive array of services including access to shelter & basic needs; casework services including assessment, goal setting, & referrals to community providers, including physical & mental health care, addiction treatment, employment services, educational opportunities, parenting classes, childcare, etc.; as well as crisis intervention, support for legal assistance, family reunification, & opportunities for connection with other program participants, e.g., groups, & peer-to-peer connections.

#### **1F-4e. Meeting Service Needs of DV Survivors.**

**Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:**

- **Child Custody**
- **Legal Services**
- **Criminal History**
- **Bad Credit History**
- **Education**
- **Job Training**
- **Employment**
- **Physical/Mental Healthcare**

- Drug and Alcohol Treatment
- Childcare

**(limit 2,000 characters)**

Survivors are offered housing focused support services to assist in quickly moving to PH & maintaining safety through housing identification, case management, & financial assistance. Combining a RRH model w/ a DV Housing First Approach, housing is identified by caseworkers through existing & growing landlord & housing provider partnerships & the survivor’s own assessment of where they wish to live & which housing type works best for them/their family. Financial assistance remains flexible to ensure survivors are leading their own path forward & quickly moving out of crisis towards stability. Caseworkers, using a mobile advocacy model, meet w/ survivors to assess the amount/level of financial assistance to maximize their ability to live independently & retain housing. Financial assistance includes costs such as: security deposits, moving costs, rent, childcare, transportation, employment-related costs, etc. Assistance is provided w/out other program requirements & is not based on other forms of income/assistance.

Survivors are offered case management to work towards developing personal goals in support of obtaining & remaining in housing. Caseworkers offer housing case management & support services for up to 24 months, including ongoing safety planning & a focus on tools for community integration as a key support for retaining housing. Caseworkers offer support services using the SOAR model to apply for disability income &/or connect to other benefits alongside connecting to employment opportunities based on individual need. They will also coordinate w/ MCoC, community providers, & across Preble Street programs to ensure services are being accessed to support remaining in PH. Preble Street works w/ many partners statewide & offers clients connections to services for: Child Custody, Legal Services, Criminal History, Bad Credit History, Education, Job Training, Employment, Physical/Mental Healthcare, Drug & Alcohol Treatment & Childcare.

## 1F-4. PH-RRH and Joint TH and PH-RRH Project

### Applicant Capacity

DUNS Number:	884755166
Applicant Name:	Through These Doors
Rate of Housing Placement of DV Survivors–Percentage:	53.00%
Rate of Housing Retention of DV Survivors–Percentage:	97.00%

#### 1F-4a. Rate of Housing Placement and Housing Retention.

**Applicants must describe:**

1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative

**data, external data source). (limit 500 characters)**

- 1) TTD calculated rate of housing placement using the total # of households (76) served in 2018 & total # of households permanently housed (40) as reported in quarterly data reports to MaineHousing. Retention was calculated based on data submitted to MaineHousing indicating only 2 of 76 total households served returned to homelessness: a retention rate of 97%.
- 2) The data source is our EmpowerDB, an HMIS comparable database, used by the domestic violence resource centers in Maine.

**1F-4b. DV Survivor Housing.**

**Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.  
(limit 2,000 characters)**

DV survivors access TTD's emergency shelter by our 24-hour helpline. The helpline serves as our coordinated entry to shelter and conducts shelter intakes based on availability of shelter space. If there is space in the shelter, the advocate completes a 10-15 minute phone intake and creates a plan for the individual/family to come in to the shelter within 24-hours, usually sooner based on the survivor's identified need.

Housing and Resource Advocates work with shelter residents to complete an individualized service plan for services provided. All residents are assisted with safety planning, emotional support and housing advocacy. Additional services and supports include civil legal advocacy, criminal justice advocacy, children's advocacy, employment and educational services and support and support accessing mainstream resources. Survivors guide this process and all services are voluntary.

Housing and Resource Advocates begin work on a safe housing plan at the beginning of their shelter stay. Advocates help survivors gather the necessary documentation and applications for housing vouchers and subsidies, assist with access to employment, childcare, educational opportunities, etc. Advocates are available to accompany residents to apartment viewings or landlord meetings if desired. Advocates have formed relationships with landlords throughout our county and neighboring areas to help residents find housing quickly and efficiently. It is not uncommon for landlords to reach out to us when they have vacancies. Recognizing that housing and safety go hand in hand, our advocates are skilled in providing comprehensive safety planning throughout the survivor's shelter stay to meet their changing safety needs. Once residents secure safe, stable housing, advocates continue to provide voluntary services in the community to ensure survivors have the necessary supports in place for safety and stability.

**1F-4c. DV Survivor Safety.**

**Applicants must describe how project applicant:**  
**1. ensured the safety of DV survivors experiencing homelessness by:**  
**(a) training staff on safety planning;**  
**(b) adjusting intake space to better ensure a private conversation;**

**(c) conducting separate interviews/intake with each member of a couple;**  
**(d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**  
**(e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;**  
**(f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and**  
**2. measured its ability to ensure the safety of DV survivors the project served.**  
**(limit 2,000 characters)**

1. a) All staff complete a 44-hr DV training prior to providing any direct services. 'Core Comprehensive Advocacy, Intervention, Response, & Ethics Training (CAIRET)', developed by a team of DV experts, is the core training for DV advocates in the state by the Maine Coalition to End Domestic Violence's quality assurance standards, adopted by all DV resource centers in Maine. Advocates engage in continuing education on safety planning via webinars, local & national conferences/trainings & on-the-job training.
  - b) Intake for ES services is often by phone. Advocates ask callers if they are in a safe space to talk. If not, they work w/ the caller to identify a safe place & coordinate access. If an individual is meeting w/ an advocate in our offices we have private spaces w/ doors, locks & sound machines for confidentiality. If meeting in a public place, advocates plan prior to meeting to determine a public place the survivor feels is safe for them & confidential information is not discussed.
  - c) TTD does not interview or conduct intakes w/ couples.
  - d) We believe survivors are experts on their safety. Our work is trauma informed & survivor driven. Advocates work w/ survivors to identify safe areas to secure housing. This type of specialized safety planning is an organic process that advocates are trained to engage in w/ survivors.
  - e) TTD owns a 16-bed ES & maintains safety measures such as emergency lighting, keypad entrys w/ frequently changing codes, limited entrances/exits, security cameras, panic buttons & security alarms.
  - f) TTD's shelter is in a confidential location.
2. TTD incorporates two questions in our interactions w/ survivors to measure our ability to improve safety: 1) As a result of working w/ TTD, I know more ways to plan for my safety & 2) As a result of working w/ TTD, I know more about community resources. In 2018, 82% of survivors accessing ES services reported they know more ways to plan for their safety as a result of working w/ TTD.

#### **1F-4d. Trauma-Informed, Victim-Centered Approaches.**

**Applicants must describe:**

- 1. project applicant's experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and**
- 2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:**
  - (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
  - (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize**

- power differentials;**
- (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;**
- (d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
- (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
- (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
- (g) offering support for parenting, e.g., parenting classes, childcare.**  
**(limit 4,000 characters)**

1. Through These Doors is the domestic violence resource center providing trauma-informed, victim centered approaches to meeting the needs survivors of domestic violence in Cumberland County. In 1977, TTD began as a small group of community members dedicated to supporting victims of abuse and violence at the hands of their spouse (most typical at that time). Although what we know about domestic violence has expanded since our beginning, we have maintained our trauma-informed, victim-centered approach to our work. Our work is rooted in the belief that victims and survivors of domestic violence are the experts on their safety and that as advocates, we are there to support, validate and explore options and resources with survivors to help them achieve their identified goals.

2. (a) Participant choice in the housing placement and stabilization process is paramount. Advocates will meet with participants to complete an assessment of their needs, identify goals and provide comprehensive safety planning. In partnership they will find safe, stable housing consistent with the needs, goals and safety plan of the survivor.

(b) All services provided will be voluntary therefore survivors will lead the work. There won't be barriers to accessing services or requirements to receive support. TTD's mission, vision and values statements guide our work with each other as colleagues as well as with those we serve. The CAIRET that advocates complete explores power and oppression and teaches advocacy skills utilizing a victim-centered model.

(c) Our staff receive training on trauma during organizational training and by attending workshops and conferences by our partners. Domestic violence is a traumatic experience and we are versed in having these discussions with survivors and referring and linking survivors to resources and information on trauma.

(d) TTD utilizes a strengths-based, victim-centered approach. TTD provides opportunities for survivors to have their voices heard in a variety of contexts. In our shelter, we utilize an assessment tool titled Measure of Victim Empowerment Related to Safety, a 13-item scale that measures survivor empowerment within the domain of safety to assess change in individual survivors over time. This tool helps survivors assess their level of empowerment related to their safety.

(e) Recognizing that domestic violence has no boundaries, TTD is a culturally responsive and inclusive organization providing safe and accessible services to all people affected by domestic violence regardless of race, ethnicity, disability, sexual orientation, gender, age, primary language spoken or immigration status. TTD provides continuing education opportunities for staff on equal access,

cultural competence and nondiscrimination.

(f) TTD recognizes the unique and powerful role that peer-to-peer connections have on survivors. Isolation is often a tactic of abuse as abusers actively try to limit the supports that the victim can seek. Support groups, mentorships or peer-to-peer opportunities in which survivors can talk to others who are sharing similar experiences, or who have in the past, can be life-changing. TTD will provide opportunities for connection for program participants by offering support and educational groups and will solicit input on other ways to facilitate peer-to-peer connections.

(g) TTD regularly offers support for parenting. TTD will provide referrals and linkages to community programs that provide parenting resources and childcare. TTD will provide childcare when possible by securing volunteers to provide childcare during apartment viewings, court proceedings related to domestic violence. TTD relies on the needs and feedback of program participants and will guide all programmatic offerings to best meet the needs of the individuals served.

#### **1F-4e. Meeting Service Needs of DV Survivors.**

**Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:**

- **Child Custody**
- **Legal Services**
- **Criminal History**
- **Bad Credit History**
- **Education**
- **Job Training**
- **Employment**
- **Physical/Mental Healthcare**
- **Drug and Alcohol Treatment**
- **Childcare**

**(limit 2,000 characters)**

Domestic violence occurs in the context of survivor's lives so there are often competing safety demands while addressing permanent housing. TTD approaches all of these needs in a holistic way and provides comprehensive safety planning and services to assess, prioritize and meet the varied and complex needs of survivors of domestic violence.

TTD is the domestic violence resource center in Cumberland County, Maine and offers a full continuum of services to address the needs listed above. TTD prides itself on embedding our services and supports in to the systems with which survivors interface. To that end, we have advocates stationed at the police departments, the courthouse, the child protective services office, the local jail and prison located in our jurisdiction and homeless shelters. TTD advocates are well versed in the resources in our community and maintain connections with service providers in various disciplines to make effective referrals and linkages for survivors.

TTD embodies a housing first model believing that housing is critical for safety. Once housing and safety are achieved, TTD partners with survivors to address

their safety needs (many of which include all needs listed above). This continued safety planning is imperative as circumstances are always changing and evolving. This project anticipates working with survivors for at least 12 months providing services and supports to ensure that all of their needs are met within the context of safety.



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

**Intructions:**

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

**Resources:**

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<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

**2A-1. HMIS Vendor Identification. WellSky**

**Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.**

**2A-2. Bed Coverage Rate Using HIC and HMIS Data.**

**Using 2019 HIC and HMIS data, applicants must report by project type:**

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	1,222	164	911	86.11%
Safe Haven (SH) beds	15	0	15	100.00%
Transitional Housing (TH) beds	1,017	138	847	96.36%
Rapid Re-Housing (RRH) beds	331	0	331	100.00%
Permanent Supportive Housing (PSH) beds	2,532	8	2,503	99.17%
Other Permanent Housing (OPH) beds	115	76	39	100.00%

**2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.**

**For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2., applicants must describe:**

**1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and  
2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.  
(limit 2,000 characters)**

Not Applicable

**\*2A-3. Longitudinal System Analysis (LSA) Submission.**

**Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0.** Yes

**\*2A-4. HIC HDX Submission Date.**

**Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).  
(mm/dd/yyyy)** 04/26/2019

## 2B. Continuum of Care (CoC) Point-in-Time Count

### Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notice>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

**2B-1. PIT Count Date.** 01/22/2019

**Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).**

**2B-2. PIT Count Data–HDX Submission Date.** 04/26/2019

**Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).**

**2B-3. Sheltered PIT Count–Change in Implementation.**

**Applicants must describe:**

**1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and**

**2. how the changes affected the CoC’s sheltered PIT count results; or**  
**3. state “Not Applicable” if there were no changes.**

**(limit 2,000 characters)**

Not Applicable

**\*2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.**

**Applicants must select whether the CoC added or removed emergency shelter,** No

**transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC’s 2019 sheltered PIT count.**

**2B-5. Unsheltered PIT Count–Changes in Implementation.**

**Applicants must describe:**

- 1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and**
  - 2. how the changes affected the CoC’s unsheltered PIT count results; or**
  - 3. state “Not Applicable” if there were no changes.**
- (limit 2,000 characters)**

Not Applicable

**\*2B-6. PIT Count–Identifying Youth Experiencing Homelessness.**

**Applicants must:**

**Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count.** Yes

**2B-6a. PIT Count–Involving Youth in Implementation.**

**Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:**

- 1. plan the 2019 PIT count;**
  - 2. select locations where youth experiencing homelessness are most likely to be identified; and**
  - 3. involve youth in counting during the 2019 PIT count.**
- (limit 2,000 characters)**

1) Stakeholders serving youth experiencing homelessness were engaged in MCoC planning & implementation of the 2019 PIT count by assisting in the creation of Youth-specific tools & measures designed to better identify youth experiencing homelessness. Questions specifically for youth were added as an addendum to the standard MCoC PIT Outreach data collection form & distributed to outreach teams throughout the state. Stakeholders also conducted the PIT surveys for youth wherever possible/practicable.

2) The MCoC Youth Committee (the Homeless Youth Provider Group) discussed & determined how to best identify homeless &/or at risk youth & locations where youth experiencing homelessness were most likely to be found. Providers in each community approached the PIT count by considering resources, staffing & how to best locate youth as determined by their local knowledge. They administered PIT outreach to youth in their area & reached out to other local stakeholders in order to identify as many youth & locations as possible to include in the count. The groups also referenced the Tool guide

provided by Chapin Hall when considering where & how to conduct youth focused elements of the PIT count. MCOC collaborated with the Youth Advisory Board & other stakeholders to solicit input as well.

3) MCOC & Maine's Homeless Youth Provider Group outreached & engaged youth & non-youth providers, schools & colleges to recruit & train volunteers, including youth, to assist with PIT Youth Outreach efforts. The MCoC Homeless Youth Provider Group worked with the Youth Advisory Board, comprised of youth experiencing or having previously experienced homelessness, to consider the Youth Addendum questions & how best to administer the survey. Many communities attempted varied outreach techniques to connect with youth experiencing homelessness & involve them in PIT count efforts. This included outreach through McKinney Vento liaisons, community caseworkers, & other youth providers.

### **2B-7. PIT Count–Improvements to Implementation.**

**Applicants must describe the CoC's actions implemented in its 2019 PIT count to better count:**

- 1. individuals and families experiencing chronic homelessness;**
- 2. families with children experiencing homelessness; and**
- 3. Veterans experiencing homelessness.**

**(limit 2,000 characters)**

1) Better HMIS data entry by Shelters/homeless providers ensures more accurate sheltered/unsheltered counts year-round & at PIT. Adopting a 3-day service-based model years ago has improved PIT count practices for all populations. Statewide shelter data sharing allows for better counting CH inds & Fams. MCoC works year round to identify CH Inds & Fams through its Long Term Stayer Initiative which keeps by-name lists of sheltered/unsheltered CH inds & fams; an action that helps MCOC better ID/count them for the PIT. Shelter Navigators & PATH Outreach Teams provide affirmative outreach to unsheltered populations including CH inds & fams. They stay in contact w/ them until they secure housing. MCOC conducts extensive PIT training for ID'ing CH inds & fams. MCOC has drop-in centers where staff ID/count CH inds & fams for the PIT. This has improved our ability to locate/count CH inds & fams for the PIT.

2) In addition to the efforts described above & regular contact w/ family/DV shelters & providers who often see unsheltered families MCoC works w/ school admins & McKinney Vento School Liaisons at mainstream & alternative education programs who play active roles in ID'ing homeless children in families for the PIT. All of these actions have improved our ability to locate & count families w/ children during the PIT.

3) MCoC has an HMIS-integrated Veteran by-name list which identifies homeless Vets. Our Veteran Committee meets weekly to case conference the by-name-list increasing awareness of where sheltered/unsheltered Vets are located especially on the night of the PIT. Many of our PIT Crew leaders are from Vet agencies familiar w/ sheltered/unsheltered homeless Vets & where they are most likely to be found on the night of the PIT. Vet-specific agency staff conduct expansive unsheltered Vet outreach in the 3-day service-based count, including encampments, drop-in centers & county canvassing to better ID/count sheltered/unsheltered Vets & CH Vets for the PIT.

## 3A. Continuum of Care (CoC) System Performance

### Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

#### Resources:

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**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### \*3A-1. First Time Homeless as Reported in HDX.

#### Applicants must:

Report the Number of First Time Homeless as Reported in HDX.
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4,346
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### 3A-1a. First Time Homeless Risk Factors.

#### Applicants must:

1. describe the process the CoC developed to identify risk factors the CoC uses to identify persons becoming homeless for the first time;
2. describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

1)Our Emergency shelter response system for years has tracked the number of individuals who become homeless for the first time & the corresponding self-identified reasons they were seeking emergency shelter/became homeless/request assistance. We analyzed this to create a list of risk factors for people becoming homeless for the first time.

2)The MCOC plans & directs diversion/prevention resources/services based on the identified risk factors, as outlined in Maine's Plan to End & Prevent Homelessness (Maine's Plan) and reflected in the MCOC Coordinated Entry System (CES), including the diversion aspect of the CES. Maine's Plan is the primary strategy used to address individuals & families at risk of becoming

homeless. MCOC CES puts this strategy into action in order to address individuals & families at risk of becoming homeless. The MCOC has designed its CES to address individuals & families at risk of becoming homeless, including an initial diversion aspect wherein people & families are identified as being at risk through a series of safety-planning and diversion questions. Once identified as being at risk the CES attempts to divert them from entering the homeless shelter system &/or prevent them from becoming homeless. This is done through identification of natural supports (when safe/appropriate), and/or referrals to appropriate services throughout the state including CDBG-funded outreach, ESG prevention/RRH, SSVF outreach/prevention/RRH, PATH outreach, local/state funded short/medium term rental assistance, municipal general assistance, community legal services, eviction prevention education/programs. The MCOC has comprehensive discharge plans which identify people at risk of being discharged to homelessness & the ways this can be prevented.

3)Maine’s Statewide Homeless Councils, the MCOC & MCOC Board are responsible for overseeing this strategy to reduce the number of individuals & families experiencing homelessness for the first time.

**\*3A-2. Length of Time Homeless as Reported in HDX.**

**Applicants must:**

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.	192
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**3A-2a. Strategy to Reduce Length of Time Homeless.**

**Applicants must:**

- 1. describe the CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;**
  - 2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
  - 3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.**
- (limit 2,000 characters)**

1)Average LOTH for persons in ES SH & TH was 192 nights in 2018, an increase of 12% vs 2017; however, average LOTH for ES & SH was 67, a decrease of 1 night. Most TH in MCOC is targeted to populations (Youth, DV, SPMI) that may struggle to quickly move to PH. The primary strategy implemented by MCOC to reduce the LOTH for inds/fams remains Maine’s Long Term Stayer (LTS) Initiative that prioritizes housing subsidies/services for CH/LTS. Other actions include RRH from shelters. MCOC CES uses LOTH as a means of assessment & prioritization for housing/services. Though this strategy’s intent is to, w/ vulnerability, prioritize people for housing/resources, it also helps reduce LOTH. The Veteran CES By-Name List effort also targets/prioritizes CH Vets w/ very long histories of homelessness, who when housed, help to reduce overall LOTH. MCOC is actively seeking to convert TH housing & rental subsidies to PH/PSH as TH skews overall LOTH. MCOC is working to increase the overall affordable housing stock as lack of housing &

low vacancies effects LOTH.  
 2)HMIS data is used to identify the longest LOTH. There is a list of the people throughout the state w/ the longest histories of homelessness (LTS), compiled by HMIS data, which is reviewed monthly. LTS By-Name-Lists are also used at local/regional levels to further identify/house CH/LTS. More strategies include: landlord outreach/engagement; Housing Navigator services; coordination of PATH w/ shelters & navigators; VI/SPDAT; Housing First; partner w/ MeDHHS for services/housing; partner w/ PHAs – all of which are included in the MCOC CES. MCOC’s CES uses LOTH as a means of assessment & prioritization for housing/services & is the primary strategy for identifying & housing individuals & persons in families with the longest LOTH.  
 3)Maine’s Statewide & Regional Homeless Councils, the MCOC, and MCOC Board are responsible for overseeing Maine’s strategy to reduce the LOT people remain homeless.

**\*3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.**

**Applicants must:**

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	42%
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	97%

**3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.**

**Applicants must:**

1. describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
2. provide the organization name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
3. describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
4. provide the organization name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

**(limit 2,000 characters)**

1)MCOC strategies to increase successful PH placement from ES, SH, TH, and RRH include: ESHAP program offers incentive funding for this performance measure; ESG funded shelters must have Housing Navigators on staff who



focus on engaging clients from crisis to stabilization in & retention of the most appropriate housing resource. Navigators work w/ clients to develop Housing Stability Plans emphasizing client choice. Other strategies include: getting PHAs to prioritize & establish set asides for homeless populations; working w/ LIHTC developers to target homeless populations; increasing the supply of dedicated PSH for homeless population; advocating for more permanent housing; partnering w/ PHAs for the Mainstream Voucher Program; advocating for more targeted rental subsidies.

2)Maine’s Statewide Homeless Council (SHC), MCOC & MCOC Board are responsible for overseeing the above strategy.

3)MCOC strategies to increase successful PH placement & retention include: Established Moving On Strategies with PHAs & affordable housing developers. ESHAP program offers Incentive funding for this performance measure; all ESG funded shelters must have Housing Navigators on staff who focus on engaging clients from crisis to stabilization in & retention of the most appropriate housing resource. Navigators work w/ clients to develop Housing Stability Plans emphasizing client choice. Navigators connect clients w/ Community Agencies/ACT/PATH for ongoing supports for stability in and retention of housing. Other strategies include: Maine’s Plan to End & Prevent Homelessness includes the goal of PH appropriate to individual or family needs w/ an adequate support network to ensure stability and retention in housing. MCOC, through relationship work and targeted outreach, is developing Moving On strategies, with local PHAs and housing developers, to ensure people exit from PH to PH destinations.

4)Maine’s SHC, MCOC, & MCOC Board are responsible for the above strategy.

**\*3A-4. Returns to Homelessness as Reported in HDX.**

**Applicants must:**

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	9%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	4%

**3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.**

**Applicants must:**

- 1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;**
- 2. describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and**
- 3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families return to homelessness. (limit 2,000 characters)**

1)MCOC has identified risk factors of returns to homelessness by tracking and analyzing data via data sharing, which improves tracking returns & reasons for returns across multiple shelters. Before, shelters would only identify returns in

their own system. Other strategies to identify returns: providers review HMIS data & identify returns and corresponding reasons for returns; MCOC CES statewide data sharing and longitudinal systems data analysis.

2)MCOC strategies for reducing returns: ESHAP program offers Incentive funding for this performance measure-all ESG funded shelters must have Housing Navigators on staff who focus on engaging clients from crisis to stabilization in & retention of the most appropriate housing resource. Navigators work w/ clients to develop Housing Stability Plans, which includes retention strategies. MCOC has identified that most returns are in the first 6 months, & as such shifted follow-up support, so that more follow-up/outreach services are delivered within the first 6 months of move-in, w/ services adjusting down over time, or as needed for better housing stability/retention. Other strategies include: Coordinated entry safety-planning & diversion aspects which includes identification of natural supports (when safe/appropriate) and promotes community integration to reduce returns to homelessness; non-ESHAP housing navigators; developing supportive landlord relationships; using private/local/state funds to assist w/back rent/utilities; referrals to appropriate services throughout the state including-CDBG-funded outreach, ESG/CDBG/SSVF prevention/RRH, PATH outreach, municipal general assistance, community legal services, eviction prevention education/programs, tenant rights & education programs, & rent smart programs.

3)Maine’s Statewide & Regional Homeless Councils, the MCOC, & MCOC Board are responsible for overseeing Maine’s strategy to reduce the rate at which people return to homelessness.

**\*3A-5. Cash Income Changes as Reported in HDX.**

**Applicants must:**

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	11%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	38%

**3A-5a. Increasing Employment Income.**

**Applicants must:**

1. describe the CoC's strategy to increase employment income;
  2. describe the CoC's strategy to increase access to employment;
  3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
  4. provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase jobs and income from employment.
- (limit 2,000 characters)**

1)MCOC deliberately works w/ the most vulnerable w/ the longest LOTH who are least likely be employed. One MCOC strategy to increase employment

income is developing trusting relationships/engagement & so eventually some are able to access employment. Other strategies: work w/ employment orgs to increase cash income; referrals to CareerCenters, DOL & Voc Rehab for job listings/trainings/job fairs; Resource Committee alerts for employment opportunities; Vocational Clubhouses help w/ training, job retention, transportation; Navigators help people w/ employment goals; work w/ Adult Ed & community college job training programs & hospital Employment Specialists to increase skill sets & attain higher paying jobs; advocacy to increase minimum wage; work w/ Hire A Vet initiative. Trainings/monitoring/TA helps projects w/ strategies.

2)MCOC strategies to increase access to employment include=relationships & connecting people w/ day labor orgs; job development w/ local retailers; work w/ CareerCenters, DOL & Voc Rehab to access job listings/employment fairs; work w/ hospital Employment Specialists to increase access to employment opportunities; work w/ Hire A Vet initiative, CAP agencies & local Workforce Development Boards (WDBs).

3)MCOC strategies for working w/ employment orgs to increase cash income are; work w/ CareerCenters/DOL/Voc Rehab for access to job listings/trainings/fairs/employment opportunities; MCOC Resource Committee alerts providers to employment opportunities/resources; Vocational Clubhouses help w/ training/job retention/transportation/transitional employment; navigators help people w/ employment goals; work w/ Adult Ed, Goodwill Industries & community college job training & hospitals' Employment Specialists for connections to employment opportunities; work w/ Hire A Vet initiative, CAP agencies & local WDBs.

4)Maine's Regional Homeless Councils, MCOC & MCOC Board oversee MCOC's strategy to increase jobs & income from employment.

### **3A-5b. Increasing Non-employment Cash Income.**

#### **Applicants must:**

- 1. describe the CoC's strategy to increase non-employment cash income;**
- 2. describe the CoC's strategy to increase access to non-employment cash sources;**
- 3. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase non-employment cash income.**

1)MCOC deliberately works w/ the most vulnerable w/ the longest LOTH who are the most distrusting due to Serious & Persistent Mental Illness & are less likely to agree to apply for benefits which include affirming a disability or SPMI diagnosis. One MCOC strategy to increase non-employment cash income is developing strong trusting relationships. W/ these relationships providers engage people & eventually they are willing/able to access non-employment cash income resources. Other strategies include: helping consumers access/retain/increase mainstream benefits: Municipal General Assistance, VA service-connected & non service-connected disability benefits, unemployment insurance, TANF, SSI/SSDI, Social Security Survivor's Benefits, worker's compensation, LIHEAP, etc. MCOC holds SOAR & other mainstream non-employment cash income trainings for providers statewide. Rent Smart trainings assists w/ increasing non-employment cash income. CoC program-funded projects are assisted to implement the strategies w/ frequent trainings/annual monitoring/TA. Legislative advocacy to create & increase access to non-employment cash income.

2)MCOOC strategies to increase access to non-employment cash sources include: helping consumers apply for/access/retain/increase mainstream benefits: Municipal General Assistance, VA service-connected & non service-connected disability benefits, unemployment insurance, TANF, SSI/SSDI, Social Security Survivor's Benefits, worker's compensation, LIHEAP, etc. MCOOC holds SOAR & other mainstream non-employment cash income trainings for providers statewide. Rent smart trainings assists w/ access to non-employment cash income. CAP agencies assist recipients of federal non-employment cash benefits meet requirements to increase/retain access. Legislative advocacy to create & increase access to non-employment cash income.

3)Maine Statewide/Regional Homeless Councils, MCOOC, & MCOOC Board are responsible for overseeing this strategy.

### **3A-5c. Increasing Employment. Attachment Required.**

**Applicants must describe how the CoC:**

**1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and**

**2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.**

**(limit 2,000 characters)**

1.MCOOC attended & promoted Maine's Hire A Vet Kick-Off & Hiring Fair a collaboration b/w Maine's DOL & Bureau of Veteran Services & community partners to offer Veteran job-seekers, including homeless/formerly homeless Vets opportunities to learn about available jobs/resources. MCOOC & its members partner w/ community orgs to promote local job fairs & conducts outreach to employers on a regular basis. MCOOC partners w/ Maine CareerCenters to promote job fairs. MCOOC & its members have great relationships w/ area day labor orgs, which is the largest employer for many project participants in the larger service-center areas in Maine & regularly opens the door for transitioning from day labor work to gainful employment. MCOOC & its member orgs work w/ area retailers/restaurants to establish additional connections to employment opportunities.

2.MCOOC & its members work w/ community Vocational Clubhouses & ACT Teams which provide connections to meaningful education & training including on-the-job training & employment opportunities, especially for residents of PSH, which furthers their recovery & well-being. MCOOC also works w/: employment orgs, CareerCenters, DOL, DOC & Voc Rehab, CAP Agencies, Maine DHHS, GA Workfare, & volunteer opportunities which create connections to meaningful education/training including on-the-job training & employment; Adult Ed & community colleges for education/training opportunities; & hospital Employment Specialists to facilitate access to meaningful employment opportunities that further the well-being of PSH residents. MCOOC & its member orgs also work w/ area retailers/restaurants for meaningful connections to employment opportunities for people living in PSH. The Portland Opportunity Crew program offers panhandlers including people living in PSH \$11/hr to cleanup public areas & links them w/ needed services, such as job training/support & other services

that further recovery efforts/well-being & has led to gainful employment opportunities.

**3A-5d. Promoting Employment, Volunteerism, and Community Service.**

**Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC’s geographic area:**

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	<input type="checkbox"/>
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	<input type="checkbox"/>
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	<input type="checkbox"/>
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	<input type="checkbox"/>
5. The CoC works with organizations to create volunteer opportunities for program participants.	<input type="checkbox"/>
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	<input type="checkbox"/>
7. Provider organizations within the CoC have incentives for employment.	<input type="checkbox"/>
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	<input type="checkbox"/>

**3A-6. System Performance Measures** 05/31/2019  
**Data–HDX Submission Date**

**Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)**

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

### Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### 3B-1. Prioritizing Households with Children.

**Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.**

1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
2. Number of previous homeless episodes	<input checked="" type="checkbox"/>
3. Unsheltered homelessness	<input checked="" type="checkbox"/>
4. Criminal History	<input checked="" type="checkbox"/>
5. Bad credit or rental history	<input checked="" type="checkbox"/>
6. Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

### 3B-1a. Rapid Rehousing of Families with Children.

**Applicants must:**

**1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;**

**2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once**

**assistance ends; and**  
**3. provide the organization name or position title responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of them becoming homeless. (limit 2,000 characters)**

1)MCOOC has written standards w/ aggressive strategies/benchmarks to improve capacity & rapidly rehouse every family w/ children w/in 30 days addressing both housing & service needs. Shelters assess families at entry & create housing plans for rapid exits to PH; tireless proactive outreach/engagement including w/ landlords & housing developers, w/ notification of vacancies for housing families as rapidly as possible; work w/ community legal services to eliminate housing barriers. Coordinated Entry ensures a streamlined path to housing from initial engagement through to housing referral & takes into account the specific housing/service needs of the person, w/ the goal of rapidly rehousing families w/ children w/in 30 days.

2)MCOOC has aggressive strategies to address both housing & services needs to ensure families successfully maintain housing once housing assistance ends: ESG funded shelters, including family shelters, must have Housing Navigators on staff who engage families from crisis to stabilization in/retention of the most appropriate housing & planning for when housing assistance ends. Navigators work w/ families to develop Housing Stability Plans which include long-term service/housing retention plans. Other strategies=long-term community support service referrals including health/wellness & income support; developing supportive landlord relationships; using private/local/state funds to assist w/back rent/utilities; referrals to appropriate services throughout the state including-CDBG-funded outreach, ESG/CDBG/SSVF prevention/RRH, PATH outreach, GA, community legal services, eviction prevention education/programs, tenant rights/education programs, rent smart programs, childcare, employment assistance/job training programs. This ensures families w/ children have stable housing w/ support even when housing assistance ends.

3)Maine’s Statewide/Regional Homeless Councils, the MCOOC & MCOOC Board are responsible for overseeing the strategies above.

**3B-1b. Antidiscrimination Policies.**

**Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or - Insured Housing.**

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	<input checked="" type="checkbox"/>
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	<input checked="" type="checkbox"/>
3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input checked="" type="checkbox"/>

4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.	<input checked="" type="checkbox"/>
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**3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.**

**Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:**

1. Unsheltered homelessness	Yes
2. Human trafficking and other forms of exploitation	Yes
3. LGBT youth homelessness	Yes
4. Exits from foster care into homelessness	Yes
5. Family reunification and community engagement	Yes
6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

**3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.**

**Applicants must check all that apply that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.**

1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
2. Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
3. Unsheltered Homelessness	<input checked="" type="checkbox"/>
4. Criminal History	<input checked="" type="checkbox"/>
5. Bad Credit or Rental History	<input checked="" type="checkbox"/>

**3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.**

**Applicants must describe how the CoC increased availability of housing and services for:**

- 1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and**
  - 2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.**
- (limit 3,000 characters)**



1)MCOOC strategies to increase availability of housing/services for homeless youth by creating new youth-focused projects or modifying current projects to be more youth-inclusive include: specifically applying for new funding & more effectively using existing resources. Successful apps for homeless youth grants include: LGBTQ Homeless Youth Transition Services Demo Project-RRH & transition-in-place (TIP) housing; new CoC-funded RRH targeting youth. Other strategies: navigator/PATH services for youth housing/retention, outreach to unsheltered youth; implementing strategies of the Youth Homeless Demonstration Program (YHDP) to find ways to better utilize existing resources & Maine was just awarded a rural YHDP grant. Strategies demonstrate using existing resources more effectively b/c more youth are engaged in services/housing, better youth shelter capacity, better youth outreach/engagement, better youth outcomes, better youth-specific program outcomes.

2)MCOOC strategies to increase availability of housing/services for youth experiencing unsheltered homelessness by creating new youth-focused projects or modifying current projects to be more youth-inclusive include: specifically applying for new funding & more effectively using existing resources specifically designed for unsheltered homeless youth. Successful apps for homeless youth grants including: LGBTQ Homeless Youth Transition Services Demo Project-RRH & TIP housing; new CoC-funded RRH targeting youth, including unsheltered youth. Other strategies: navigator/PATH services for youth housing/retention, outreach to unsheltered youth, implementing strategies of the YHDP to find ways to better utilize existing resources & Maine was just awarded a rural YHDP grant. Strategies demonstrate using existing resources more effectively b/c more youth are engaged in services/housing, more unsheltered youth seeking shelter, better unsheltered youth outreach/engagement, better youth outcomes, better youth-specific program outcomes.

### **3B-1d.1. Youth Experiencing Homelessness–Measuring Effectiveness of Housing and Services Strategies.**

#### **Applicants must:**

- 1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. to increase the availability of housing and services for youth experiencing homelessness;**
- 2. describe the measure(s) the CoC uses to calculate the effectiveness of both strategies in question 3B-1d.; and**
- 3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (limit 3,000 characters)**

1)Evidence the MCOOC uses to measure both strategies in question 3B-1d to increase the availability of housing and services for youth experiencing homelessness: HMIS data, RHYA-funded program-specific data, the Youth Action Board & MCOOC Youth Committee research and data.

2) MCOOC uses the following measures for effectiveness: Successful Transitions to Adulthood Research study evaluates strategies w/ success measures; PIT & specialized youth counts - tracks # of youth homeless & progress vs. prev. year; HIC - increase in housing/services for homeless youth vs. prev. year; System performance measures - Analyze youth data to gauge progress in ending youth homelessness. Coordinated Entry System(CES)-tracks youth accessing the

system, to what housing and service resources they are referred, & referral outcomes. MCOC is implementing a youth-specific CES which will ensure access to appropriate services and housing & assess via the TAY-VISPDAT. Through this MCOC will measure the efficacy of the entire continuum of services for youth. Gaps & Needs analysis-MCOC has previously conducted a Gaps & Needs analysis which highlights youth-specific housing and services as an identified gap. MCOC is currently in the process of conducting a Gaps & Needs analysis, the data from which will be used to measure the efficacy of current youth-specific services and programs, as well as document the need for an increased supply of both.

3)MCOC believes the measures are an appropriate way to determine the efficacy of the MCOC's strategies b/c they are data-driven, youth-specific, & system-wide measures. MCOC analyzes and measures the entire system – both youth-specific programs and non-youth specific programs – to measure their efficacy in addressing youth homelessness.

### **3B-1e. Collaboration–Education Services.**

#### **Applicants must describe:**

- 1. the formal partnerships with:**
  - a. youth education providers;**
  - b. McKinney-Vento LEA or SEA; and**
  - c. school districts; and**

- 2. how the CoC collaborates with:**
  - a. youth education providers;**
  - b. McKinney-Vento Local LEA or SEA; and**
  - c. school districts.**

**(limit 2,000 characters)**

1)Formal partnerships w/ a)youth education providers, b)McKinney-Vento LEA or SEA & c)school districts: MCOC has formal partnerships/agreements w/ youth providers, head starts, child development, healthy start, & childcare programs. MCOC has informal agreements & historical partnerships w/ the state's SEA and LEAs, DOE & various school districts. The Statewide McKinney-Vento Ed Lead is an active member of the MCOC Youth Committee. 2)MCOC collaborates w/ a)youth education providers by: MCOC collaborates w/ agencies across the state who provide early childhood education, head start, early head start, child care & child development programs, healthy start programs, and public schools including early/pre-K. b) MCOC collaborates w/ McKinney-Vento SEA & LEAs by: requiring CoC/ESG providers inform families w/children & unaccompanied youth of their McKinney-Vento Educational Assurances Act rights w/forms/flyers. MH requires ESG programs have staff to work w/LEA liaisons. Providers working w/homeless youth meet about practices & policy, sharing info w/McKinney-Vento liaisons. MCOC/ESG sub-recipients work w/ LEAs on enrollment, transportation, ESL, support plans, immunizations, records, testing, etc. HMIS asks if kids are connected to LEAs. The Statewide McKinney-Vento Ed. Lead is an active member of the MCOC Youth Committee. c)MCOC collaborates w/ local school districts by: collaborating w/ local school districts to ensure they work closely w/ family/youth programs. Shelters consult w/school district liaisons to ensure kids in shelter stay enrolled locally & to arrange any testing/educational/homeless/on-site services needed to stay in

school. School liaisons/social workers refer to CoC providers/partners if students appear homeless/at risk. All DV shelters have policies on youth/child educational needs. Maine DOE Truancy, Dropouts, Homeless, & Alternative Education Coordinator attends Statewide Homeless Council & MCOC.

**3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.**

**Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services. (limit 2,000 characters)**

The MCOC has adopted policies & procedures to inform individuals & families who become homeless of their eligibility for education services, including an established universal, standardized form which includes information on the SEA, LEAs, school districts, available education services, how to access those services & eligibility requirements for those services. It is required that agencies which provide services/shelter to households w/ school-aged children have designated staff which ensure connections to education services including enrollment in school. These agencies also ensure these connections remain intact & maintain close relationships w/ the school systems/districts in which they're located. Included in MCOC/ESG policies/procedures – ESG & CoC recipients work closely w/ local school districts to ensure households w/ children have information about eligibility for education services. Shelters/providers consult w/school district liaisons to ensure kids in shelter stay enrolled locally & to arrange any testing/educational/homeless/on-site services needed to stay in school. MCOC ensures that providers of services & housing to unaccompanied youth experiencing homelessness ensure connections to education/schools remain intact & have established close relationships with the school systems/districts in which they're located. MCOC also ensures that youth providers also ensure connection to continuing education services through area Adult Education programs. MCOC, its members, & ESG/CoC recipients ensure connections to & partnerships w/ SEA, LEAs, & local area school districts/systems. The MCOC monitors CoC-funded projects & ESG recipients for adherence/compliance to all of the above strategies/policies.

**3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.**

**Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.**

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	No
Head Start	Yes	No
Early Head Start	Yes	No
Child Care and Development Fund	Yes	No
Federal Home Visiting Program	Yes	No

Healthy Start	Yes	No
Public Pre-K	Yes	No
Birth to 3 years	Yes	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

**3B-2. Active List of Veterans Experiencing Homelessness.**

**Applicant must indicate whether the CoC uses an active list or by-name list to identify all veterans experiencing homelessness in the CoC.** Yes

**3B-2a. VA Coordination–Ending Veterans Homelessness.**

**Applicants must indicate whether the CoC is actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness.** Yes

**3B-2b. Housing First for Veterans.**

**Applicants must indicate whether the CoC has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach.** No

**3B-3. Racial Disparity Assessment. Attachment Required.**

**Applicants must:**  
 1. select all that apply to indicate the findings from the CoC’s Racial Disparity Assessment; or  
 2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.	<input checked="" type="checkbox"/>
2. People of different races or ethnicities are less likely to receive homeless assistance.	<input type="checkbox"/>
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

7. The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>
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**3B-3a. Addressing Racial Disparities.**

**Applicants must select all that apply to indicate the CoC’s strategy to address any racial disparities identified in its Racial Disparities Assessment:**

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	<input type="checkbox"/>
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	<input checked="" type="checkbox"/>
3. The CoC has identified strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
4. The CoC has implemented strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
5. The CoC has identified resources available to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
6: The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

## 4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

**Instructions:**

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**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### 4A-1. Healthcare—Enrollment/Effective Utilization

**Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

#### 4A-1a. Mainstream Benefits.

**Applicants must:**

- 1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;**
- 2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;**
- 3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in**

**health insurance;**  
**4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and**  
**5. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits.**  
**(limit 2,000 characters)**

- 1)MCOOC systematically keeps program staff up-to-date on mainstream resources available for program participants by: regularly disseminating information to the MCOOC membership; holding regular mainstream resource, SOAR, GA, rental assistance/subsidy & other trainings for mainstream resources including but not limited to SNAP, TANF, SSI/DI, Medicaid, Medicare, VA benefits. MCOOC works w/ programs directly to ensure collaboration & consumer access to programs/benefits. State/local mainstream programs regularly attend MCOOC meetings & provide updates in person.
- 2)MCOOC disseminates the availability of mainstream resources & other assistance information to projects by posting all trainings/related mainstream resource info on its website on a regular basis, at least monthly. MCoC systematically informs programs/staff on mainstream resources available through frequent trainings & TA which are publicly posted & circulated via email lists, & through its monthly Policy & Resource Committee updates.
- 3)MCOOC works w/ projects to collaborate w/ healthcare orgs to assist program participants w/ health insurance by: holding trainings; working w/ community orgs that assist program participants to apply for health insurance including Medicaid & VA Medical Services. MCoC monitors & provides TA to projects on their ability to connect participants to health insurance.
- 4)MCOOC provides assistance w/ access to & the effective utilization of Medicaid & other benefits by: holding trainings; working w/ community orgs that assist program participants to apply for Medicaid & other benefits. MCoC monitors & scores projects based on their ability to connect participants to health insurance, including Medicaid & other benefits. ME DHHS which oversees Medicaid is a long-standing MCOOC member. MCOOC has been a key advocate in Maine’s expanding Medicaid.
- 5)MCOOC Resource Committee is primarily responsible for overseeing MCOOC’s strategy for mainstream benefits.

**4A-2. Lowering Barriers to Entry Data:**

**Applicants must report:**

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	26
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	25
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	96%

**4A-3. Street Outreach.**

**Applicants must:**

1. describe the CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2. state whether the CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3. describe how often the CoC conducts street outreach; and
4. describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

1)MCoC tirelessly outreaches unsheltered w/ a network of providers covering all of Maine available 24/7/365, who are access points in Maine’s Coordinated Entry System (CES). Shelters conduct outreach in their communities. PATH outreaches to those living w/ SPMI who are homeless/least likely to seek assistance w/o outreach. Maine has a Medicaid IAP TA grant to establish a coordinated/statewide system to ensure people experiencing unsheltered homelessness are identified/engaged. PATH engages eligible persons & establishes trust to assist w/: links to housing/vouchers; Mainstream Resources; case management/services. Youth providers are contracted by ME DHHS for outreach. MCoC coordinated development of Regional outreach & by-name lists to meet the needs of unsheltered people statewide. These efforts identify those least likely to engage/request assistance. SSVF programs conduct continuous street/community outreach to ensure identification of homeless Vets. In 2018-2019 NOFA year this was 1,000+ hours of outreach.

2)MCoC street outreach covers 100% of the CoC’s geographic area.

3)MCoC street outreach is available 24/7/365. MCoC conducts street outreach at least daily.

4)MCoC tailored its outreach to those least likely to request assistance by: MCoC coordinated development of regional outreach & by-name lists to meet the needs of those who are unsheltered statewide. MCoC uses PATH as its primary outreach & its program design ensures that the least likely to seek assistance are outreached. PATH is a key access point in Maine’s CES to ensure MCoC aggressively & systematically outreaches those least likely to request assistance. All of these efforts are tailored to those least likely to engage/request assistance, are targeted to meet the needs of each individual & address service gaps, including for specific subpopulations that are reluctant to seek assistance such as LGBTQ, persons fleeing DV, unsheltered youth & those suffering w/ a severe & persistent MI/SUD.

**4A-4. RRH Beds as Reported in HIC.**

**Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.**

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	298	331	33

**4A-5. Rehabilitation/Construction Costs–New No Projects.**



**Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting \$200,000 or more in funding for housing rehabilitation or new construction.**

**4A-6. Projects Serving Homeless under Other Federal Statutes.** No

**Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.**

## 4B. Attachments

**Instructions:**

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:  
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
_ FY 2019 CoC Competition Report (HDX Report)	Yes	FY2019 CoC Compet...	09/17/2019
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners’ Preference.	No	Moving On Multifa...	09/23/2019
1C-4. PHA Administrative Plan Homeless Preference.	No	PHA Administrativ...	09/17/2019
1C-7. Centralized or Coordinated Assessment System.	Yes	CE Assessment Too...	09/17/2019
1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.	Yes	Projects Accepted...	09/18/2019
1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.	Yes	Projects Rejected...	09/18/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	Local Competition...	09/18/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	Local Competition...	09/18/2019
1E-4.Public Posting–CoC-Approved Consolidated Application	Yes	Consolidated Appl...	09/24/2019
3A. Written Agreement with Local Education or Training Organization.	No	Local Education-T...	09/23/2019
3A. Written Agreement with State or Local Workforce Development Board.	No	Local Workforce D...	09/18/2019
3B-3. Summary of Racial Disparity Assessment.	Yes	Racial Disparity ...	09/07/2019
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No	Early Childhood S...	09/18/2019
Other	No	Posting of Scorin...	09/19/2019

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Other	No		
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## **Attachment Details**

**Document Description:** FY2019 CoC Competition Report ME-500 HDX

## **Attachment Details**

**Document Description:** Moving On Multifamily Preference - PHAs and Developer

## **Attachment Details**

**Document Description:** PHA Administrative Plans Homeless Preference ME-500

## **Attachment Details**

**Document Description:** CE Assessment Tools - combined

## **Attachment Details**

**Document Description:** Projects Accepted Notification - ME-500 2019

## **Attachment Details**

**Document Description:** Projects Rejected Notification ME-500 2019

## **Attachment Details**

**Document Description:** Local Competition Deadline posting ME-500 2019

## **Attachment Details**

**Document Description:** Local Competition Public Announcement ME-500 2019

## **Attachment Details**

**Document Description:** Consolidated Application and Priority Listing Public Posting ME-500 2019

## **Attachment Details**

**Document Description:** Local Education-Training Organization Agreement

## **Attachment Details**

**Document Description:** Local Workforce Development MOU

## **Attachment Details**

**Document Description:** Racial Disparity Assessment Summary ME-500  
2019

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Early Childhood Services MOU ME-500

## **Attachment Details**

**Document Description:** Posting of Scoring Tools and Ranking Protocols  
ME-500 2019

## **Attachment Details**

**Document Description:**

## Submission Summary

**Ensure that the Project Priority List is complete prior to submitting.**

Page	Last Updated
<b>1A. Identification</b>	09/15/2019
<b>1B. Engagement</b>	09/24/2019
<b>1C. Coordination</b>	09/24/2019
<b>1D. Discharge Planning</b>	No Input Required
<b>1E. Local CoC Competition</b>	09/15/2019
<b>1F. DV Bonus</b>	09/24/2019
<b>2A. HMIS Implementation</b>	09/20/2019
<b>2B. PIT Count</b>	09/24/2019
<b>3A. System Performance</b>	09/24/2019
<b>3B. Performance and Strategic Planning</b>	09/24/2019
<b>4A. Mainstream Benefits and Additional Policies</b>	09/23/2019
<b>4B. Attachments</b>	09/24/2019

FY2019 CoC Application	Page 63	09/24/2019
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**Submission Summary**

No Input Required



## 2019 HDX Competition Report

### PIT Count Data for ME-500 - Maine Statewide CoC

#### Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count	1482	2280	2516	2106
Emergency Shelter Total	628	993	1,012	1105
Safe Haven Total	0	15	15	15
Transitional Housing Total	787	1,092	1,391	891
Total Sheltered Count	1415	2100	2418	2011
Total Unsheltered Count	67	180	98	95

#### Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	87	201	215	226
Sheltered Count of Chronically Homeless Persons	67	201	214	193
Unsheltered Count of Chronically Homeless Persons	20	0	1	33

## 2019 HDX Competition Report

### PIT Count Data for ME-500 - Maine Statewide CoC

#### Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	228	307	341	283
Sheltered Count of Homeless Households with Children	223	286	339	282
Unsheltered Count of Homeless Households with Children	5	21	2	1

#### Homeless Veteran PIT Counts

	2011	2016	2017	2018	2019
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	69	104	131	119	116
Sheltered Count of Homeless Veterans	63	90	120	106	108
Unsheltered Count of Homeless Veterans	6	14	11	13	8

2019 HDX Competition Report  
HIC Data for ME-500 - Maine Statewide CoC

**HMIS Bed Coverage Rate**

Project Type	Total Beds in 2019 HIC	Total Beds in 2019 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	1222	164	911	86.11%
Safe Haven (SH) Beds	15	0	15	100.00%
Transitional Housing (TH) Beds	1017	138	847	96.36%
Rapid Re-Housing (RRH) Beds	331	0	331	100.00%
Permanent Supportive Housing (PSH) Beds	2532	8	2503	99.17%
Other Permanent Housing (OPH) Beds	115	76	39	100.00%
Total Beds	5,232	386	4646	95.87%

2019 HDX Competition Report  
HIC Data for ME-500 - Maine Statewide CoC

**PSH Beds Dedicated to Persons Experiencing Chronic Homelessness**

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC	2019 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	298	328	279	272

**Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children**

Households with Children	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH units available to serve families on the HIC	33	102	68	81

**Rapid Rehousing Beds Dedicated to All Persons**

All Household Types	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH beds available to serve all populations on the HIC	79	369	298	331

# 2019 HDX Competition Report

## FY2018 - Performance Measurement Module (Sys PM)

### Summary Report for ME-500 - Maine Statewide CoC

#### Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

**Metric 1.1:** Change in the average and median length of time persons are homeless in ES and SH projects.  
**Metric 1.2:** Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES and SH	5524	5568	68	67	-1	38	40	2
1.2 Persons in ES, SH, and TH	6794	6854	171	192	21	60	64	4

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2019 HDX Competition Report  
**FY2018 - Performance Measurement Module (Sys PM)**

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	5650	5382	265	317	52	92	102	10
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	7017	6655	363	418	55	138	155	17

# 2019 HDX Competition Report

## FY2018 - Performance Measurement Module (Sys PM)

### Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns
Exit was from SO	176	8	5%	10	6%	9	5%	27	15%
Exit was from ES	1901	225	12%	94	5%	99	5%	418	22%
Exit was from TH	506	21	4%	14	3%	21	4%	56	11%
Exit was from SH	1	1	100%	0	0%	0	0%	1	100%
Exit was from PH	634	26	4%	20	3%	25	4%	71	11%
TOTAL Returns to Homelessness	3218	281	9%	138	4%	154	5%	573	18%

### Measure 3: Number of Homeless Persons

#### Metric 3.1 – Change in PIT Counts

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2017 PIT Count	January 2018 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2280	2516	236
Emergency Shelter Total	993	1012	19
Safe Haven Total	15	15	0
Transitional Housing Total	1092	1391	299
Total Sheltered Count	2100	2418	318
Unsheltered Count	180	98	-82

### Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2017	FY 2018	Difference
Universe: Unduplicated Total sheltered homeless persons	7053	7143	90
Emergency Shelter Total	5671	5707	36
Safe Haven Total	21	18	-3
Transitional Housing Total	1789	1716	-73



# 2019 HDX Competition Report

## FY2018 - Performance Measurement Module (Sys PM)

### Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	1011	740	-271
Number of adults with increased earned income	92	45	-47
Percentage of adults who increased earned income	9%	6%	-3%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	1011	740	-271
Number of adults with increased non-employment cash income	402	267	-135
Percentage of adults who increased non-employment cash income	40%	36%	-4%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	1011	740	-271
Number of adults with increased total income	459	297	-162
Percentage of adults who increased total income	45%	40%	-5%

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

#### Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	353	288	-65
Number of adults who exited with increased earned income	38	32	-6
Percentage of adults who increased earned income	11%	11%	0%

#### Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	353	288	-65
Number of adults who exited with increased non-employment cash income	119	109	-10
Percentage of adults who increased non-employment cash income	34%	38%	4%

#### Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	353	288	-65
Number of adults who exited with increased total income	149	134	-15
Percentage of adults who increased total income	42%	47%	5%

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

#### Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	5954	5604	-350
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1835	1791	-44
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	4119	3813	-306

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	6487	6404	-83
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2037	2058	21
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	4450	4346	-104

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

#### Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2018 (Oct 1, 2017 - Sept 30, 2018) reporting period.

#### Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2017	FY 2018	Difference
Universe: Persons who exit Street Outreach	449	688	239
Of persons above, those who exited to temporary & some institutional destinations	112	164	52
Of the persons above, those who exited to permanent housing destinations	193	266	73
% Successful exits	68%	63%	-5%

Metric 7b.1 – Change in exits to permanent housing destinations

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	5135	4958	-177
Of the persons above, those who exited to permanent housing destinations	2082	2076	-6
% Successful exits	41%	42%	1%

#### Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in all PH projects except PH-RRH	2576	2437	-139
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	2430	2358	-72
% Successful exits/retention	94%	97%	3%

## 2019 HDX Competition Report FY2018 - SysPM Data Quality

### ME-500 - Maine Statewide CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports in order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

# 2019 HDX Competition Report

## FY2018 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018
1. Number of non-DV Beds on HIC	1046	1098	1046	1086	1167	1011	1059	1342	2729	2676	2474	2373	173	79	369	298				
2. Number of HMIS Beds	931	931	896	939	1105	949	1011	1304	2657	2589	2441	2359	173	79	369	298				
3. HMIS Participation Rate from HIC ( % )	89.01	84.79	85.66	86.46	94.69	93.87	95.47	97.17	97.36	96.75	98.67	99.41	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	6529	5675	5619	5688	1799	1627	1686	1673	3030	2898	2565	3065	530	663	905	1024	182	154	114	729
5. Total Leavers (HMIS)	5659	4881	4801	4862	715	822	488	752	573	594	478	500	299	387	532	554	113	91	63	507
6. Destination of Don't Know, Refused, or Missing (HMIS)	401	639	553	460	70	55	46	54	20	10	23	23	52	90	25	24	22	9	13	105
7. Destination Error Rate (%)	7.09	13.09	11.52	9.46	9.79	6.69	9.43	7.18	3.49	1.68	4.81	4.60	17.39	23.26	4.70	4.33	19.47	9.89	20.63	20.71

# 2019 HDX Competition Report

## Submission and Count Dates for ME-500 - Maine Statewide CoC

### Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2019 PIT Count	1/22/2019	

### Report Submission Date in HDX

	Submitted On	Met Deadline
2019 PIT Count Submittal Date	4/26/2019	Yes
2019 HIC Count Submittal Date	4/26/2019	Yes
2018 System PM Submittal Date	5/31/2019	Yes



**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
MAINE STATE HOUSING AUTHORITY AND  
MAINE CONTINUUM OF CARE**

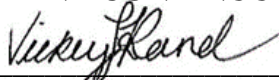
Affordability is a primary issue preventing current permanent supportive housing (PSH) tenants living in MCOC-funded projects who are no longer in need of or desire of intensive services from moving on. Many tenants in PSH are on fixed incomes (often SSI/SSD) or employed in jobs that are intermittent and pay low wages. Given the extremely low-income nature of PSH tenants, Move On programs often include partnerships regarding rental assistance and/or units with affordable rents such as Section 8 vouchers and public housing units.

The purpose of this Memorandum of Understanding (MOU) is to describe and formalize the existing collaborative relationship between the Maine State Housing Authority (MaineHousing) and the Maine Continuum of Care (MCOC).

This MOU is evidence of the current participation and continuing commitment in working jointly to implement Move On Strategies. MaineHousing has awarded Project-Based Section 8, through previous RFP processes, to numerous properties in its jurisdiction, including MCOC-funded PSH properties. MaineHousing allows current Project-Based Section 8 holders, including people living in MCOC-funded PSH projects and non MCOC-funded PSH projects, to port their Project-Based voucher to a Tenant-Based voucher upon move-out, if they have been under lease in the PBV unit for one year or more, pending Tenant-Based voucher availability at the discretion of MaineHousing. This creates the opportunity for people living in MCOC-funded PSH who no longer desire intensive supportive services to Move On to housing with a mechanism to make the rent affordable.

This MOU represents the entire MOU and understanding of the parties. This MOU may be amended in as long as there is agreement in writing by both parties.

**MAINE CONTINUUM OF CARE**

  
\_\_\_\_\_  
Signature

**Name: Vickey Rand**

**Title: MCOC Tri-Chair**

**Date: 9/6/19**

**MAINE STATE HOUSING AUTHORITY**

  
\_\_\_\_\_  
Signature

**Name: Allison Gallagher**

**Title: Director of Housing Choice Vouchers**

**Date: 9/6/19**

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
PORTLAND HOUSING AUTHORITY AND  
MAINE CONTINUUM OF CARE**

Affordability is a primary issue preventing current permanent supportive housing (PSH) tenants living in MCOC-funded projects who are no longer in need of or desire of intensive services from moving on. Many tenants in PSH are on fixed incomes (often SSI/SSD) or employed in jobs that are intermittent and pay low wages. Given the extremely low-income nature of PSH tenants, Move On programs often include partnerships regarding rental assistance and/or units with affordable rents such as Section 8 vouchers and public housing units.

The purpose of this Memorandum of Understanding (MOU) is to describe and formalize the existing collaborative relationship between the Portland Housing Authority (PHA) and the Maine Continuum of Care (MCOC).

This MOU is evidence of the current participation and continuing commitment in working jointly to implement Move On Strategies. PHA has awarded Project-Based Section 8, through previous RFP processes, to numerous properties in its jurisdiction, including MCOC-funded PSH properties. PHA allows current Project-Based Section 8 holders, including people living in MCOC-funded PSH (i.e. Huston Commons and Logan Place), and non MCOC-funded PSH (i.e. Florence House), to port their Project-Based voucher to a Tenant-Based voucher upon move-out, if they have been under lease in the PBV unit for one year or more, pending Tenant-Based voucher availability at the discretion of PHA. This creates opportunity for people living in MCOC-funded PSH who no longer desire intensive supportive services to Move On to housing with a mechanism to make the rent affordable.

This Agreement represents the entire Agreement and understanding of the parties. This agreement may be amended in as long as there is agreement by both parties.

**MAINE CONTINUUM OF CARE**

Vickey Rand  
Signature

Name: Vickey Rand

Title: MCOC Tri-Chair

Date: 8/27/19

**PORTLAND HOUSING AUTHORITY**

Mark B. Adelson  
Signature

Name: Mark B. Adelson

Title: Executive Director

Date: 8/27/19

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
COMMUNITY HOUSING OF MAINE AND  
MAINE CONTINUUM OF CARE**

Affordability is a primary issue preventing current permanent supportive housing (PSH) tenants living in MCOC-funded projects who are no longer in need of or desire of intensive services from moving on. Many tenants in PSH are on fixed incomes (often SSI/SSD) or employed in jobs that are intermittent and pay low wages. Given the extremely low-income nature of PSH tenants, Move On programs often include partnerships regarding rental assistance and/or units with affordable rents such as Section 8 vouchers and public housing units.

The purpose of this Memorandum of Understanding (MOU) is to describe and formalize the existing collaborative relationship between Community Housing of Maine (CHOM) and the Maine Continuum of Care (MCOC).

This MOU is evidence of the current participation and continuing commitment in working jointly to implement Move On Strategies. CHOM and the MCOC work collaboratively to implement Move On strategies, and CHOM is welcoming of people exiting MCOC-funded (i.e. Huston Commons and Logan Place), and non MCOC-funded PSH and non MCOC-funded PSH (i.e. Florence House) as an MCOC Move On strategy. CHOM, being an affordable housing developer, and the largest provider of supportive housing for people experiencing homelessness in Maine, welcomes and encourages people who have experienced homelessness, currently residing in MCOC-funded and non MCOC-funded PSH into its affordable housing portfolio. This creates opportunity for people living in MCOC-funded PSH who no longer desire intensive supportive services to Move On to housing with affordable rents.

This Agreement represents the entire Agreement and understanding of the parties. This agreement may be amended in as long as there is agreement by both parties.

**MAINE CONTINUUM OF CARE**

Vickey Rand  
Signature

**Name:** Vickey Rand

**Title:** MCOC Tri-Chair

**Date:** 8/28/19

**COMMUNITY HOUSING OF MAINE**

Kyra Walker  
Signature

**Name:** Kyra Walker

**Title:** Chief Operating Officer

**Date:** 8/28/19



September 20, 2019

To Whom It May Concern,

Avesta Housing is a nonprofit affordable housing provider with 45+ years of experience as a leader in affordable housing development and property management in southern Maine and New Hampshire. Our mission is to improve lives and strengthen communities by promoting and providing quality affordable homes for people in need.

This mission aligns us closely with the work of the Maine Continuum of Care (MCoC). We have an over a decade-long established relationship with the MCoC and support the MCoC's Move On Strategies. As such, we welcome tenants exiting CoC-funded housing programs to apply for housing in Avesta-managed properties. Additionally, we work closely with members of the CoC to maximize supportive resources available to Avesta tenants in order promote housing stability.

Sincerely,

Dana Totman  
President & Chief Executive Officer  
Avesta Housing

# 2019 MAINE ME-500 PHA HOMELESS PREFERENCE INFORMATION

## Maine State Housing Authority

### 4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

#### **Local Preferences [24 CFR 982.207; HCV p. 4-16]**

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

#### **MaineHousing Policy**

It is MaineHousing policy that a priority and/or preference, as well as date and time of the application, establish placement position on a waiting list. Families who have also applied for Project Based Vouchers will be selected according to Chapter 17.

#### **Priority and Local Preference Admissions**

##### 1. Priority

a. MaineHousing will offer a priority to any family that has been terminated from the HCV program due to insufficient program funding.

##### b. Homeless Priority

MaineHousing will set aside 60% of available funding for undedicated vouchers for any applicant family that:

- 1) Is homeless, and
- 2) Is referred by a provider receiving Stabilization Share funds under the MaineHousing Emergency Shelter and Housing Assistance Program and receiving additional case management follow-up from the provider's navigator under the Home to Stay Program; or
- 3) is referred by a Bridging Rental Assistance Program caseworker, or homeless shelter or domestic violence provider that is not receiving Stabilization Share funds under the MaineHousing Emergency Shelter and Housing Assistance Program and meets MaineHousing's jurisdictional preference. MaineHousing maintains a list of approved providers.

Jamie Johnson

HCV Administrative Manager

MaineHousing

[jjohnson@mainehousing.org](mailto:jjohnson@mainehousing.org)

## Portland Housing Authority

### Homeless Preference

An applicant qualifies for this preference if they are homeless at the time of final eligibility determination. In order to qualify for this preference, an applicant must be referred by a partnering homeless service organization within PHA's area of operation. A partnering homeless service organization could be, but is not limited to, Oxford St. Shelter, Preble Street shelters, and the City of Portland Family Shelter on Chestnut Street. The homeless service organization must provide documentation to prove that the applicant qualifies for this preference and will continue to provide supportive services once the applicant is housed.

PHA has a goal of housing 75 current residents that received the homeless preference at admission. PHA will do an evaluation every three months to determine the number of current residents that received this preference at admission. Once the number reaches 75 or more, PHA will stop calling in applicants off the wait list because of the homeless preference. However, if the applicant's other preferences would result in them being called off the wait list, PHA will still call them in despite the applicant having the homeless preference.

Janice R. Bosse, Director of Housing Services – Sec8  
Portland Housing Authority  
14 Baxter Boulevard  
Portland, ME 04101

(p) 207-773-4753 ext. 8246  
(f) 207-774-6471  
[jbosse@porthouse.org](mailto:jbosse@porthouse.org)



## Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ___/___/____	<b>Survey Time</b> ___:___	<b>Survey Location</b> _____

## Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

## Basic Information

<b>PARENT 1</b>	<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
	<b>In what language do you feel best able to express yourself?</b> _____		
	<b>Date of Birth</b> DD/MM/YYYY ___/___/____	<b>Age</b> _____	<b>Social Security Number</b> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PARENT 2</b>	<input type="checkbox"/> No second parent currently part of the household		
	<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
	<b>In what language do you feel best able to express yourself?</b> _____		
	<b>Date of Birth</b> DD/MM/YYYY ___/___/____	<b>Age</b> _____	<b>Social Security Number</b> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.</b>			<b>SCORE:</b> <div style="border: 1px solid white; width: 40px; height: 20px; margin: 0 auto;"></div>

## Children

- How many children under the age of 18 are currently with you? \_\_\_\_\_  Refused
- How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? \_\_\_\_\_  Refused
- IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant?  Y  N  Refused
- Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. **SCORE:**

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

## A. History of Housing and Homelessness

- Where do you and your family sleep most frequently? (check one)
  - Shelters
  - Transitional Housing
  - Safe Haven
  - Outdoors**
  - Other (specify):** \_\_\_\_\_
  - Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**

- How long has it been since you and your family lived in permanent stable housing? \_\_\_\_\_  Refused
- In the last three years, how many times have you and your family been homeless? \_\_\_\_\_  Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**



## B. Risks

8. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room?   Refused
- b) Taken an ambulance to the hospital?   Refused
- c) Been hospitalized as an inpatient?   Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?   Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along?   Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?   Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**

**SCORE:**

- 9. Have you or anyone in your family been attacked or beaten up since they've become homeless?  **Y**  N  Refused
- 10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year?  **Y**  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**

**SCORE:**

- 11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?  **Y**  N  Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.**

**SCORE:**

- 12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?  **Y**  N  Refused
- 13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?  **Y**  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**

**SCORE:**

## C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?  **Y**  **N**  Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  **Y**  **N**  Refused

**IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.** **SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?  **Y**  **N**  Refused

**IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.** **SCORE:**

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  **Y**  **N**  Refused

**IF "NO," THEN SCORE 1 FOR SELF-CARE.** **SCORE:**

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?  **Y**  **N**  Refused

**IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.** **SCORE:**

## D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?  **Y**  **N**  Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  **Y**  **N**  Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?  **Y**  **N**  Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?  **Y**  **N**  Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?  **Y**  **N**  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.** **SCORE:**

## VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?  Y  N  Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern?  Y  N  Refused

b) A past head injury?  Y  N  Refused

c) A learning disability, developmental disability, or other impairment?  Y  N  Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use?  Y  N  N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?  Y  N  Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?  Y  N  Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

## E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days?  **Y**  N  Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.**

**SCORE:**

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?  **Y**  N  Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days?  **Y**  N  Refused

36. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week?  Y  **N**  N/A or Refused

**IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.**

**SCORE:**

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?  **Y**  N  Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.**

**SCORE:**

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?  Y  **N**  Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older?  **Y**  N  Refused

b) 2 or more hours per day for children aged 12 or younger?  **Y**  N  Refused

41. **IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:** Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?  **Y**  N  N/A or Refused

**IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.**

**SCORE:**

## Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	<b>Score: Recommendation:</b> 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
<b>GRAND TOTAL:</b>	<b>/22</b>	

## Follow-Up Questions

<b>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</b>	place: _____ time: ____ : ____ or
<b>Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?</b>	phone: (____) _____ - _____ email: _____
<b>Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

## Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ___/___/____	<b>Survey Time</b> ___:___	<b>Survey Location</b> _____

## Opening Script

*"My name is [interviewer name] and I work for a group called Preble Street Veterans Housing Services. I have a 10-minute survey that I would like to complete with you. The answers will help us determine how we can best support you with available resources. Most questions only require a Yes or No. Some questions require a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The information collected goes in to HMIS. If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don't understand a question I will also do my best to explain it to you without you needing to ask for clarification. One last thing we should chat about. I've been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you."*

## Basic Information

<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
<b>In what language do you feel best able to express yourself?</b> _____		
<b>Date of Birth</b> DD/MM/YYYY ___/___/____	<b>Age</b> _____	<b>Social Security Number</b> _____
		<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

**SCORE:**

## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

**Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

**SCORE:**

2. How long has it been since you lived in permanent stable housing? \_\_\_\_\_

Refused

3. In the last three years, how many times have you been homeless? \_\_\_\_\_

Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

**SCORE:**

## B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? \_\_\_\_\_

Refused

b) Taken an ambulance to the hospital? \_\_\_\_\_

Refused

c) Been hospitalized as an inpatient? \_\_\_\_\_

Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? \_\_\_\_\_

Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? \_\_\_\_\_

Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? \_\_\_\_\_

Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

**SCORE:**

5. Have you been attacked or beaten up since you've become homeless?  Y  N  Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

**SCORE:**

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?  Y  N  Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do?  Y  N  Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

### C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?  Y  N  Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  Y  N  Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  Y  N  Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  Y  N  Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?  Y  N  Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:



## D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  Y  N  Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  Y  N  Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?  Y  N  Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?  Y  N  Refused
19. When you are sick or not feeling well, do you avoid getting help?  Y  N  Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?  Y  N  N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?  Y  N  Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern?  Y  N  Refused
- b) A past head injury?  Y  N  Refused
- c) A learning disability, developmental disability, or other impairment?  Y  N  Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

**VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)**

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  **Y**  **N**  Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?  **Y**  **N**  Refused

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.**

**SCORE:**

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?  **Y**  **N**  Refused

**IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.**

**SCORE:**

## Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	<b>Score: Recommendation:</b> 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
<b>GRAND TOTAL:</b>	<b>/17</b>	

## Follow-Up Questions

<b>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</b>	place: _____ time: ___ : ___ or _____
<b>Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?</b>	phone: (____) _____ - _____ email: _____
<b>Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

# UCAP INTERIM HOUSING PLAN

Updated 10/4/16

**Direct – Program  
Enrollment Type and Date**

**Program Referral**

**Referral  
Date**      **Date of  
referred  
enrollment**

<input type="checkbox"/>	SSVF	<input type="checkbox"/>	SSVF		
<input type="checkbox"/>	HUD-VASH	<input type="checkbox"/>	Healthcare for Homeless Veterans		
<input type="checkbox"/>	Grant and Per-Diem	<input type="checkbox"/>	Other Veteran Community Providers		
<input type="checkbox"/>	Other Community	<input type="checkbox"/>	Mainstream Community Resources		

In the space below, describe the short-term steps taken to ensure a warm hand-off to appropriate provider. Also indicate any resources use to ensure immediate health and safety has been provided)

## Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ___/___/____	<b>Survey Time</b> ___ : ___	<b>Survey Location</b> _____

## Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

## Basic Information

<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
<b>In what language do you feel best able to express yourself?</b> _____		
<b>Date of Birth</b> DD/MM/YYYY ___/___/____	<b>Age</b> _____	<b>Social Security Number</b> _____
		<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

**SCORE:**

## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters                       **Couch surfing**                       **Other (specify):**  
 Transitional Housing     **Outdoors**  
 Safe Haven                       **Refused**                      \_\_\_\_\_

**IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.** **SCORE:**

2. How long has it been since you lived in permanent stable housing? \_\_\_\_\_  Refused

3. In the last three years, how many times have you been homeless? \_\_\_\_\_  Refused

**IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.** **SCORE:**

## B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? \_\_\_\_\_  Refused  
 b) Taken an ambulance to the hospital? \_\_\_\_\_  Refused  
 c) Been hospitalized as an inpatient? \_\_\_\_\_  Refused  
 d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? \_\_\_\_\_  Refused  
 e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? \_\_\_\_\_  Refused  
 f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? \_\_\_\_\_  Refused

**IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.** **SCORE:**

5. Have you been attacked or beaten up since you've become homeless?  **Y**  N  Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.** **SCORE:**

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?  **Y**  N  Refused
8. Were you ever incarcerated when younger than age 18?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR LEGAL ISSUES.** **SCORE:**

9. Does anybody force or trick you to do things that you do not want to do?  **Y**  N  Refused
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.** **SCORE:**

### C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?  **Y**  N  Refused
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?  Y  **N**  Refused

**IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT.** **SCORE:**

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  Y  **N**  Refused

**IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.** **SCORE:**

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  Y  **N**  Refused

**IF "NO," THEN SCORE 1 FOR SELF-CARE.** **SCORE:**

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home?  **Y**  N  Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?  **Y**  N  Refused
- c) Because your family or friends caused you to become homeless?  **Y**  N  Refused
- d) Because of conflicts around gender identity or sexual orientation?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.** **SCORE:**

- e) Because of violence at home between family members?  **Y**  N  Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR ABUSE/TRAUMA.** **SCORE:**

## D. Wellness

- 16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  **Y**  N  Refused
- 17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  **Y**  N  Refused
- 18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?  **Y**  N  Refused
- 19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?  **Y**  N  Refused
- 20. When you are sick or not feeling well, do you avoid getting medical help?  **Y**  N  Refused
- 21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.** **SCORE:**

**NEXT STEP TOOL FOR HOMELESS YOUTH**

SINGLE YOUTH

AMERICAN VERSION 1.0

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?  **Y**  N  Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?  **Y**  N  Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.**

**SCORE:**

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

- a) A mental health issue or concern?  **Y**  N  Refused
- b) A past head injury?  **Y**  N  Refused
- c) A learning disability, developmental disability, or other impairment?  **Y**  N  Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.**

**SCORE:**

**IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.**

**SCORE:**

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  **Y**  N  Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.**

**SCORE:**

## Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	<b>Score: Recommendation:</b> 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/5	
D. WELLNESS	/5	
<b>GRAND TOTAL:</b>	<b>/17</b>	



## Follow-Up Questions

<b>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</b>	place: _____ time: ___ : ___ or
<b>Is there a phone number and/or email where someone can get in touch with you or leave you a message?</b>	phone: (____) _____ - _____ email: _____
<b>Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

MCOC Selection Committee Important Announcement

MAINE HOMELESS PLANNING NEWS REGISTER EVENTS CALENDAR HELP

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- MCOC Selection Committee Important Announcement!
- Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity
- Additional Materials for SHC 9-10-19
- Updated Project Monitoring Information
- SHC Reminder
- MCOC Project Monitoring Results
- Maine Housing seeks HMIS Application Specialist
- The latest news from the Coordinated Entry Committee!
- Out of the Darkness Greater Portland ME Area Walk
- From Volunteers of America: INVITATION TO MORAL INJURY SEMINAR!

CATEGORIES

## NEWS

# MCOC SELECTION COMMITTEE IMPORTANT ANNOUNCEMENT!

SEPTEMBER 13, 2019 SCOTT TIBBITTS EDIT

### Congratulations Maine Continuum of Care Applicants!

This is to inform everyone that the Maine Continuum of Care Selection Committee has reviewed all New and Renewal applications requesting funding through MCOC in the 2019 NOFA competition and there were **NO** project applications rejected.

**ALL Project Applications are being recommended for inclusion in the MCOC Project Priority Listing that will be submitted to HUD along with the Continuum's full Application later this month. All Project Applicants will be contacted by email and informed of their individual results very soon.**

Further details regarding scoring and ranking results and the full MCOC NOFA Application will be provided at the next full MCOC Meeting on September 19, 2019.

The full agenda and additional information will be posted here on [www.mainehomelessplanning.org](http://www.mainehomelessplanning.org) prior to the meeting.

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**COC WEBSITE**

- [City of Portland CoC](#)

**HMIS**

- [Maine HMIS](#)

2:11 PM 9/13/2019

MCOC Selection Committee Important Announcement - Message (HTML)

File Message Acrobat Tell me what you want to do...


Ignore Delete Reply Reply All Forward More

Move to: ? To Manager Done Reply & Delete Create New

Rules Actions Move Mark Unread Categorize Follow Up Translate Select Zoom Search Archive

Delete Respond Quick Steps Move Tags Editing Zoom Barracuda Networks

Fri 9/13/2019 2:11 PM

 **Scott Tibbitts**  
MCOC Selection Committee Important Announcement

To: 'java\_cotech@bangormaine.gov'; 'bleavitt@bohmaine.org'; Bonnie-Jean Brooks; Brandi Farrington; 'Brenda Perry'; cathy.colow@bangormaine.gov; 'Chester Barnes'; Chris Bicknell; Christina Foster; 'Craig Phillips'; 'Cullen Ryan'; Dan Brennan; Danielle; Elena Schmidt; Fiona Mason; Francine Garland Stark; Gal Garrow; Georgia Jenkins; 'giff@tedfordhousing.org'; Heather Blackwell; Janet O'Connor; Jennifer S; Joshua D'Alessio; Kathy Bennett; 'Kathy Smith'; Lauren Bustard; Leah Bruns; Lori Dwyer; Mary Wade; Mike Parks; 'Mr. Michael Mooney'; 'Mr. Tom McAdam'; 'Ms. Kyra Walker'; 'mswam@preblestreet.org'; 'Orinda Fogler'; 'Patricia Hamilton'; Preble Street Grants; Rebecca Hobbs; 'rebecca\_h@familycrisis.org'; Rebekah Paredes; Scott Tibbitts; 'Sheldon.Wheeler@maine.gov'; Tina Chapman (tchapman@kbhmaine.org); Turks, Norma M.; 'Vickey Rand'; 'Virginia Dill'

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-Scott

MCOC Selection Committee Impo... X

www.mainehomelessplanning.org/mcoc-selection-committee-important-announcement/

120%

Howdy, Scott Tibbitts

**Maine Homeless Planning**

HI SCOTT TIBBITTS

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Mark Unread Categorize Follow Up

Tags Editing

Find Related Select

Zoom Zoom

Search Archive Archive

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Public postings on the official Maine Continuum of Care site, [www.mainehomelessplanning.org](http://www.mainehomelessplanning.org) on July 23, 2019 and on the Collaborative Applicant (Maine State Housing Authority) site July 25, 2019. Both postings included links to the full RFP document which begins on the next page, below.

**This Notice includes the Public Posting of the 30 Day Local Competition Deadline (highlighted).**

The screenshot shows the website for Maine Homeless Planning. The main content area features a news article titled "THE MAINE CONTINUUM OF CARE IS PLEASED TO ANNOUNCE THIS REQUEST FOR PROPOSALS (RFP) FOR THE FISCAL YEAR 2019 COC NOFA COMPETITION!". The article is dated July 23, 2019, and is by Scott Tibbitts. The text of the article states: "The Maine Continuum of Care (MCO) invites interested eligible agencies, including agencies that have not previously received CoC grants, to apply for funding to create housing and related services for those experiencing homelessness in Maine." It also provides a summary of the funding opportunity and a link to the full RFP document. On the right side of the page, there is a "SUBSCRIBE VIA EMAIL" section with a text input field for an email address and a "SUBSCRIBE" button. Below that is a "NEED HELP?" section with links to "The Basics - How to use this site", "HELP Form ask questions about using this Site", and "MaineHousing Continuum of Care Help Desk". At the bottom right, there is a "COC WEBSITE" section with a link to "City of Portland CoC". A sidebar on the left contains a "LOGIN" section and a "RECENT POSTS" section with links to various news items.

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# The Maine Continuum of Care is pleased to announce this Request for Proposals (RFP) for the Fiscal Year 2019 CoC NOFA Competition!

The Maine Continuum of Care (MCOC) invites interested eligible agencies, including agencies that have not previously received CoC grants, to apply for funding to create housing and related services for those experiencing homelessness in Maine.

This summary provides highlights of some of the important information in the FY 2019 CoC NOFA, but it is not intended to be exhaustive or complete. All potential applicants must read the full NOFA and all HUD and esnaps guidance for additional details.

**Funding Opportunity Title:** Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2019 Continuum of Care Program Competition

**Announcement Type:** Initial

**Funding Opportunity Number:** FR-6000-N-25

**Primary CFDA Number:** 14.267

**Due Date for Applications:** **Full CoC Level Application Due 9/30/2019.**

**All Maine Continuum of Care New and Renewal Project Level Applications are due in esnaps no later than 8/30/2019 to allow time for review, scoring and ranking.**

The full NOFA announcement and additional information is available at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

Applicants are required to complete and submit their applications via esnaps. More information about esnaps, including detailed instructions and guidance can be found on the [e-snaps page](#).

**Training and Resources:** The CoC Program interim rule (24 CFR part 578 published July 31, 2012 at 77 CFR 45422), training materials, detailed instructions, and program resources are available via the HUD Exchange at <https://www.hudexchange.info/programs/coc/>

**The HUD Exchange Ask A Question (AAQ).** HUD Exchange AAQ is accessible 24 hours each day at <https://www.hudexchange.info/program-support/my-question/> for questions regarding regulatory or programmatic requirements, or access to/functionality of esnaps. Always check the FAQ list first to see if your question has already been addressed.

**HUD Homeless Assistance Mailing List:** If you have not already done so, we encourage you to subscribe to relevant HUD Mailing Lists by visiting: <https://www.hudexchange.info/mailinglist/>

**For Further Information:** Questions regarding Maine CoC specific requirements should be directed to MaineHousing at [cochelpdesk@mainehousing.org](mailto:cochelpdesk@mainehousing.org). This notice and other MCOC related information will be posted on the [www.MaineHomelessPlanning.org](http://www.MaineHomelessPlanning.org) website. MCOC encourages all interested parties to subscribe to this site to receive notices of any new posts.

**Available Funds:** HUD is again using the Tier 1, Tier 2 funding methodology but with one minor adjustment for 2019. Tier 1 is now equal to 100% of the Annual Renewal Demand (ARD) amount for the CoC's first time Renewals and 94% of ARD of all other eligible renewal grants. For Maine, our 2019 total ARD is \$12,373,012 and our total Tier 1 amount \$11,636,633. Our Tier 2 amount is the difference between the Tier 1 amount and the CoC's total ARD, \$736,379 plus a 5% ARD **Bonus of \$618,651 for one or more eligible New Projects that meet the project eligibility and threshold requirements established by HUD in the NOFA. In addition, there is a DV Bonus of \$566,367** and Planning Grant funding of \$371,190 (only the Collaborative Applicant may apply for Planning Grant funds).

**Eligible Applicants:** Eligible applicants are identified in Section V.A. of the NOFA.

**Eligible Costs:** 24 CFR 578.37 through 578.63 identify the eligible costs for which funding may be requested under the CoC Program. HUD will reject any requests for ineligible costs.

**Local Competition Deadlines:** HUD Requires that all Project Applications must be submitted to the CoC no later than 30 days before the CoC Application deadline of September 30, 2019. The CoC must notify all Project Applicants no later than 15 days before the final FY 2019 CoC Application deadline whether their Project Applications will be accepted and ranked, rejected, or reduced as part of the CoC Consolidated Application submission.

**For Maine: All project applications (both new and renewal) must be submit in esnaps no later than August 30, 2019. Applicants will be notified of the MCoC Scoring and Ranking results no later than September 13, 2019.**

Please note that MCoC is requiring each Applicant, both New and Renewal, to also submit letters documenting Match Funding commitments and a Self-Certification statement regarding the financial feasibility of the Project. These additional documents are not part of the esnaps application and must be emailed separately to [stibbitts@mainehousing.org](mailto:stibbitts@mainehousing.org)

**MCoC Request for Renewal Project Applications:** Renewal Projects will be reviewed based on annual Monitoring results and any new information found in their 2019 Renewal Application.

**While the Application is not required to be submitted in esnaps until August 30, 2019, MCoC requests that each Renewal Applicant provide the following information to [stibbitts@mainehousing.org](mailto:stibbitts@mainehousing.org) for each eligible Renewal Project listed under their agency on the 2019 Grant Inventory Worksheet (GIW) found at: [https://files.hudexchange.info/reports/published/CoC\\_GIW\\_CoC\\_ME-500-2019\\_ME\\_2019\\_20190506.xlsx](https://files.hudexchange.info/reports/published/CoC_GIW_CoC_ME-500-2019_ME_2019_20190506.xlsx) , no later than 4:00 PM on Tuesday August 6, 2019:**

1. Does your agency intend to Renew the Grant(s)?
  - a. If NO, will the funds be available for Reallocation?
2. Does your agency intend to Expand the Grant(s)?
  - a. If yes, please see the New Project section, below.
3. Does your agency intend to Transition the Grant(s)?
  - a. If yes, please see New Project section, below.
4. Does your agency intend to Consolidate 2 or more Grants?
  - a. If yes, please indicate which Grants.

**MCOOC Request for New Project Applications, Expansion Applications, and Transition Applications:** New, Expansion, and Transition Project proposals will be reviewed based primarily on their 2019 Project Applications submitted via esnaps no later than August 30, 2019. However, in order to better plan and coordinate resources, **MCOOC requests that all agencies intending to submit a New, Expansion, or Transition Project Application provide the following information to [stibbitts@mainehousing.org](mailto:stibbitts@mainehousing.org) for each Project, no later than 4:00 PM on Tuesday August 6, 2019:**

1. Description of the proposed new/expansion/transition activities, services, staffing or capacity. Please include specific figures of current and proposed eligible activities.
2. Description of the community's need for the proposed activities.
3. Description of the target population to be served.
4. Description of your agency's understanding of or experience working with the population you are proposing to serve.
5. Description of how the project activities will assist clients to access mainstream resources, increase incomes, rapidly access safe, affordable housing that meets their needs, and maximize their ability to live independently.
6. If the proposal includes development of new housing, describe the type, size, number, and location(s) of the housing units.

**CoC Program Implementation.** The following list highlights important information and concepts. This is not an exhaustive list of considerations or requirements. All applicants and CoC stakeholders should carefully review 24 CFR part 578, the FY 2019 CoC NOFA, and other HUD instructions and guidance for comprehensive information.

#### **HUD's Homeless Policy Priorities**

- *Ending homelessness for all persons.*
- *Create a systemic response to homelessness.*
- *Strategically allocating and using resources.*
- *Using an Evidence-Based approach.*
- *Increasing employment.*
- *Providing Flexibility for Housing First with Service Participation Requirements*

1. **Performance-Based Decisions**: CoCs cannot receive grants for new projects, other than through reallocation, unless the CoC competitively ranks projects based on how they improve system performance; HUD is increasing the share of the CoC score that is based on performance criteria; and HUD will prioritize funding for CoCs that have demonstrated the ability to reallocate resources to higher performing projects.

2. **New Projects**: New Projects can be created through Reallocation or CoC Bonus funding. They can be Permanent Housing-Permanent Supportive Housing (PH-PSH), Permanent Housing-Rapid Re-Housing (PH-RRH), Joint Transitional and Permanent Housing - Rapid-Rehousing (TH & PH-RRH), Dedicated HMIS, or Supportive Services Only for Coordinated Entry (SSO-CE).

3. **Domestic Violence (DV) Bonus.** In the FY 2019 CoC Program Competition, a CoC may apply for DV Bonus funding for one or more Permanent Housing-Rapid Re-Housing (PH-RRH) projects, Joint Transitional Housing and Permanent Housing - Rapid Re-Housing (TH/PH-RRH) component projects and/or Supportive Services Only for Coordinated Entry (SSO-CE) projects.

4. **Transition Grants.** A Transition Grant allows an agency with an eligible renewal grant that is being eliminated through reallocation to apply to transition that grant from one project type to another over the course of a one year term.

5. **Expansion Project.** The process by which an eligible renewal project applicant submits a new project application to expand its current operations by adding units, beds, persons served, services provided to existing program participants, or in the case of HMIS, increase the current HMIS grant activities within the CoC's geographic area.

6. **Consolidated Project.** Eligible renewal project applicants will have the ability to consolidate two or more eligible renewal projects (but no more than four projects) into one project application during the application process.

#### **Project Application Scoring/Ranking criteria:**

Please refer to the “MCOC FY19 Scoring Criteria and Ranking Procedures” document which will be posted on the [www.mainehomelessplanning.org](http://www.mainehomelessplanning.org) website as soon as they are finalized and approved.

**Additional information** related to MCOC in general and this NOFA competition in particular will be posted on the [www.mainehomelessplanning.org](http://www.mainehomelessplanning.org) website. If you have not already done so, we encourage you to subscribe to this site in order to receive automatic notifications whenever new information is posted there.

**MCOC meets regularly on the third Thursday of each month from 1:00PM to 3:00PM** at several group locations and via teleconferencing for those not able to attend at one of the group sites. Please see the Agendas posted prior to each meeting for more details. Meetings are open and we welcome participation by anyone with an interest in helping us work toward ending and preventing homelessness in the state of Maine.

MCOC also includes a number of committees that focus on particular aspects of the work we do. These include the Project Committee, HMIS & Data Committee, Resource Committee, Youth Action Board, Homeless Veteran’s Action Committee, and many others. If you have an interest in a specific topic or population, please consider joining a committee, even if you are not able to attend the full MCOC meetings.



Public postings on the official Maine Continuum of Care site, [www.mainehomelessplanning.org](http://www.mainehomelessplanning.org) on July 23, 2019 and on the Collaborative Applicant (Maine State Housing Authority) site July 25, 2019. Both postings included links to the full RFP document which begins on the next page, below.

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The full NOFA announcement and additional information is available at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

Applicants are required to complete and submit their applications via esnaps. More information about esnaps, including detailed instructions and guidance can be found on the [e-snaps page](#).

**Training and Resources:** The CoC Program interim rule (24 CFR part 578 published July 31, 2012 at 77 CFR 45422), training materials, detailed instructions, and program resources are available via the HUD Exchange at <https://www.hudexchange.info/programs/coc/>

**The HUD Exchange Ask A Question (AAQ).** HUD Exchange AAQ is accessible 24 hours each day at <https://www.hudexchange.info/program-support/my-question/> for questions regarding regulatory or programmatic requirements, or access to/functionality of esnaps. Always check the FAQ list first to see if your question has already been addressed.

**HUD Homeless Assistance Mailing List:** If you have not already done so, we encourage you to subscribe to relevant HUD Mailing Lists by visiting: <https://www.hudexchange.info/mailinglist/>

**For Further Information:** Questions regarding Maine CoC specific requirements should be directed to MaineHousing at [cochelpdesk@mainehousing.org](mailto:cochelpdesk@mainehousing.org). This notice and other MCOC related information will be posted on the [www.MaineHomelessPlanning.org](http://www.MaineHomelessPlanning.org) website. MCOC encourages all interested parties to subscribe to this site to receive notices of any new posts.

**Available Funds:** HUD is again using the Tier 1, Tier 2 funding methodology but with one minor adjustment for 2019. Tier 1 is now equal to 100% of the Annual Renewal Demand (ARD) amount for the CoC's first time Renewals and 94% of ARD of all other eligible renewal grants. For Maine, our 2019 total ARD is \$12,373,012 and our total Tier 1 amount \$11,636,633. Our Tier 2 amount is the difference between the Tier 1 amount and the CoC's total ARD, \$736,379 plus a 5% ARD **Bonus of \$618,651 for one or more eligible New Projects that meet the project eligibility and threshold requirements established by HUD in the NOFA. In addition, there is a DV Bonus of \$566,367** and Planning Grant funding of \$371,190 (only the Collaborative Applicant may apply for Planning Grant funds).

**Eligible Applicants:** Eligible applicants are identified in Section V.A. of the NOFA.

**Eligible Costs:** 24 CFR 578.37 through 578.63 identify the eligible costs for which funding may be requested under the CoC Program. HUD will reject any requests for ineligible costs.

**Local Competition Deadlines:** HUD Requires that all Project Applications must be submitted to the CoC no later than 30 days before the CoC Application deadline of September 30, 2019. The CoC must notify all Project Applicants no later than 15 days before the final FY 2019 CoC Application deadline whether their Project Applications will be accepted and ranked, rejected, or reduced as part of the CoC Consolidated Application submission.

**For Maine: All project applications (both new and renewal) must be submit in esnaps no later than August 30, 2019. Applicants will be notified of the MCoC Scoring and Ranking results no later than September 13, 2019.**

Please note that MCoC is requiring each Applicant, both New and Renewal, to also submit letters documenting Match Funding commitments and a Self-Certification statement regarding the financial feasibility of the Project. These additional documents are not part of the esnaps application and must be emailed separately to [stibbitts@mainehousing.org](mailto:stibbitts@mainehousing.org)

**MCoC Request for Renewal Project Applications:** Renewal Projects will be reviewed based on annual Monitoring results and any new information found in their 2019 Renewal Application.

**While the Application is not required to be submitted in esnaps until August 30, 2019, MCoC requests that each Renewal Applicant provide the following information to [stibbitts@mainehousing.org](mailto:stibbitts@mainehousing.org) for each eligible Renewal Project listed under their agency on the 2019 Grant Inventory Worksheet (GIW) found at: [https://files.hudexchange.info/reports/published/CoC\\_GIW\\_CoC\\_ME-500-2019\\_ME\\_2019\\_20190506.xlsx](https://files.hudexchange.info/reports/published/CoC_GIW_CoC_ME-500-2019_ME_2019_20190506.xlsx) , no later than 4:00 PM on Tuesday August 6, 2019:**

1. Does your agency intend to Renew the Grant(s)?
  - a. If NO, will the funds be available for Reallocation?
2. Does your agency intend to Expand the Grant(s)?
  - a. If yes, please see the New Project section, below.
3. Does your agency intend to Transition the Grant(s)?
  - a. If yes, please see New Project section, below.
4. Does your agency intend to Consolidate 2 or more Grants?
  - a. If yes, please indicate which Grants.

**MCOOC Request for New Project Applications, Expansion Applications, and Transition Applications:** New, Expansion, and Transition Project proposals will be reviewed based primarily on their 2019 Project Applications submitted via esnaps no later than August 30, 2019. However, in order to better plan and coordinate resources, **MCOOC requests that all agencies intending to submit a New, Expansion, or Transition Project Application provide the following information to [stibbitts@mainehousing.org](mailto:stibbitts@mainehousing.org) for each Project, no later than 4:00 PM on Tuesday August 6, 2019:**

1. Description of the proposed new/expansion/transition activities, services, staffing or capacity. Please include specific figures of current and proposed eligible activities.
2. Description of the community's need for the proposed activities.
3. Description of the target population to be served.
4. Description of your agency's understanding of or experience working with the population you are proposing to serve.
5. Description of how the project activities will assist clients to access mainstream resources, increase incomes, rapidly access safe, affordable housing that meets their needs, and maximize their ability to live independently.
6. If the proposal includes development of new housing, describe the type, size, number, and location(s) of the housing units.

**CoC Program Implementation.** The following list highlights important information and concepts. This is not an exhaustive list of considerations or requirements. All applicants and CoC stakeholders should carefully review 24 CFR part 578, the FY 2019 CoC NOFA, and other HUD instructions and guidance for comprehensive information.

#### **HUD's Homeless Policy Priorities**

- *Ending homelessness for all persons.*
- *Create a systemic response to homelessness.*
- *Strategically allocating and using resources.*
- *Using an Evidence-Based approach.*
- *Increasing employment.*
- *Providing Flexibility for Housing First with Service Participation Requirements*

1. **Performance-Based Decisions**: CoCs cannot receive grants for new projects, other than through reallocation, unless the CoC competitively ranks projects based on how they improve system performance; HUD is increasing the share of the CoC score that is based on performance criteria; and HUD will prioritize funding for CoCs that have demonstrated the ability to reallocate resources to higher performing projects.

2. **New Projects**: New Projects can be created through Reallocation or CoC Bonus funding. They can be Permanent Housing-Permanent Supportive Housing (PH-PSH), Permanent Housing-Rapid Re-Housing (PH-RRH), Joint Transitional and Permanent Housing - Rapid-Rehousing (TH & PH-RRH), Dedicated HMIS, or Supportive Services Only for Coordinated Entry (SSO-CE).

3. **Domestic Violence (DV) Bonus.** In the FY 2019 CoC Program Competition, a CoC may apply for DV Bonus funding for one or more Permanent Housing-Rapid Re-Housing (PH-RRH) projects, Joint Transitional Housing and Permanent Housing - Rapid Re-Housing (TH/PH-RRH) component projects and/or Supportive Services Only for Coordinated Entry (SSO-CE) projects.

4. **Transition Grants.** A Transition Grant allows an agency with an eligible renewal grant that is being eliminated through reallocation to apply to transition that grant from one project type to another over the course of a one year term.

5. **Expansion Project.** The process by which an eligible renewal project applicant submits a new project application to expand its current operations by adding units, beds, persons served, services provided to existing program participants, or in the case of HMIS, increase the current HMIS grant activities within the CoC's geographic area.

6. **Consolidated Project.** Eligible renewal project applicants will have the ability to consolidate two or more eligible renewal projects (but no more than four projects) into one project application during the application process.

#### **Project Application Scoring/Ranking criteria:**

Please refer to the “MCOC FY19 Scoring Criteria and Ranking Procedures” document which will be posted on the [www.mainehomelessplanning.org](http://www.mainehomelessplanning.org) website as soon as they are finalized and approved.

**Additional information** related to MCOC in general and this NOFA competition in particular will be posted on the [www.mainehomelessplanning.org](http://www.mainehomelessplanning.org) website. If you have not already done so, we encourage you to subscribe to this site in order to receive automatic notifications whenever new information is posted there.

**MCOC meets regularly on the third Thursday of each month from 1:00PM to 3:00PM** at several group locations and via teleconferencing for those not able to attend at one of the group sites. Please see the Agendas posted prior to each meeting for more details. Meetings are open and we welcome participation by anyone with an interest in helping us work toward ending and preventing homelessness in the state of Maine.

MCOC also includes a number of committees that focus on particular aspects of the work we do. These include the Project Committee, HMIS & Data Committee, Resource Committee, Youth Action Board, Homeless Veteran’s Action Committee, and many others. If you have an interest in a specific topic or population, please consider joining a committee, even if you are not able to attend the full MCOC meetings.

The 2019 Maine Continuum of Care | Granium™ - Configure PDF E... | www.mainehomelessplanning.org/the-2019-maine-continuum-of-care-nofa-application-and-project-priority-listing/

CPD Maps

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Howdy, Scott Tibbitts

**Maine Homeless Planning**  
 Planning for ending homelessness in Maine

**HSCOTT TIBBITTS**  
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- DRAFT 2019 MCOC NOFA Application and Project Priority Listing for Review
- Join us for Maine Housing's Affordable Housing Conference
- Homeless Point-In-Time Count Regional Outreach Leads Needed!
- Revised Scoring and Banking & MCOC Meeting Reminder
- RFP: Homeless Opioid Users Service Engagement (HOUSE) Pilot Project
- MCOC Selection Results
- MCOC Selection Committee Important Announcement!
- Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity
- Additional Materials for SHC 9-10-19

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 In case you missed this, News Shared

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## THE 2019 MAINE CONTINUUM OF CARE NOFA APPLICATION AND PROJECT PRIORITY LISTING!

SEPTEMBER 24, 2019 | SCOTT TIBBITTS | EDIT

The Maine Continuum of Care Consolidated Application for HUD Homeless Assistance Program Funding and the accompanying Project Priority Listing for 2019 are now complete!

Thank you to EVERYONE who worked so hard – whether on the CoC level application, one or more project level applications, participating on committees or in discussions at various meetings – to help us collect and assemble all the information that goes into this final product.

[FINAL 2019 ME-500 NOFA Application](#) [Download](#)

[FINAL 2019 ME-500 Project Priority Listing](#) [Download](#)

**PREVIOUS POST**  
 DRAFT 2019 MCOC NOFA Application and Project Priority Listing for Review

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- HELP Form ask questions about using this Site
- Maine Housing Continuum of Care Help Desk

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 City of Portland CoC

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 Maine HMIS

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2:54 PM 9/24/2019

[SUSPECT URL][New post] The 2019 Maine Continuum of Care NOFA Application and Project Priority Listing! - Me...

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Tue 9/24/2019 2:49 PM

Maine Homeless Planning <donotreply@wordpress.com>  
 [SUSPECT URL][New post] The 2019 Maine Continuum of Care NOFA Application and Project Priority Listing!

o Scott Tibbitts

If there are problems with how this message is displayed, click here to view it in a web browser.  
 Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Scott Tibbitts posted: "The Maine Continuum of Care Consolidated Application for HUD Homeless Assistance Program Funding and the accompanying Project Priority Listing for 2019 are now complete! Thank you to EVERYONE who worked so hard – whether on the CoC level applicatio"

**New post on Maine Homeless Planning**

[The 2019 Maine Continuum of Care NOFA Application and Project Priority Listing!](#)  
 by [Scott Tibbitts](#)

The Maine Continuum of Care Consolidated Application for HUD Homeless Assistance Program Funding and the accompanying Project Priority Listing for 2019 are now complete!

Thank you to EVERYONE who worked so hard – whether on the CoC level application, one or more project level applications, participating on committees or in discussions at various meetings – to help us collect and assemble all the information that goes into this final product.

[FINAL 2019 ME-500 NOFA Application](#)[Download](#)  
[FINAL 2019 ME-500 Project Priority Listing](#)[Download](#)

[Scott Tibbitts](#) | September 24, 2019 at 2:48 pm | URL: <https://wp.me/p3LZeR-1ez>

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**MEMORANDUM OF UNDERSTANDING**

Between  
The Maine Continuum of Care  
and  
Kennebec Behavioral Health

**Parties to the Agreement:** Kennebec Behavioral Health, 67 Eustis Parkway, Waterville, Maine 04901 and the Maine Continuum of Care (MCOC), 353 Water Street, Augusta, Maine 04330. By extension, this will include all eligible persons experiencing homelessness from all local agency members of MCOC.

**Purpose of the Agreement:** Coordinate access to supported employment services, specifically KBH Clubhouse locations for individuals experiencing homelessness.

**Project Time Frame:** Until directed otherwise.

**Fiscal:** No additional funding is being provided under this agreement.

**Roles/Responsibilities:** Kennebec Behavioral Health will prioritize access to employment services, particularly KBH Clubhouses for eligible and appropriate individuals actively participating in local and federal housing assistance programs administered by MCOC. Reciprocally, MCOC partners will refer, encourage, and sponsor participants to access Kennebec Behavioral Health's Clubhouse services, as appropriate. Access to quality, affordable, and safe housing is critical to developing and maintaining a skilled workforce-central tenets of the signatory organizations' joint mission statements. While no additional funding is being provided by either party, jointly coordinating and providing individually-tailored comprehensive, wrap-around services with a strong and stable housing emphasis significantly increases qualitative as well as quantitative returns on investment and promotes long term individual, programmatic, and systemic positive goal attainment.

**Modifications:** This agreement may be modified at any time during its timeframe by mutual written agreement of both parties.

**Signatures:**

The following signatories are authorized to commit their agency to this process.

Maine Continuum of Care

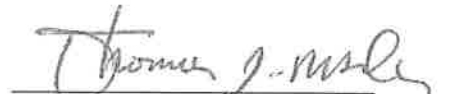
  
Signature

Name: Vickly Rand

Title: MCOC Tri-Chair

Date: 9-19-19

Kennebec Behavioral Health

  
Signature

Name: Thomas J. McAdam

Title: Chief Executive Officer

Date: 9-19-19

**MEMORANDUM OF UNDERSTANDING**  
**Between the Maine Continuum of Care and**  
**The Northeastern Workforce Development**  
**Board**

**PARTIES TO THE AGREEMENT:** The Northeastern Workforce Development Board, P.O. Box 737, 26 Franklin Street, Bangor, ME 04402-0737 and the Maine Continuum of Care (MCOC), 353 Water Street, Augusta, Maine 04330. By extension, this will include all persons experiencing homelessness from all local agency members of MCOC.

**PURPOSE OF THE AGREEMENT:** Coordinate prioritized access to employment and/or high-demand training with sponsored homeless or housing insecure participants.

**PROJECT TIME FRAME:** Until directed otherwise.

**FISCAL:** No additional funding is being provided under this agreement.

**ROLES / RESPONSIBILITIES:** The Northeastern Workforce Development Board and its contracted service provider(s) will prioritize access to employment and/or high-demand industry training programs for eligible and appropriate individuals actively participating in local and federal housing assistance programs administered by MCOC. Reciprocally, MCOC partners will refer, encourage, and sponsor participants to access the Northeastern Workforce Development Board's workforce services, as appropriate. Access to quality, affordable, and safe housing is critical to developing and maintaining skilled workforce-central tenets of the signatory organizations' joint mission statements. While no additional funding is being provided by either party, jointly coordinating and providing individually-tailored comprehensive, wrap-around services with a strong and stable housing emphasis significantly increases qualitative as well as quantitative returns on investment and promotes long term individual, programmatic, and systemic positive goal attainment.

**MODIFICATIONS:** This agreement may be modified at any time during its timeframe by mutual written agreement of both parties.

**SIGNATURES**

The following signatories are authorized to commit their agency to this process.

**MAINE CONTINUUM OF CARE**

Vickey Ranel  
Signature

Name: Vickey Ranel

Title: MCOC Tri-Chair

Date: 9/10/19

**NORTHEASTERN WORKFORCE  
DEVELOPMENT BOARD**

Joanna Russell  
Signature

Name: Joanna Russell

Title: Executive Director

Date: 9/10/19



# Maine Continuum of Care

## Executive Summary Racial Disparity Assessment and Racial Equity Policy & Standards

The Maine Continuum of Care (MCOC) has conducted a Racial Disparity Assessment (enclosed), the findings from which illustrate that people of different races or ethnicities are more likely to receive homeless assistance. This was measured by assessing the percentage of people of different races and ethnicities that enter the homeless service system compared to the percentage of people of different races or ethnicities in the general population, as well as those in poverty. There is a larger disparity between the percentage of people of different races and ethnicities who enter the homeless service system versus those in the general population than there between those living below the poverty line. However, these findings also illustrate that people of different races or ethnicities are more likely to receive a positive outcome from homeless assistance. This was measured by assessing exits to permanent housing destinations and retention of that permanent housing, and comparing the success rate experienced by people of different racial and ethnic backgrounds compared to the overall average success rate for attaining and retaining permanent housing, and compared this to the success rate experienced by Caucasian/Non-Hispanic populations in attaining and retaining permanent housing.

In order to address the racial disparities found in this assessment, the MCOC has implemented a Racial Equity Policy (enclosed), which will work to ensure that:

1. Staff at the project level are representative of the persons accessing homeless services in the CoC.
2. The MCoC has identified and will continue to identify the cause(s) of racial disparities in its homeless system.
3. The MCOC has identified and will continue to identify strategies to reduce disparities in its homeless system.
4. The MCOC has implemented and will continue to implement strategies to reduce disparities in its homeless system.
5. The MCOC has identified and will continue to identify resources available to reduce disparities in its homeless system.



Vickey Rand, MCOC Tri-Chair



Awa Conteh, MCOC Tri-Chair



Norm Maze, MCOC Tri-Chair

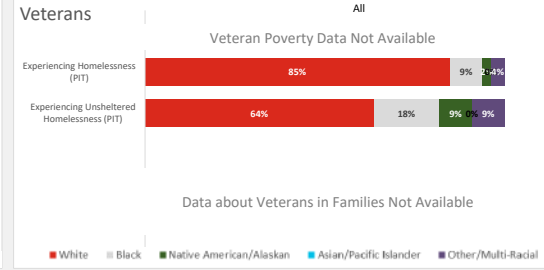
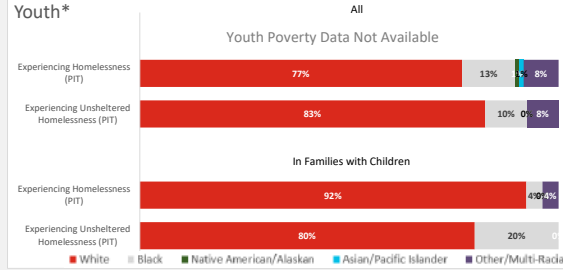
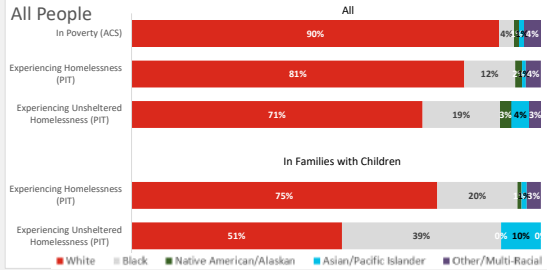
# CoC Racial Equity Analysis Tool

Homelessness and poverty counts at the CoC and State level

Select your CoC

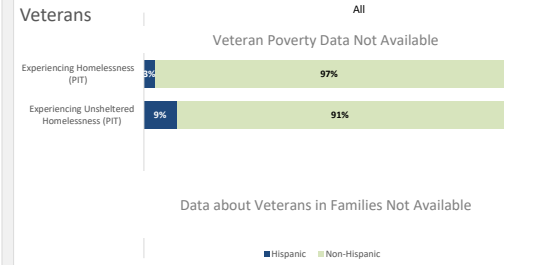
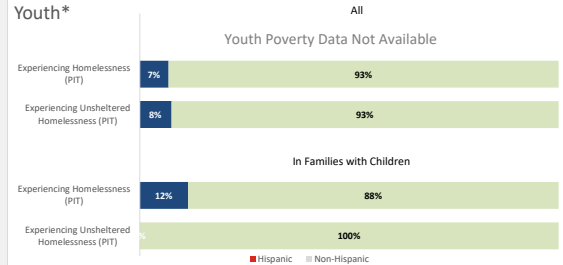
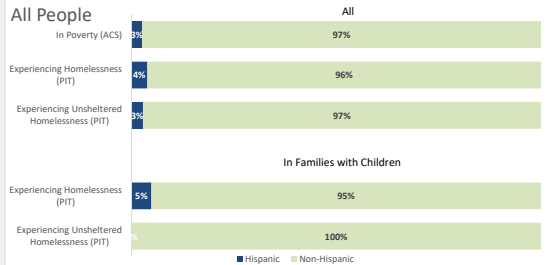
**ME-500** Maine Balance of State CoC

## Distribution of Race



\*Youth are individuals under the age of 25 who are unaccompanied or parenting.

## Distribution of Ethnicity



\*Youth experiencing homelessness is limited to unaccompanied and parenting youth persons under 25.

## CoC Data

Race and Ethnicity	All (ACS) <sup>1</sup>				In Poverty (ACS) <sup>1</sup>				Experiencing Homelessness (PIT) <sup>2</sup>				Experiencing Sheltered Homelessness (PIT) <sup>2</sup>				Experiencing Unsheltered Homelessness (PIT) <sup>2</sup>			
	All		In Families with Children		All		In Families with Children		All		In Families with Children		All		In Families with Children		All		In Families with Children	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
<b>All People</b>	1,329,100		1,029,109		180,278		113,051		2,280		928		2,100		856		180		72	
<b>Race</b>																				
White	1,262,026	95%	988,647	96%	162,012	90%	101,658	90%	1,853	81%	693	75%	1,725	82%	656	77%	128	71%	37	51%
Black	15,037	1%	8,925	1%	6,322	4%	3,535	3%	284	12%	182	20%	250	12%	154	18%	34	19%	28	39%
Native	7,811	1%	5,801	1%	2,484	1%	1,188	1%	38	2%	9	1%	33	2%	9	1%	5	3%	0	0%
Asian/Pacific Islander	14,777	1%	10,446	1%	2,083	1%	1,057	1%	21	1%	12	1%	13	1%	5	1%	8	4%	7	10%
Other/Multi-Racial	29,449	2%	15,290	1%	7,377	4%	5,613	5%	84	4%	32	3%	79	4%	32	4%	5	3%	0	0%
<b>Ethnicity</b>																				
Hispanic	19,447	1%	10,457	1%	4,776	3%	2,454	2%	88	4%	45	5%	83	4%	45	5%	5	3%	0	0%
Non-Hispanic	1,309,653	99%	1,018,652	99%	175,502	97%	110,597	98%	2,192	96%	883	95%	2,017	96%	811	95%	175	97%	72	100%
<b>Youth &lt;25</b>	376,323				NOT AVAILABLE				204		26		164		21		40		5	
<b>Race</b>																				
White	343,384	91%	--	--	--	--	--	--	157	77%	24	92%	124	76%	20	95%	33	83%	4	80%
Black	7,161	2%	--	--	--	--	--	--	26	13%	1	4%	22	13%	0	0%	4	10%	1	20%
Native	2,342	1%	--	--	--	--	--	--	2	1%	0	0%	2	1%	0	0%	0	0%	0	0%
Asian/Pacific Islander	4,550	1%	--	--	--	--	--	--	2	1%	0	0%	2	1%	0	0%	0	0%	0	0%
Other/Multi-Racial	18,886	5%	--	--	--	--	--	--	17	8%	1	4%	14	9%	1	5%	3	8%	0	0%
<b>Ethnicity</b>																				
Hispanic	8,314	2%	--	--	--	--	--	--	14	7%	3	12%	11	7%	3	14%	3	8%	0	0%
Non-Hispanic	368,009	98%	--	--	--	--	--	--	190	93%	23	88%	153	93%	18	86%	37	93%	5	100%
<b>Veterans</b>	0				NOT AVAILABLE				131		120		NOT AVAILABLE		11		100%		NOT AVAILABLE	
<b>Race</b>																				
White	0	0%	--	--	--	--	--	--	111	85%	--	--	104	87%	--	--	7	64%	--	--
Black	0	0%	--	--	--	--	--	--	12	9%	--	--	10	8%	--	--	2	18%	--	--
Native	0	0%	--	--	--	--	--	--	3	2%	--	--	2	2%	--	--	1	9%	--	--
Asian/Pacific Islander	0	0%	--	--	--	--	--	--	0	0%	--	--	0	0%	--	--	0	0%	--	--
Other/Multi-Racial	0	0%	--	--	--	--	--	--	5	4%	--	--	4	3%	--	--	1	9%	--	--
<b>Ethnicity</b>																				
Hispanic	0	0%	--	--	--	--	--	--	4	3%	--	--	3	3%	--	--	1	9%	--	--
Non-Hispanic	0	0%	--	--	--	--	--	--	127	97%	--	--	117	98%	--	--	10	91%	--	--

Sources:

<sup>1</sup> American Community Survey (ACS) 2011-2015 5-yr estimates; Veteran CoC data comes from the ACS 2015 1-yr estimates; Total youth in the American Community Survey is a rollup of race estimates of all persons under 25.

<sup>2</sup> Point-in-Time (PIT) 2017 data

Note: Race estimates of individuals in families with children are based on the race of the householder.

## State Data

Race and Ethnicity	All (ACS) <sup>1</sup>				In Poverty (ACS) <sup>1</sup>				Experiencing Homelessness (PIT) <sup>2</sup>			
	All		In Families with Children		All		In Families with Children		All		In Families with Children	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>All People</b>	1,329,100		1,029,109		180,278		113,051		2,280		928	
<b>Race</b>												
White	1,262,026	95%	976,697	95%	162,012	90%	99,594	88%	1,853	81%	693	75%
Black	15,037	1%	11,195	1%	6,322	4%	5,026	4%	284	12%	182	20%
Native	7,811	1%	5,868	1%	2,484	1%	1,618	1%	38	2%	9	1%
Asian/Pacific Islander	14,590	1%	12,117	1%	2,036	1%	1,351	1%	21	1%	12	1%
Other/Multi-Racial	29,636	2%	23,232	2%	7,424	4%	5,462	5%	84	4%	32	3%
<b>Ethnicity</b>												
Hispanic	19,447	1%	14,573	1%	4,776	3%	3,401	3%	88	4%	45	5%
Non-Hispanic	1,309,653	99%	1,014,536	99%	175,502	97%	109,650	97%	2,192	96%	883	95%
<b>Youth &lt;25</b>	376,323				71,800		NOT AVAILABLE		204		26	
<b>Race</b>												
White	343,384	91%	--	--	61,327	85%	--	--	157	77%	24	92%
Black	7,976	2%	--	--	3,811	5%	--	--	26	13%	1	4%
Native	2,830	1%	--	--	1,102	2%	--	--	2	1%	0	0%
Asian/Pacific Islander	5,363	1%	--	--	823	1%	--	--	2	1%	0	0%
Other/Multi-Racial	16,770	4%	--	--	4,737	7%	--	--	17	8%	1	4%
<b>Ethnicity</b>												
Hispanic	9,467	3%	--	--	2,830	4%	--	--	14	7%	3	12%
Non-Hispanic	366,856	97%	--	--	68,970	96%	--	--	190	93%	23	88%
<b>Veterans</b>	119,058				NOT AVAILABLE				131		NOT AVAILABLE	
<b>Race</b>												
White	115,449	97%	--	--	--	--	--	--	111	85%	--	--
Black	788	1%	--	--	--	--	--	--	12	9%	--	--
Native	685	1%	--	--	--	--	--	--	3	2%	--	--
Asian/Pacific Islander	356	0%	--	--	--	--	--	--	0	0%	--	--
Other/Multi-Racial	1,780	1%	--	--	--	--	--	--	5	4%	--	--
<b>Ethnicity</b>												
Hispanic	1,105	1%	--	--	--	--	--	--	4	3%	--	--
Non-Hispanic	117,953	99%	--	--	--	--	--	--	127	97%	--	--

CoC Code: ME-500

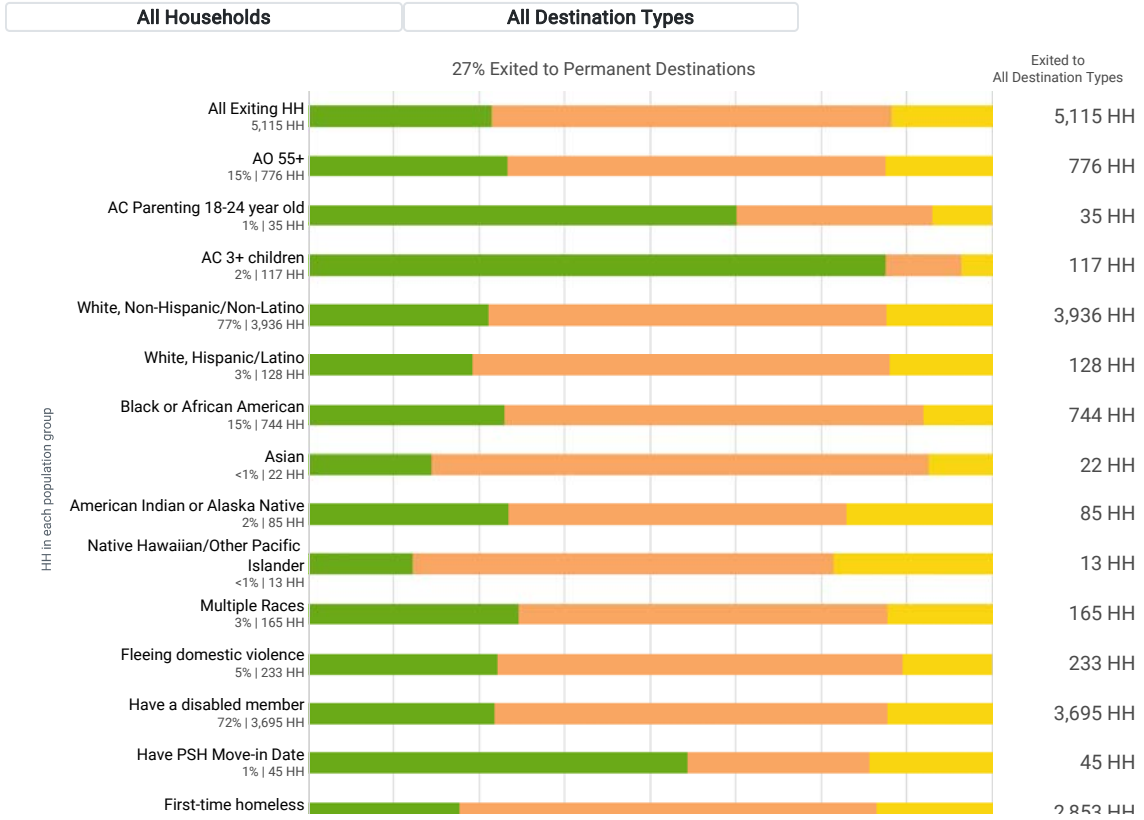
Name: Maine LSA 06212019

Report Period: 10/01/2017 - 09/30/2018

Submission Type: official

### Exits by Population Group

Percent and number of households in each population group, and percent and number of households in each population group that exited to permanent, temporary and unknown destinations.



# Maine Continuum of Care

## COMMUNITY STANDARDS

### Racial Equity Policy & Standards

#### Background

The National Alliance to End Homelessness reports most communities of color in the United States experience homelessness at higher rates than whites. For instance, per the MCOC's Racial Disparity assessment, in Maine African Americans make up 1% of the general population, 4% of all people in poverty, and 12% of all persons experiencing homelessness. Similarly, African American families with children make up 1% of the general population, 3% of families in poverty, and 20% of families with children experiencing homelessness\*. The National Alliance to End Homelessness notes that racial and ethnic disparities in homelessness are not improving over time. In fact, in recent years, African Americans make up the largest share of all people who access shelter, and that proportion of the shelter population has increased in recent years, while the share for Whites has declined.

The Maine Continuum of Care continues to work toward ending homelessness in Maine. They have worked to create a person-centered system, that works to eliminate racial disparities. In 2019, the CoC's Board of Directors adopted the following commitment statement to address racial equity at the planning and governance levels:

*Institutional and systematic racism contributes to the oppression of people of color, creating inequity, poverty and in some cases, homelessness. Success in reducing racial disparities and creating effective systems both for a dignified emergency response and housing, will require bold action and shared accountability. This commitment will include the proactive reinforcement of policies, practices, attitudes and actions to produce equitable power, access, opportunities, treatment, impacts and outcomes for all.*

In order to address racial disparities within the MCOC's homeless services system found in its assessment, the MCOC and the MCOC Board of Directors will work to ensure that:

1. Staff at the project level are representative of the persons accessing homeless services in the CoC.
2. The MCoC has identified and will continue to identify the cause(s) of racial disparities in its homeless system.
3. The MCOC has identified and will continue to identify strategies to reduce disparities in its homeless system.
4. The MCOC has implemented and will continue to implement strategies to reduce disparities in its homeless system.
5. The MCOC has identified and will continue to identify resources available to reduce disparities in its homeless system.

#### Rationale

People of color and American Indian and Alaska Natives experience homelessness at disproportionate rates as compared to their numbers in the greater population. This is a result of lasting historical and continued oppression. Addressing disparities within the homeless system and the results of discriminatory practices in other systems is key in resolving homelessness across all populations.

On an annual basis, the COC Board of Directors commits to:

- Assess the scope of racial disparity in those experiencing homelessness in Maine.
- Assess how programs and systems are providing connections to services and housing at equitable rates for equitable outcomes for clients across races and ethnicities.
- Work with communities to determine whether racial disparities are being perpetuated within the system
- Share findings with the MCOC, MCOC Board, MaineHousing, providers, and community leaders to build an understanding of the scope of racial disparity and how it impacts the homeless system in Maine.

Source: <https://www.usich.gov/news/how-to-start-addressing-racial-disparities-in-your-community/>

\* Data Source: HUD Racial Disparity Tool ME-500

# Maine Continuum of Care

## Policy

- The COC Board of Directors is responsible for establishing policies and prioritizing strategies addressing racial equity.
- The COC Board of Directors is responsible for reviewing system performance, disaggregated by race, specifically for Length of Time Homeless and Exits to Permanent Housing to identify and address disparities within the Maine homeless system.
- The Maine COC ensures communities of color and those historically marginalized are represented at leadership and decision-making bodies.
- The Maine COC and CoC members are responsible for identifying strategies to operationalize (and then execute) racial equity in planning and implementation work.

**Memorandum of Understanding  
Maine Continuum of Care  
City of Bangor Public Health and Community Services  
Maternal Child Health Program**

The Maine Continuum of Care (MCOC) and the City of Bangor Public Health and Community Services Maternal Child Health Program (MCH) recognize the value of supporting pregnant and parenting women and fostering the positive development of children ages birth to five. As such, they agree to collaborate on the provision of MCH services to residents of the City of Bangor who are also participating in the City's Shelter Plus Care Program.

**Collaborative goals:**

- To support pregnant women who have or are facing the challenges of homelessness
- To ensure that Shelter Plus Care clients receive appropriate pre and post-natal care
- To support the growth and development of Shelter Plus Care clients ages 0-5

**Joint Responsibilities:**

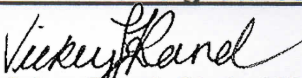
**Maine Continuum of Care**

1. In conjunction with the City of Bangor Shelter Plus Care, develop a protocol for referring appropriate women and children to the MCH Program
2. Share parent and/or child information with MCH providing a mutual acceptable release of information has been secured
3. As needed, provide information and training to MCH staff regarding the Shelter Plus Care program, its requirements and operation
4. Assist the Bangor Shelter Plus Care Program in monitoring the success of this collaborative effort

**City of Bangor Public Health and Community services Maternal Child Health Program**

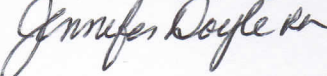
1. Accept appropriate MCH referrals (must be Bangor residents) from the Bangor Shelter Plus Care Housing Specialist
2. Support and guide Bangor Shelter Plus Care clients during all stages of pregnancy and childbirth through home visits, texts, and phone calls
3. Provide breastfeeding information and support to pre and post-natal women
4. Assist in linking Shelter Plus Care mothers to other healthcare services as needed
5. Provide information to Shelter Plus Care parents regarding normal childhood growth, and provide in-home developmental screenings
6. Conduct home safety checks and provide information on medication safety, childproofing, safe sleep and car seat safety
7. Provide nutrition and feeding advice along with referrals to the WIC nutrition program as appropriate
8. Provide support and guidance to parents of children with special needs diagnosis.

**Authorized Signatures:**

  
Vickey Rand, Chair, MCOC

DATE: 9/19/19

Jennifer Doyle, City of Bangor Public Health Program Manager



DATE: 09-18-2019

homelessness in Maine

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RFP: Homeless Opioid Users Service Engagement (HOUSE) Pilot Project
MCOC Selection Results
MCOC Selection Committee Important Announcement!
Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity
Additional Materials for SHC 9-10-19
Updated Project Monitoring Information

CATEGORIES

In case you missed this, News

NEWS

REMINDER: MCOC 8-15-19

AUGUST 12, 2019 SCOTT TIBBITTS

This is a reminder that the Maine Continuum of Care will be meeting this Thursday, August 15th, 2019 from 1:00 to 3:00 PM at three locations, and via GoToMeeting, for those not able to make it to one of the meeting rooms.

Please see the agenda for details including the GoToMeeting link and call in number, and remember - you can use your computer audio, or the conference phone line - but not both!

- MCOC Agenda 8-15-19 Download
MCOC Minutes 071819 draft Download
3 - State and Federal Legislation Update 8.5.19 Download
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MCOC New Project Scoring Tool FINAL 2019 Download
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City of Portland CoC

HMIS

Maine HMIS

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e-snaps

# MAINE CONTINUUM OF CARE

## MCOC NEW PROJECT SCORECARD 2019

Agency/Project Name: \_\_\_\_\_ Scorer Number: \_\_\_\_\_

	HOUSING	HMIS ONLY	CES ONLY	POINTS
<b>1. HUD Eligibility and HUD and COC Priorities</b>				
<b>The following project types are inclusive of DV Bonus eligible project types.</b>				
<i>HUD and COC Priorities From Application</i>				
Permanently Supportive Housing with no services (paid by COC)	10			
Permanently Supportive Housing with services (paid by COC)	9			
Transition Grant				
Rapid Rehousing Project	8			
TH-PH/RRH Joint Component Project	7			
HMIS Expansion (Reallocation Only)		5		
Coordinated Entry			6	
Housing First and/or Low Barrier to Entry (8 boxes, 1 pts per check box) <i>Data Source: Application Qs</i>	8			
Participation in Coordinated Entry, CE Partner, Development of CE, or planning for implementation upon execution of the grant agreement	5			
<b>2. Capacity/Experience</b>				
<b>Commitment to participate in HMIS or for DV providers a comparable database allowing for project level data to be reviewed and evaluated</b>	10	10	10	
Experience operating HUD/ Fed funded programs	10	10	10	
Agency level participation in COC Activities	10	10	10	
Experience operating project(s) of similar type and scope to the project proposed, and the populations for whom it's designed (if applicable)	10	10	10	
<b>3. Project and System Level Performance</b>				
Does the projects application explain how this project will contribute toward improving system performance measures: Length of Time Homeless, Returns to Homelessness, Exits to Permanent Housing, Number of Persons Homeless, New/Increased/Maintained Income, First Time Homeless, Successful Placement or Retention in Permanent Housing.	10	10	10	
Will this project increase the available number beds/units (Bricks & Mortar) of:				
PSH	5			
Will this project contribute to the CoC's progress toward meeting State of Maine Plan to End and Prevent Homelessness	7	7	7	
<b>4. Serving High Need Populations (based on Application Narrative)</b>				
<b>May Choose More Than One</b>				
Chronic/ Long Term Stayer	2			
Disability/ Vulnerability	2			
Veterans	1			
Families with children	1			
Unaccompanied Youth (under 25)	1			
Domestic Violence	1			
<b>5. Cost Effectiveness</b>				
<b>From Application</b>				
<i>Financial Information and Match (10 Pts.)</i>				
Does the project application present financial information in accordance with HUD and other funding source requirements?	5	5	5	
Match resources account for at least 25% of amount requested and bricks and mortar projects requires 100% match	5	5	5	
Budget staffing and expenses are adequate to support the proposed project in a cost effective manner	5	5	5	
<b>Total Points from Page One:</b>				



**MCOC NEW PROJECT SCORECARD 2019**

	HOUSING	HMIS ONLY	CES ONLY	Points
<b>6. Project Design and Activities</b>				
<i>For Housing Projects</i>				
Application clearly demonstrates how the project will assist clients to access mainstream resources, increase income, and maximize ability to live independently?	2			
Application clearly describes proposed activities and target population; demonstrates the community's need for the proposed activities; and demonstrates an understanding of the needs of clients to be served, for <b>domestic violence providers their ability to improve safety for the population they serve.</b>	2			
Application clearly describes that the type and location of the housing proposed will fit the community's need for the proposed project activities; and demonstrates an understanding of the needs of the clients to be served.	2			
Application demonstrates a clear plan to assist clients to rapidly secure and maintain housing that is safe, affordable, and meets their needs.	2			
Application clearly describes the types of supportive services that will be offered to clients, including the role of project staff and coordination with other providers, to maximize positive outcomes for clients.	2			
<i>For Coordinated Entry Projects Only</i>				
The project's proposed activities will assist in the implementation and/or capacity of the Coordinated Entry system.			2	
The project's proposed activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.			2	
The project's proposed activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.			6	
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.			2	
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.			2	
There is a standardized assessment process.			2	
Ensures program participants are directed to appropriate housing and services that fit their needs.			2	
The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).			2	
<i>For HMIS Projects Only</i>				
The project's proposed activities will help improve the quality and functionality of the existing HMIS system, to the benefit of the CoC		4		
The project's proposed activities will help ensure compliance with federal reporting requirements pertaining to data, including HIC, PIC, LSA, and CAPER reports.		4		
The project's proposed activities will help ensure the CoC has a fully functional, operational, and funded HMIS system.		4		
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.		3		
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.		2		
HMIS has the ability to unduplicate client records.		2		
The HMIS produces all HUDrequired reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.		2		
<b>7. Timeliness</b>				
Application clearly describes a plan for rapid implementation of the project, including a schedule of proposed activities after grant award.	2	2	2	
<b>Total Points from Page Two:</b>				
<b>Total Points from Page One:</b>				
<b>Total</b>	120	100	100	

## The MAINE CONTINUUM OF CARE

### MCOC RENEWAL SCORECARD 2019

Agency/Project Name: \_\_\_\_\_ Scorer Number: \_\_\_\_\_

	2019	HMIS ONLY	CE ONLY	POINTS
<b>Project Effectiveness</b>				
<b>Coordinated Entry Participation</b> <i>Data Source: Monitoring</i>	3	3	3	
<b>Housing First and/or Low Barrier to Entry</b> (8 boxes, 2 pts per check box) <i>Data Source: Application 3b and 3c</i>	16			
<b>Performance Measures</b>				
<i>Data Source: Monitoring</i>				
<b>Length of Stay</b>	7			
RRH- On average, participants stay in project "a minimum of 180" days				
PSH - On average, participants stay in project "a minimum of 180" days				
TH- On average, participants stay in project less than twenty four months				
<b>Exits to Permanent Housing</b>	18			
RRH- <b>Min of "80%" move to or remain PH</b> (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
PSH- <b>Min of "80%" move or remain in PH</b> (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
TH- <b>Min of "65%" move to PH</b> (Floor 50%=8 pts, Goal 65% = 16 pts, Exceeds Goal = 70% + = 18 pts)				
<b>Returns to Homelessness</b> , <i>Data Source: TBD</i>	5			
<b>New, Increased or Maintained Income for Project Stayers</b>	5			
<b>New, Increased or Maintained Income for Project Leavers</b>	5			
<b>Serving High Needs Populations (Local approach)</b>				
<i>Data Source: Application Question + Narrative</i>				
Chronic Homeless	2		2	
Long Term Stayers	1		1	
Veterans	1		1	
Families with children	1		1	
Unaccompanied Youth (under 25)	1		1	
Domestic Violence	1		1	
Substance use	1		1	
Mental Illness	1		1	
HIV AIDS	1		1	
<b>LOCAL EVALUATION - MAINE COC</b>				
<b>Project Cost Effectiveness - Local</b>				
<i>Data Source: Monitoring</i>				
Budget staffing and expenses are adequate to support the proposed project	5	5	5	
Matched resources account for at least 25% of amount requested	5	5	5	
Quarterly drawdowns ("yes," 1 pt; "no," 0 pts)	1	1	1	
Money recaptured by HUD at end of contract year ("yes," 0 pts; "no," 1 pt)	1	1	1	
<b>COC Participation - Local</b>				
<i>Data Source: Monitoring</i>				
Is the Applicant Agency currently an eligible voting member of MCOC?	7	7	7	
<b>Total from Page One:</b>				

**MCOC RENEWAL SCORECARD 2019**

	MCOC	HMIS ONLY	CE ONLY
<b>LOCAL EVALUATION - MAINE COC - Continued</b>			
<b>COC Review - Local</b>			
<i>Data Source: Application and Supplements.</i>			
Does the applicant provide documented, secured minimum match letter? [Attached]	1	1	1
Is the Project Financially feasible? [Self Certification, Attached.]	1	1	1
<b>Project Type - Local</b>			
Permanently Supportive Housing with no services (paid by COC) [10 pts]	10		
Permanently Supportive Housing with services (paid by COC) [9 pts]	9		
Transitional Housing for Special Populations (DV, Youth, SUD) [8 pts]	8		
Rapid Rehousing Project [7 pts]	7		
Transitional Housing, other (not Special Populations) [5 pts]	5		
<b>SSO Coordinated Entry</b>			6
<b>Renewal HMIS</b>		10	
<b>For Special Projects</b>			
<i>Coordinated Entry ONLY Application Review</i>			
The project's activities will assist in the implementation and/or capacity of the Coordinated Entry system.			10
The project's activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.			10
The project's activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.			10
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.			6
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.			6
There is a standardized assessment process.			6
Ensures program participants are directed to appropriate housing and services that fit their needs.			6
The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).			6
<i>HMIS ONLY Application Review</i>			
Percentage of new users that receive initial HMIS training based on percentage *[1 point for 10% points]		10	
Was the Longitudinal System Analysis (LSA) completed by the HMIS Lead and accepted by HUD as accurate and complete information from HMIS?		10	
Has the info available in HMIS and reported to HUD on the annual Housing Inventory Chart (HIC) been accurate to meet the needs of the NOFA and COC?		10	
Is the HMIS system available 365 days a year 24/7 with the ability to produce updates minimally 2 times a day		10	
Can HMIS produce System Performance Measures as outlined by HUD?		6	
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.		5	
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.		5	
HMIS has the ability to unduplicate client records.		5	
The HMIS produces all HUDrequired reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.		5	
<b>Total from Page Two:</b>			
<b>Total from Page One:</b>			
<b>Total</b>	100	100	100

## **MCOE Ranking Protocol 2019:**

- **Scored Projects:**
  - Renewals are ranked according to score.
  - New projects rank in order according to score after all renewal projects.
- **Ties**
  - In Tier 1 projects are ranked by dollar amount largest to smallest.
  - In Tier 2 projects are ranked by dollar amount from smallest to largest.
  - For ties amongst projects from the same agency, ranking between the projects should be prioritized by that agency.
- **Tier 1/ Tier 2 Split:**
  - The goal is to fully fund as many projects as possible from Tier 1. Therefore, if a project is split between Tier 1 and Tier 2, their ranking may be adjusted by the MCOE.