

## Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
  - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
    - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
    - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
  - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
  - All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

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

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1A-1. CoC Name and Number:** ME-502 - Portland CoC

**1A-2. Collaborative Applicant Name:** City of Portland

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

**1A-4. HMIS Lead:** MaineHousing

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

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	No
Local Jail(s)	Yes	Yes	No
Hospital(s)	Yes	Yes	No
EMT/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
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	No	No	No
CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	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
Veterans Service Organizations	Yes	Yes	Yes
State Government	Yes	Yes	Yes
HOPWA (AIDS/HIV Serving Organization)	Yes	Yes	No

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)**

The PCoC solicits & considers the opinions and involvement of joint Maine CoC & Portland CoC leadership, Emergency Shelter Assessment Committee (ESAC), including the business community, housing developers, and Homeless Voices for Justice (HVJ), Statewide and Regional Councils, City Council oversight through the Public Safety, Health and Human Services Committee, CDBG/ESG entitlement jurisdiction, & ESAC's Long Term Stayers subcommittee. There is an open invitation posted on the City of Portland website. Two examples are HVJ who are comprised of homeless and formerly homeless individuals who advocate and provide information about issues and needs of homeless/formerly homeless to the PCoC and also Portland Housing Authority who prioritizes HCV for CH in the PCoC and participate in regular PCoC meetings and the Scoring Committee.

**1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Preble Street	Yes	Yes	Yes
The Opportunity Alliance	No	Yes	Yes
Day One	No	No	No
Portland Adult Education	No	No	No
City of Portland Health & Human Services Department	No	Yes	Yes
Portland Outright	No	No	No
Maine Youth Leadership Advisory Team	No	No	No

**1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Family Crisis Services	Yes	No
Sexual Assault Response Services	No	No
Preble Street	Yes	Yes
The Opportunity Alliance	Yes	Yes

**1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?**

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors? (limit 1000 characters)**

ESAC monitors all CoC shelters for trends in populations in the single adult, family, DV, & youth shelters. Plans are made to impact any negative changes in population growth or characteristics. Progress in specific populations is included in CoC monitoring of key providers which target those populations leading the planning efforts. For CH it is state funded PATH, City of Portland, Preble Street, & other case management providers who are intervening with & tracking long term shelter guests & providing outreach to unsheltered individuals. For Veterans, Preble Street’s Veteran Housing Program, coordinating with the local VASH supervisor, leads community efforts to house all homeless veterans. The City of Portland & Family Crisis Services (a DV agency) monitor homeless families including those escaping domestic violence. Preble Street Teen Services coordinates with other youth providers leads the effort to serve homeless youth & monitor outcomes.

**1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)**

The PCoC posts notice of the NOFA, availability of potential new funding, and an open invitation publicly to apply for funds on the City of Portland website and any agency may sign up for the listserv. The PCoC has revised its ranking procedures and scoring tools for new and renewal projects. Scoring includes HUD-established priorities including Opening Doors and CoC, as well as local, state, and federal priorities. Projects meeting scoring threshold are included in the project listing and ranked according to their score.

**1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?** Monthly

## 1C. Continuum of Care (CoC) Coordination

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.**

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

**1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.**

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
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**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)**

The City of Portland (COP) is the ESG recipient for Portland & is the Collaborative Applicant for & staffs the Portland CoC. ESG subrecipients are very active year-round in the Portland CoC. This collaboration contributes to the coordination of planning on allocation of ESG funds. COP ESG-RRH funds can pay for security deposits & utility deposits, & 1.5 outreach case managers. MaineHousing's Home to Stay (HTS), a RRH program is ESG-funded. The COP's Social Service Division is coordinating HTS in Portland with its Family & Oxford St. Shelters, & with Milestone & Preble Street. Family Crisis Services (DV shelter) also receives ESG funding. The City of Portland consults/collaborates with PCoC to prioritize ESG funding and to develop performance measures. Annually PCoC provides input to the Con Plan Annual Performance Report.

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)**

In 2014, the Maine CoC & PCoC jointly implemented the FY2012 HUD Planning Grant, specifically working with consultants to develop initial draft monitoring procedures and documents which were approved in Dec. 2014 by PCoC. The PCoC adopted MaineHousing standards for performance measures for ESG subrecipients including monitoring them on utilization, lengths of stay, returns to homelessness & exits to PH. In 2015, MaineHousing changed the Homeless Shelter Rule to Homeless Solutions Rule & changed the funding formula for shelters. PCoC was involved in providing feedback on the rule changes including the funding formula & members were encouraged to submit questions & attend the public hearing. This year the PCoC began monitoring of ESG recipients & has begun to review reports including HMIS data, PIT level data, etc. Next year, PCoC will establish performance measures & targets annually in consultation with ESG subrecipients and MaineHousing.

**1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)**

PCoC regularly coordinates with victim & non-victim service providers to ensure survivors of DV are provided housing & services that ensure their safety, security & personal choice are upheld. Scenario 1: HH's are referred to local DV providers &/or 24-hour tollfree DV helpline if they consent. They are also eligible for all subsidy options i.e. HCV/STEP/BRAP/SPC vouchers. Households can choose to stay in non-DV shelters & most shelters have 24-hour staffing & prohibit the use of drugs/alcohol, weapons, etc. for safety purposes. Scenario 2: In the PCoC, Family Crisis Services operates a DV shelter & TH as well as a statewide 24 hour tollfree helpline. Trained staff/volunteers assist with safety planning, identifying options, emotional support/specialized advocacy including referrals & information, linking victims with all available temporary emergency/TH or PH based on their needs, court advocacy & support groups, etc.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Portland Housing Authority	44.00%	Yes-HCV

**If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.**

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)**

Additional sources of affordable housing that are being used to house people experiencing homelessness include subsidized and low income housing opportunities listed on the MaineHousing website and other local lists. Other sources that target people experiencing homelessness within the PCoC include: BRAP, STEP coupons (TBRA), SSVF client assistance funds, subsidized housing, LIHTC properties with homeless preference, supportive housing projects for homeless populations through the MaineHousing Supported Housing RFP. In addition, in extreme emergencies, General Assistance can provide temporary rental assistance. The PCoC members actively encourage housing developers to do set asides for homeless preferences i.e. Community Housing of Maine.

**1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Low barrier shelters/Harm reduction	<input checked="" type="checkbox"/>
Mayor's Initiative on Substance Abuse	<input checked="" type="checkbox"/>
Mayor's Healthcare Taskforce	<input checked="" type="checkbox"/>

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

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.**

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"/>

**1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.**

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"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.  
(limit 1000 characters)**

N/A

## **1E. Centralized or Coordinated Assessment (Coordinated Entry)**

### **Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.**

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.  
(limit 1000 characters)**

Maine’s Coordinated Entry System (CES) written standards have been established to ensure that persons experiencing homelessness who enter programs throughout Maine’s two CoC’s will be given similar information & support to access & maintain housing & resources. When operational, the full geography of the CoC will be covered by the CES including access to crisis response services, assessment of clients, prioritization & referral options. Advertising will focus on people experiencing literal homelessness in an effort to reach the target population. Maine’s CES will contact private/ public agencies including those in the CoC, 211, VA, social service agencies & state/local government to educate & provide information on available programs. The CES will coordinate with existing street outreach programs as well as private/public agencies for referrals, so that people sleeping on the streets & those with the most severe service needs are prioritized for assistance through the CES.

**1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.**

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

HOPWA (HIV/AIDS serving organization)	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
State Government	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Veterans Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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

## Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	8
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	1
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	7
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

### 1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

<b>Monitoring criteria</b>	
<b>Participant Eligibility</b>	<input checked="" type="checkbox"/>
<b>Utilization rates</b>	<input checked="" type="checkbox"/>
<b>Drawdown rates</b>	<input checked="" type="checkbox"/>
<b>Frequency or Amount of Funds Recaptured by HUD</b>	<input checked="" type="checkbox"/>
Housing First Approach	<input checked="" type="checkbox"/>

<b>Need for specialized population services</b>	
<b>Youth</b>	<input checked="" type="checkbox"/>
<b>Victims of Domestic Violence</b>	<input checked="" type="checkbox"/>
<b>Families with Children</b>	<input checked="" type="checkbox"/>
<b>Persons Experiencing Chronic Homelessness</b>	<input checked="" type="checkbox"/>
<b>Veterans</b>	<input checked="" type="checkbox"/>
Young Adults up to 24 years of age	<input checked="" type="checkbox"/>

<b>None</b>	<input type="checkbox"/>
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**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)**

In the last competition PCoC reallocated TH to RRH & PSH. PCoC continues to prioritize the most severe needs of homeless individuals within Portland. PCoC revised the ranking/scoring policies and procedures as well as the tools based on special subpopulations with specific vulnerabilities including CH, families/young parents, DV, disability, MI/SA, HIV/AIDS. All PSH projects have dedicated or prioritized CH beds. Project applications receive additional points during the scoring process for serving these vulnerable populations. PCoC adopted HUD's notice CPD-14-012 for prioritizing CH. Additionally, projects received points if they indicated in their applications that they adopted a housing first approach.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)  
(limit 750 characters)**

The PCOC Review, Ranking and Scoring Procedures and Scoring tools were voted upon in the PCoC meeting on 10/14. The PCoC made Procedures publicly available on the City of Portland website on 10/15/15 and posted the Scoring tool on 10/16/15 so that this information could be available to all stakeholders.

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)** 11/17/2015

**1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)** No

**1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)**

**1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?** No

# 1G. Continuum of Care (CoC) Addressing Project Capacity

## Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The Portland CoC has developed forms that are used to evaluate project performance based on the HEARTH Act performance measures, priorities of HUD's CoC program as well as documented CoC and State of Maine strategies to end and prevent homelessness. The Monitoring and Evaluation Form asks authorized representatives for the project to provide a program summary and description on how the project helps participants achieve self-sufficiency/stability. The form asks agencies/projects about their policies and record keeping, per 24 CFR 578.103(a)(3); 24 CFR 576.500(b); 24 CFR 578.37(a)(1)(i); 24 CFR 578.75(b); 24 CFR 578.103(a)(8); 24 CFR 578.23(c)(4)(iv). Data from submitted APRs and HMIS data quality/completeness reports are reviewed to gauge project effectiveness. A committee consisting of funded and non-funded CoC members reviews all materials to complete a Monitoring Threshold Tool. The tool provides threshold scores for each project, helping determine recommendation for renewal.

**1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?** Yes

**1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?** Yes

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

**Intructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.** Yes

**2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.** 4-8

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.** Yes

**2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?** Yes

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

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

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

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

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

### 2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$0
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$0</b>

### 2B-2.2 Funding Type: Other Federal

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

**2B-2.3 Funding Type: State and Local**

Funding Source	Funding
City	\$0
County	\$0
State	\$0
<b>State and Local - Total Amount</b>	<b>\$0</b>

**2B-2.4 Funding Type: Private**

Funding Source	Funding
Individual	\$0
Organization	\$0
<b>Private - Total Amount</b>	<b>\$0</b>

**2B-2.5 Funding Type: Other**

Funding Source	Funding
Participation Fees	\$26,632
<b>Other - Total Amount</b>	<b>\$26,632</b>

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$26,632</b>
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):** 05/14/2015

**2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.**

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	468	16	452	100.00%
Safe Haven (SH) beds	15	0	15	100.00%
Transitional Housing (TH) beds	230	0	222	96.52%
Rapid Re-Housing (RRH) beds	77	0	77	100.00%
Permanent Supportive Housing (PSH) beds	584	0	544	93.15%
Other Permanent Housing (OPH) beds	0	0	0	

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)**

N/A

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.  
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input checked="" type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

**2C-4. How often does the CoC review or assess its HMIS bed coverage?** Annually

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

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.**

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	1%	10%
3.3 Date of birth	0%	0%
3.4 Race	1%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	14%	1%
3.15 Relationship to Head of Household	2%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	2%	0%

**2D-2. Identify which of the following reports your HMIS generates. Select all that apply:**

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

**2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?** 12

**2D-4. How frequently does the CoC review data quality in the HMIS?** Monthly

**2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both?** Both Project and CoC

**2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.**

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)**

N/A

## 2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.**

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 02/04/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Yes

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/14/2015

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

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:**

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

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

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input checked="" type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)**

The methodology that has been used historically and was utilized for 2015 is a 'Census Count'. This method was chosen because it provides an enumeration of all sheltered homeless people in the CoC. For projects that have entered data into HMIS, the data collection is already completed and the necessary information should be extracted from the HMIS. For projects that do not participate in HMIS, a provider level survey was conducted.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)**

The only substantive change from 2014 to 2015 was the implementation of the extrapolation spreadsheet provided by HUD, which allowed us to extrapolate demographics where response categories were either "Client doesn't know," "Client refused" and "Data not collected."

**2F-5. Did your CoC change its provider coverage in the 2015 sheltered count?** No

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)**

N/A

## 2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:**

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
	<input type="checkbox"/>

**2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

With the changes from the 2014 Data Standards, trainings were focused on using the count as an opportunity to improve data quality for the new questions in data element 3.17. As nearly all shelters are in HMIS, there was a renewed emphasis on ensuring that client level data was current, accurate and complete in the system.

## 2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.**

**2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes

**2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 02/04/2015

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Yes

**2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/14/2015

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

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:**

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

**2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)**

The methodology that has been used historically and is recommended for 2015 is a 'Night of the Count' and 'Complete Coverage' methodology. This was chosen because it provides a count of people who are staying in unsheltered locations on the night of the count - February 4, 2015. The whole CoC geography is canvassed in order to count unsheltered persons. CoCs send teams of enumerators throughout the geography, searching for and counting unsheltered persons

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)**

There was no change.

**2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016?** Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

## 2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

Trainings were provided both live and via webinar on the correct way to complete the HUD supplied questionnaire for unsheltered populations.

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

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

#### \* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	786	740	-46
Emergency Shelter Total	480	472	-8
Safe Haven Total	11	13	2
Transitional Housing Total	283	255	-28
Total Sheltered Count	774	740	-34
Total Unsheltered Count	12	0	-12

### 3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	4,057
Emergency Shelter Total	3,568
Safe Haven Total	16
Transitional Housing Total	473

**3A-2. Performance Measure: First Time Homeless.**

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.  
(limit 1000 characters)**

SSVF has outreach and prevention services to homeless and at risk of homeless Veterans and their families which served over 150 families last year. Staff in shelters work with referrals to assist in diversion to other housing options including family and other community resources if at all possible. Portland has a robust General Assistance (GA) Program that provides rental assistance and they respond promptly to eviction notices to prevent individuals/families from losing housing. The City has a TBRA program that can pay rental & utility arrears to keep people housed. ESAC monitors the number of individuals who are first time homeless to identify trends. To identify trends and risk factors PCoC seeks information from GA, Homeless Voices for Justice and shelters track reasons for requests for emergency shelter and first time homeless for prevention and diversion purposes.

**3A-3. Performance Measure: Length of Time Homeless.**

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.  
(limit 1000 characters)**

PCOC has been working on its Long Term Stayer (LTS) initiative since 2013, focusing subsidies (S+C, Section 8, BRAP) & services on CH with the longest LOS. The Statewide Homeless Council has developed a definition for this group: LTS are people staying over 180 cumulative days in shelters (or outdoors) within a 365 day period (not necessarily consecutive) measured by HMIS data. By prioritizing LTS, the overall length of time homeless decreases for the CoC & makes room in our shelters for people who have been living in overflow shelters/sleeping out, & work our way down from those staying the longest until people staying for short periods of time, & we reach functional zero. HMIS LTS reports are reviewed monthly. An ESAC LTS subcommittee reviews progress & subsequent reduction in length of time homeless weekly. Shelters receive incentive funding for reducing LOS. The Home to Stay program also works to rapidly house people thus lowering LOS.

**\* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

**In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.**

**3A-4a. Exits to Permanent Housing Destinations:**

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	728
Of the persons in the Universe above, how many of those exited to permanent destinations?	321
<b>% Successful Exits</b>	<b>44.09%</b>

**3A-4b. Exit To or Retention Of Permanent Housing:**

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	45
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	31
<b>% Successful Retentions/Exits</b>	<b>68.89%</b>

**3A-5. Performance Measure: Returns to Homelessness:**

**Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)**

Shelters work to rapidly rehouse individuals/families who return to homelessness using: 1) TBRA which provides short-term financial assistance to cover costs such as security deposits & unpaid utilities which prevent them from securing housing; 2) Home to Stay Program Navigators who follow the individuals/families for up to 1 year upon exit from the shelter providing direct assistance to help them stay housed; 3) Community Mental Health providers who work collaboratively with the Long-term Stayer Initiative provide on-going follow-up support to help these individuals/families. These strategies bolster individual's/family's stability once rehoused, thus significantly reducing the chance of a return to homelessness. In addition, shelters use HMIS to identify & track individuals/families exiting PH-RRH, TH, and PSH as they reenter homelessness. All shelters receive incentive funding for reducing returns to homelessness to 25% or less.

**3A-6. Performance Measure: Job and Income Growth.**

**Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)**

PCoC programs coordinate with local employment option including Goodwill Industries, Portland Career Center, and Preble St. employment case managers. The Portland Jobs Alliance (PJA), a workforce development initiative funded through Portland CDBG, targets homeless individuals with assessments, training, job placement, and case management. Part of PJA, Portland Adult Education has developed a Employability Skills Training program for homeless individuals that provides on-site workshops at Preble Street Day Shelter i.e. Reconnecting to the Workforce, Sharing Work Skills, Job Search Strategies; Barriers to Employment; Resumes and Cover Letters & Preparing for Job Interviews. All Portland CoC program assessments include an evaluation of income, employability, & disability. For individuals with no resources, an evaluation for GA eligibility is made at all shelters & by outreach workers. SOAR trained staff are available at all shelters and to youth and PATH outreach operates in PCoC.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)**

Programs in the CoC have access to specific mainstream resources that have been developed to meet the needs of homeless households. The State of Maine Career Center provides access to computers, assessments and job training. Goodwill Industries has a robust training program that coordinates with both adult and youth homeless programs to increase employment. The Portland Jobs Alliance includes Goodwill, Coastal Enterprises Inc. PAE, and City of Portland officials from both Social Services and Economic Development. Specific industries have been targeted for jobs including hotel and service and health industries. Local Community College and employers are participating in training and work placement of homeless individuals. The Portland Chamber of Commerce houses a Coordinator of the Greater Portland Workforce Initiative which is focused on employment for disenfranchised population including homeless persons and planning and resource development includes CoC homeless organizations.

**3A-7. Performance Measure: Thoroughness of Outreach.**

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?  
(limit 1000 characters)**

Preble Street outreach and case management staff, supported by federal PATH and matching State funds, visit local camp sites and encourage individuals and couples to work on housing placement & to meet other basic needs and income by going to shelters or using the Preble Street Clinical Intervention Program. Other outreach efforts include Amistad, Milestone Foundation Home Team, Frannie Peabody Center (HOPWA Funded), The Opportunity Alliance, youth outreach and shelters in Portland. Milestone Home Team provides outreach aimed at maintaining safety for homeless individuals on the street who may need transport to shelter and forms relationships with many chronic substance users that can lead to interest in working on housing. City of Portland housing specialists join outreach activities regularly to assist individuals who are at risk. PCoC works with the community policing staff to identify & assist unsheltered individuals.

**3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?** No

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?  
(limit 1000 characters)**

N/A

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

### Objective 1: Ending Chronic Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.**

**3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	106	111	5
Sheltered Count of chronically homeless persons	102	111	9
Unsheltered Count of chronically homeless persons	4	0	-4

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)**

The methodology that has been used historically and was utilized for 2015 is a "Census Count". However, the PCoC received a HUD-approved waiver to move the night of the PIT to a week later due to severe weather. For the unsheltered count, there was a decrease to 0 for sheltered an increase of 9, which is likely due to increased outreach efforts to get people into shelter. On the night of the PIT, there was significant inclement weather in Maine and many people sought shelter instead of remaining outside. For the overall total there was a slight increase due to outreach efforts and an overall increase in total for several reasons. The LTS Initiative slowed down briefly due to staffing changes in the shelter and the City of Portland staff turnover. However, this was a short term increase and the LTS gained its previous momentum in March.

**3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)**

To achieve 2014-2015 numeric targets:

- 1) In this round PCOC will reallocate funding from 3 CoC-funded TH projects to create a single new project with 30 new PSH beds for CH.
- 2) Portland Hsg Auth. will set aside 15 S8 HCV for CH
- 3) So. Portland Hsg Auth will set aside 2 S8 HCV for CH
- 4) Westbrook Hsg Auth will set aside 5 S8 HCV for CH
- 5) Frannie Peabody (HOPWA) will designate 2 beds for CH
- 6) Portland Hsg Auth will obtain 15 new VASH vouchers
- 7) Maine DHHS will prioritize use of available S+C vouchers outside of Portland for CH.
- 8) 100% of PSH beds not designated for CH will be prioritized for use by CH
- 9) MaineHousing's Home to Stay (HTS) is a RRH-like program combining ESG-funded services with short-term TBRA & Section 8 HCV to help homeless access & retain housing. This will prevent repeated & lengthy homeless episodes leading to new CH.
- 10) Oxford St. Shelter staff will be assigned to clients with the longest bed nights to help them move into PSH; housing CH & preventing long term stayers from becoming CH.

**3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)**



**3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.** 11, 24-28

**3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.**

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	202
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	31
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	31
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

**3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?** Yes

This question will not be scored.

**3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)**

The CoC is actively working to house all CH in the Portland Shelter system due in large part to the Long-Term Stayer Initiative, a sub-committee of ESAC. The CoC has also adopted the orders of priority as described in HUD Notice CPD-14-012 (under III A1) for all CoC-funded PSH. New applications for PSH bonus projects are dedicated to CH. A new site-based housing-first development will be prioritized for CH. The Portland HA has established set-asides/preferences for 40 of its Section 8 HCVs. MaineHousing's SHP allows for the creation of non-CoC PSH w/in the geographic area. PCoC is also working to create supportive housing units within larger affordable housing projects. Based on recent increases in individuals sleeping outside of the shelter, the CoC is implementing a planned effort to engage & provide housing and emergency options to these persons and reviewing methodology for the next PIT count.

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

### Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)**

Home To Stay (HTS) Navigators meet with clients upon entry into the shelter, create housing stability plans & complete a VI-SPDAT to determine the best course of action for RRH with specific attention to those most vulnerable. HTS also has an allocation of HCV vouchers and STEP (TBRA) Coupons available for HH's prioritized on the VI-SPDAT. Navigators continually outreach to build relationships with landlords to increase housing options. This is incentive for landlords to notify shelters of openings, they prioritize families who have the longest shelter stays and highest vulnerability. Currently the LOS for the City of Portland Family Shelter for calendar year 2014 was 45 days and the shelter is consistently and progressively working towards a LOS of 30 days. The LTS initiative has been instrumental in working toward this goal.

**3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve families in the HIC:	45	61	16

**3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)**

CoC policies and procedures prohibit involuntary family separation:	<input type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
Shelter procedures prohibit involuntary separation	<input checked="" type="checkbox"/>
New Maine Homeless Rule that governs shelter funding prohibits involuntary separation	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

**PIT Count of Homelessness Among Households With Children**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	76	68	-8
Sheltered Count of homeless households with children:	75	68	-7
Unsheltered Count of homeless households with children:	1	0	-1

**3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

The methodology that has been used historically and was utilized for 2015 is a "Census Count". The LTS initiatives combined with the Home to Stay Program (a rapid re-housing program) have significantly assisted in moving families with children rapidly into housing and also to provide on-going supports to keep them stably housed. This has led to an overall decrease as well as decreases for both sheltered and unsheltered homeless households with children.

**3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:**

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

**3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.**

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input checked="" type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).**

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	378	328	-50

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)**

The number of unsheltered youth counted dropped slightly in 2014 due to more resources for targeted permanent housing, making more shelter beds being available. A local foundation funded a transition in place program that stabilized 8 chronically homeless youth in apt and HTS supported RRH using for 8 more youth who have more skills & need less support. This has allowed Teen Services staff to focus on increased prevention & early intervention. Outreach efforts have been targeting youth & encouraging them to use the teen shelter. Because many youth do not meet the HUD definition of homelessness, Preble St. took a leadership role in conducting a separate statewide youth PIT Count in May 2015. This includes literally homeless youth, youth in shelters, precariously housed i.e. couch surfing, doubled up. The results of this survey found a significantly higher amount of youth than the statewide PIT. This PIT survey will allow the PCoC to make targeted efforts to assist these youth.

**3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.**

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$2,143,000.00	\$2,143,000.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$2,143,000.00	\$2,143,000.00	\$0.00

**3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?**

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	0
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	44
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	12

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)**

Portland (Ptld) DOE commits to coordination w/CoC family/youth programs. Cross training between CoC members & school liaisons occurs periodically. The Street Academy (SA), an education program located at the Teen Center, funded by the State DOE through McKinney-Vento, assisted in the development of CoC access to education policies. Shelters consult w/ Ptld liaisons and those from other communities to ensure that children in shelters continue in the school from which they came, & to arrange any testing/educational homeless services needed to ensure continuity in children's education. School liaisons & social workers refer to CoC service providers if children or youth enrolled in school appear unstably housed. For unaccompanied youth from Ptld, SA coordinates with local/regional schools/liaisons if youth wish to continue in the school located in their community. Beyond coordination, SA provides an alternative education program including tutoring, credits & HISET (GED) preparation.

**3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)**

**PCoC-Education Referral Process Policy**

- All homeless children who enter a Ptlid emergency shelter will be connected directly to the Homeless Liaison for enrollment in school. If a child enters an emergency shelter & the child is already enrolled in a Ptlid school, the Homeless Liaison still needs to be notified.
- When a refugee homeless family enters a Ptlid emergency shelter both the Homeless Liaison and the Multi-Lingual Center must be contacted. All new refugee children must be tested prior to enrolling in school.
- All unaccompanied homeless youth who enter an emergency shelter in Ptlid or access Teen Center services should be connected directly to Ptlid Public School's Street Academy. The Street Academy will work with student & assess educational needs. Street Academy will navigate enrollment process with student, connecting with district's homeless liaison and transportation director as needed.
- All homeless shelters in the PCoC will be required to enter into HMIS whether the children were connected to the Homeless Liaison.  
All programs serving families & unaccompanied youth have participated in CoC planning and efforts to ensure that participants eligible for CoC or ESG programs are identified.
- TOA & Preble St coordinate w/ liaisons and school counselors & social workers so that youth at risk or in the streets are referred by schools for appropriate services.
- The State Office of Family and Children's Services has liaisons & workers at the Teen Center twice a week to ensure connections with homeless providers and school programs.
- Daily meetings at times including community wide planning regarding challenging situations involving education and homelessness occur between school and family and youth providers.
- Coordination between jail, juvenile facility, & local community police occur regularly with re-entry planning meetings including CoC providers.

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

### Objective 3: Ending Veterans Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	40	43	3
Sheltered count of homeless veterans:	38	43	5
Unsheltered count of homeless veterans:	2	0	-2

**3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

The methodology that has been used historically and was utilized for 2015 is a Census Count. Several factors explain the slight increase in the number of homeless Veterans in the shelter. Most important is a combination of severe weather and resource challenges that emerged this year that have been addressed. Staffing issues in the VASH prog and a slowing of the movement of Veterans into VASH subsidized housing is the major factor. Concern about empty VA case mgmt positions & its impact on efforts to decrease the number of homeless Veterans has been a concern of the CoC & recently resulted in several mtg with leaders in the VISN and in the Togus Medical Ctr. These have resulted in increased focus on hiring quickly & a memorandum of agreement so that SSVF workers as well as other Preble St CMs can provide the housing counseling, placement, & CM as a bridge until new VASH CMs are available. This has ensured that the CoC is back on track to end Veteran homelessness by 2016.

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?  
(limit 1000 characters)**

SSVF conducts regular outreach to identify Veterans. HMIS entry forms ask about Veterans status and all Veterans are referred to SSVF for assessment. All Veterans are screened for eligibility for all Veteran-related services including but not limited to: SSVF, HUD VASH, VA medical services, VA pension, VA service-connected disability, assisting with DD-214. There is a FT staff (Preble Street) dedicated to assisting homeless/formerly homeless Veterans with enrollment in the ACA exchange, regardless of eligibility (Maine has not expanded Medicaid under the ACA, many are not eligible due to this). PCoC participates in the bi-annual VA homeless summit for information sharing and identifying additional resources. A VA staff attends PCoC meetings and PCoC provides input regarding resource allocation.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?  
(limit 1000 characters)**

All applicable CoC Program-funded resources are prioritized to Veterans as well as ESG & state funded RRH efforts. Individuals are prioritized during the initial assessment & screening. They are offered CoC program-funded resources based on VI-SPDAT score, length of stay, & CH status. When all factors (vulnerability, length of stay, CH) are the same, Veterans are prioritized. SSVF can serve all Veterans despite eligibility for homeless assistance through the Dept. of Veterans Affairs Programs unless they have a dishonorable discharge & is committed to referring all Veterans to service in the community when Veterans are identified at shelters and/or on the street. If a Veteran is not eligible for VA services, they are referred for CM, treatment, & behavioral health care through community partners who serve other homeless persons including healthcare for the Homeless, Federal and State funded PATH workers.

**3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).**

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	30	43	43.33%
Unsheltered count of homeless veterans:	0	0	0.00%

**3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.** Yes

This question will not be scored.

**3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)**

The PCoC is utilizing the criteria & benchmarks set forth by the USICH for ending Veteran homelessness & we have been awarded Vets@Home TA to address continuing barriers. The community has identified all Veterans experiencing homelessness. There is a master list that combines lists from shelters, outreach teams, & SSVF grantees. A barrier to our list is information from our local VAMC. The community offers shelter immediately to Veterans who are unsheltered. PCoC has the capacity to assist Veterans swiftly move into PH using VASH, SSVF, and other PSH. Vets@Home TA will assist tracking the length of time to house vets which we estimate to be 60 days. The community has resources, plans and system capacity in place should any Veteran become homeless or be at risk of homelessness in the future. We have resources within our community to assist veterans that may become homeless again or are at risk of homelessness including SSVF progressive partnership with Legal Aid providers.

## 4A. Accessing Mainstream Benefits

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients?** Yes

**4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

### FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	10
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	10
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)**

The Mayor’s Taskforce on Healthcare & CoP Public Health, with support from ME Health Access Foundation (MEHAF), prioritized outreach & enrollment in health ins across all pops incl those who are homeless, low income, & immigrants. Healthcare for the Homeless at the Ptd Community Health Ctr have enrolled 425 indiv ME Med Ctr Care Partners embedded care coordinators in the day shelter & had 672 contacts referring several dozen for treatment & enrollment. ME DHHS funded homeless outreach and CMs prioritizing enrollment in MaineCare for CH. More than 30 enrolled. The Opportunity Alliance navigators have enrolled 60 indiv MEHAF funded Veteran’s ACA outreach, education & referral had 600 contacts in Ptd and referred dozens to navigators, CMs, or the VA. Planning for the ACA in Ptd resulted in hundreds of disabled indiv receiving MaineCare benefits & needed health & behavioral health svcs after many were among the 70,000 indiv who lost benefits during ACA implementation.

**4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?**

<b>Educational materials:</b>	<input checked="" type="checkbox"/>
<b>In-Person Trainings:</b>	<input checked="" type="checkbox"/>
<b>Transportation to medical appointments:</b>	<input checked="" type="checkbox"/>
Outreach and engagement incl SAMSA-funded care coordination	<input checked="" type="checkbox"/>
Onsite health providers incl a teen clinic	<input checked="" type="checkbox"/>
Onsite health care coordinators to enroll clients in eligible services	<input checked="" type="checkbox"/>
<b>Not Applicable or None:</b>	<input type="checkbox"/>

## 4B. Additional Policies

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.**

### FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	10
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	10
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

**4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

### FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	10
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	10
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

**4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?**

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve any population in the HIC:	60	77	17

**4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?  
 (limit 1000 characters)**

N/A

**4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?** No

**4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)**

N/A

**4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?** No

**4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)**

N/A

**4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.** Yes

**4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.**

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input checked="" type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input checked="" type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.**

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
HMIS Governance	02/13/2013	2
Performance Measures	02/13/2013	3
Coordinated Entry	01/01/2014	3
HMIS Systems	01/01/2014	1

## 4C. Attachments

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	PCoC Notification...	11/17/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	2015 CoC Consolid...	11/17/2015
03. CoC Rating and Review Procedure	Yes	PCoC Ranking and ...	11/17/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Website Posting E...	11/12/2015
05. CoCs Process for Reallocating	Yes	PCoC Minutes 9-30...	11/17/2015
06. CoC's Governance Charter	Yes	PCoC Governance C...	11/12/2015
07. HMIS Policy and Procedures Manual	Yes	Maine HMIS Polici...	11/16/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	Portland Housing ...	11/16/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	MCoC and PCoC Joi...	11/18/2015
11. CoC Written Standards for Order of Priority	No	Written Standards...	11/16/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No	Maine Joint Board...	11/17/2015
14. Other	No		
15. Other	No		

## **Attachment Details**

**Document Description:** PCoC Notification to Project Applicants

## **Attachment Details**

**Document Description:** 2015 CoC Consolidated Application: Public Posting Evidence

## **Attachment Details**

**Document Description:** PCoC Ranking and Scoring Process

## **Attachment Details**

**Document Description:** Website Posting Evidence

## **Attachment Details**

**Document Description:** PCoC Minutes 9-30-15 (Reallocation)

## **Attachment Details**

**Document Description:** PCoC Governance Charter

## **Attachment Details**

**Document Description:** Maine HMIS Policies and Procedures

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Portland Housing Authority Homeless Preference Section

## **Attachment Details**

**Document Description:** MCoC and PCoC Joint Governance Charter with MOU

## **Attachment Details**

**Document Description:** Written Standards for CES and Order of Priority

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Maine Joint Board of Directors By-Laws

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Submission Summary

Page	Last Updated
<b>1A. Identification</b>	11/13/2015
<b>1B. CoC Engagement</b>	11/16/2015
<b>1C. Coordination</b>	11/18/2015
<b>1D. CoC Discharge Planning</b>	11/13/2015
<b>1E. Coordinated Assessment</b>	11/18/2015
<b>1F. Project Review</b>	11/18/2015
<b>1G. Addressing Project Capacity</b>	11/13/2015
<b>2A. HMIS Implementation</b>	11/13/2015
<b>2B. HMIS Funding Sources</b>	11/13/2015
<b>2C. HMIS Beds</b>	11/13/2015
<b>2D. HMIS Data Quality</b>	11/13/2015
<b>2E. Sheltered PIT</b>	11/13/2015
<b>2F. Sheltered Data - Methods</b>	11/13/2015
<b>2G. Sheltered Data - Quality</b>	11/13/2015
<b>2H. Unsheltered PIT</b>	11/13/2015
<b>2I. Unsheltered Data - Methods</b>	11/13/2015
<b>2J. Unsheltered Data - Quality</b>	11/13/2015
<b>3A. System Performance</b>	11/18/2015
<b>3B. Objective 1</b>	11/18/2015
<b>3B. Objective 2</b>	11/17/2015
<b>3B. Objective 3</b>	11/18/2015
<b>4A. Benefits</b>	11/17/2015
<b>4B. Additional Policies</b>	11/13/2015
<b>4C. Attachments</b>	11/18/2015
<b>Submission Summary</b>	No Input Required

## Paula Paladino

---

**From:** Krista Morris <KNM@portlandmaine.gov>  
**Sent:** Friday, November 06, 2015 4:31 PM  
**To:** Brooks More; Greg Payne; Cullen Ryan; Vickey Rand; Jenny Stasio; Rebecca Hobbs; Doug Libby; Chet Barnes; Anne Gass; Cindy Namer; Megan Spencer; Paula Paladino; Bob Fowler; Joe McNally; Tom Natalie; Dawn Pickles; Elizabeth Szatkowski; Joe Everett; Pat McKenzie; Wendi DuBois; Joni Boissonneault; Kira Maas; Amanda Holivan; Aaron Geyer; Dawn Stiles; David MacLean; Jeff Tardif; Krista Morris; Matthew Pryor; Sunday White; Tammy Butner; Donna Yellen; Jon Bradley; Joanie Klayman; Mark R. Swann; Norman Maze; Ginny Dill; Thomas McLaughlin; Carol Kulesza  
**Subject:** Portland CoC Notification to Project Applicants  
**Attachments:** FINAL Ranking and Scoring For PCOC Project Applications11.4.15.xlsx

Good afternoon everyone,

Congratulations! This is to inform you that the Portland CoC met Wednesday and voted to include all project applications as part of the CoC Consolidated Application Submission for the FY2015 HUD Competition. There are **no** project applications that were rejected in this year's competition and all projects will be included in the Project Priority Listing submission to HUD.

Attached is the Project Priority Listing that was reviewed in the Portland CoC meeting with the scores for each project. After discussion in the meeting, it was agreed that the group would approve the **adjusted** ARD tiers.

This will also be posted on the City's website (<http://www.portlandmaine.gov/DocumentCenter/Home/View/11041>) and announced over listserv.

Thank you,  
Krista

**Krista N. Morris**  
City of Portland  
Health & Human Services Department  
Social Services Division  
196 Lancaster Street  
Portland, ME 04101  
(207) 482-5144

*"The best way to predict the future is to create it" -Peter Drucker*

[Homeless Data and Reports](#)

## Current Application Materials

- [PCOC FY 15 Collaborative Application Submission 11.17.15](#)
- [PCOC FY 15 Project Priority Listing 11.17.15](#)
- [FINAL Ranking and Scoring For PCOC Project Applications 11.4.15](#)
- [FY 2015 GIW - ME-502 FINAL](#)
- [FY2015 HUD NOFA Competition Announcement](#)
- [NOFA FY 2015](#)
- [CoC Project Application Timeline 2015](#)
- [The Continuum of Care Ranking and Scoring Process](#)
- [PCoC Scoring template for FY15](#)
- [Proposed Joint CoC Board Officers](#)
- [FINAL Maine Written Standards for Coordinated Entry 2015.10.05](#)
- [Joint Governance Charter - Maine CoC and Portland CoC](#)
- [Maine HMIS Procedures Manual Core Reviewed](#)
- [Maine HUD CoC Board of Directors Bylaws 2015.10.09](#)
- [PCoC Project Review Ranking and Selection Checklist additional Questions](#)
- [PCoC Monitoring Form 2015.10.09](#)
- [FY2015 HUD CoC NOFA Timeline for PCoC](#)

Select Language

## **Portland Continuum of Care Ranking and Scoring Process**

- HUD requires each Continuum of Care (CoC) to evaluate the performance of projects applying for CoC funds, and to prioritize projects for funding by ranking them. The CoC must submit the ranking to HUD in the CoC funding application. The HEARTH Act performance measures are used to evaluate the performance of projects and determine ranking priority. More information about the HEARTH Act performance measures can be found here:  
<https://www.hudexchange.info/resource/3894/system-performance-measures-introductory-guide/>.
- Each year, HUD specifies priorities in the Notice of Funding Opportunity (NOFA) that are reviewed by the CoC to ensure ranking of projects reflects current HUD funding priorities.
- HUD also requires CoCs to “Tier” projects. This means that some funds are placed in Tier 1, while a certain amount of funding (determined by HUD) must be placed in “Tier 2.” Tier 2 funds are at risk for being cut if HUD does not have sufficient dollars.
- Each year, the Portland CoC selects community members to sit on the CoC Project Ranking and Scoring committee. Committee members are not individuals who receive CoC funding or who benefit from CoC scoring decisions.
- In Portland, the CoC has developed forms that are used to evaluate project performance based on the performance measures, priorities of HUD’s CoC program as well as documented CoC and State of Maine strategies to end and prevent homelessness. Data from project monitoring forms and submitted Annual Performance Reports (APRs) is reviewed to gauge the effectiveness of the projects
- The CoC Project Ranking and Scoring Committee reviews CoC forms documenting program performance and the most recent project scoring tools developed to conform to HUD scoring criteria. The Committee then scores, ranks and prioritizes the projects. Criteria for ranking in the 2015 Continuum of Care application is included below.
- HUD strongly encourages CoCs to re-allocate funds. According to the HEARTH Act passed by Congress in 2009, each CoC is responsible for evaluating performance and ensuring that homeless assistance resources are utilized as efficiently as possible to produce the best client outcomes. During the CoC funding process the Project Ranking and Scoring Committee is charged with identifying projects that are not performing as well as others, and re-allocating funds to create new projects, if necessary.
- CoC-funded agencies have the option of volunteering to re-allocate their existing CoC funding to create a new project. In the FY2015 NOFA the types of projects that can be created through reallocation are:
  1. Permanent Supportive Housing, with all beds dedicated for chronically homeless individuals or families

2. Rapid Re-Housing for individuals or families coming from shelters or the streets, including youth up to age 24, and persons who meet the criteria of paragraph (4) of the definition of homelessness
  3. Supportive Services Only for Coordinated Entry/Centralized Intake, and
  4. Dedicated HMIS project to be implemented by HMIS lead agency.
- The goal of the Collaborative Applicant and the CoC Project Ranking and Scoring Committee is to ensure that Portland receives as much funding as possible from HUD to help people who are experiencing homelessness in Maine

**Criteria for ranking in the 2015 Continuum of Care application:**

**RENEWALS**

Data based n the following criteria:

1. Average bed utilization rate
2. % of participants employed at program exit
3. % of leavers with maintained/increased income
4. % of leavers with maintained/increased mainstream benefits
5. % of leavers who moved from TH to PH
6. % of participants who are still in permanent housing or left for a permanent housing destination
7. Length of stay in Permanent Supportive Housing
8. Participation in CoC meetings (voting record maintained)
9. HMIS data completeness and data quality
10. Successful and timely submission of APRs
11. Housing First approach information

**Both RENEWALS and NEW APPLICANTS**

Information from the submitted Project Application

1. Project type
2. Populations/subpopulations served
3. Project goals and performance
4. Prioritization of Chronically Homeless individuals to fill vacancies.
5. Match and leverage documentation meets requirements (and letter(s) documenting match and leverage are attached to the application)
6. Housing First Capacity of project applicants will be determine through the following criteria:  
Capacity of Project Applicants determined by the following criteria:
  - (a) Monitoring Threshold results
  - (b) Data quality
  - (c) Timeliness of APR submission
  - (d) Timeliness of drawdown requests
  - (e) Match/leverage percentage and documentation

Information from Continuum of Care and Portland Homeless Data and Planning

- (a) Priority of the type of housing /program for meeting current community needs.
- (b) Impact of potential loss of resources/funding on the Portland effort to end homelessness among all populations.



**Renewal Project Scoring Tool(Revised 10-16-15)**

Project Name: \_\_\_\_\_ Scorer: \_\_\_\_\_

**1. HUD Eligibility and Priorities (15 points Total)**

*HUD Priorities (12 Pts.)*

- Are you operating a PSH Project or RRH?
- Are you Operating TH
- Renewal HMIS
- Housing First Approach
- Any project application submitted by the CoC that was not included in the HUD-approved GIW

Possible Pts.	Pts. Awarded
10	
7	
10	
2	
1	

*HUD Program Eligibility (5 Pts.)*

- Is the applicant serving HUD's defined homeless population?
- Is the applicant serving an eligible sub-population?
- Is the applicant operating an HMIS project?

Possible Pts.	Pts. Awarded
Up to 5	

**2. COC Standards & Compliance (15 Pts. Total)**

*HMIS— Data Collection - Data Completeness Report*

Does the project satisfy threshold data quality and completeness (determined through the Monitoring and Evaluation process)?

Possible Pts.	Pts. Awarded
10	

Based on the Housing Inventory Chart of homeless housing resources, does the applicant currently provide HMIS or aggregate data for Non-McKinney funded homeless programs?

Possible Pts.	Pts. Awarded
5	

*DV Projects (Relating to Data Collection 10 Pts.)*

Is DV project reporting in a comparable data base aggregate data level

- If Yes, 10 Pts.
- If No, 0 Pts.

Circle One	Pts. Awarded
10	
0	

*HMIS related to DATA and HMIS system*

Have all HMIS users completed an initial HMIS privacy training

- If Yes, 3 Pts.
- If No, 0 Pts.

Circle One	Pts. Awarded
3	
0	

Are all HMIS Participating Agency Agreements on File with the HMIS lead agency.

- If Yes, 3 Pts.
- If No, 0 Pts.

Circle One	Pts. Awarded
3	
0	

Do all Vendor Agreements comply with HMIS privacy and other related policies

If Yes, 3 Pts.

If No, 0 Pts.

Circle One	Pts. Awarded
3	
0	

Does the HMIS Lead provide accurate and complete information from HMIS to HUD the for the Annual Homeless Assessment Report (AHAR)?

If Yes, 3 Pts.

If No, 0 Pts.

Circle One	Pts. Awarded
3	
0	

Does the HMIS lead use data from HMIS to produce accurate and complete information on participating programs for the Housing Inventory Chart (HIC) in the annual CoC

If Yes, 3 Pts.

If No, 0 Pts.

Circle One	Pts. Awarded
3	
0	

**3. Portland Continuum of Care Participation (10 Pts total)**

Does the project participate as defined by MCoC standards & an eligible voting member?

Possible Pts.	Pts. Awarded
10	

**4. Portland CoC Priorities / Project Type (8 Pts total)**

- PSH no services
- Services only
- HMIS
- PSH - Rapid Rehousing

Possible Pts.	Pts. Awarded
8	
1	
8	
8	

**5. Geography/Populations Targeted Subgroups (Chronic, Families, Youth, DV, Disability, VA etc.) *Must be based on your Program Description Target Population***

**May Choose More Than One**

- Chronic/Long Term Stayers
- Disability
- Families
- Unaccompanied Youth & Young Adults
- DV
- Veterans

Possible Pts.	Pts. Awarded
2	
2	
2	
2	
1	
1	

**HMIS PROJECT(s) ONLY**

Does the HMIS project support data collection for subgroups (chronic, Families, youth, DV, Disability, VA etc)?

If Yes, 3 Pts.

If No, 0 Pts.

Circle One	Pts. Awarded
3	
0	

*for Services only Projects*

Did they serve the number proposed in the application?

If Yes, 3 Pts.

If No, 0 Pts.

Circle One	Pts. Awarded
3	
0	

**6. Performance Measures (10 Pts.)**

	Possible Pts.	Pts. Awarded
Occupancy Rate at 85% or higher?	5	

*Has the applicant met or exceeded HUD's Performance Measures:*

1. Permanent Housing Projects ONLY: 80% of persons maintained Permanent Housing	5	
---	---	--

**All other performance Measures reviewed and compiled by Monitoring Threshold Score**

See below.

**7. Project/ Program Performance (22 Pts.)**

*Financial Information and Match (8 Pts.)* Possible Pts. Pts. Awarded

Does the project APR present financial information in accordance with HUD and other funding source requirements?	2	
--	---	--

Does the project leverage non-McKinney Funds in a 2:1 ratio 150%	10	
---	----	--

*Program Goals and Performance*

Did the project meet proposed HUD goals as set in project application?

Met all	5	
Met some	3	
Met none	0	

*Program Performance*

From the responses presented by the Monitoring & Evaluation Form, please determine the following:

**Self- sufficiency**

Does the project demonstrate how participants are assisted to access mainstream resources, increase income, and maximized ability to live independently?

	Possible Pts.	Pts. Awarded
	5	

**HMIS**

Is the HMIS system set up in a way that appropriate providers can run required reports independently

If Yes, 1 Pts.

If No, 0 Pts.

Circle One	Pts. Awarded
1	
0	

Is the HMIS system available 365 days a year 24/7 with minimal down time?

If Yes, 1 Pts.

If No, 0 Pts.

Circle One	Pts. Awarded
1	
0	

Do CoC requests for information and changes get met as requested?

All of the time, 3 Pts

Some of the Time 2 Pts

None of the time 0 Pts

Circle One	Pts. Awarded
3	
2	
0	

**8. PCoC Performance/Monitoring Compliance (10 Pts.)**

Please evaluate the project's monitoring compliance: Possible Pts.   Pts. Awarded

High - Met all deadlines for information. Resulted in no APR correction or resubmission.

10	
----	--

Low - Timely info but review resulted in APR revision

5	
---	--

Minimal/None - Provided info late and or resulted in incomplete monitoring or multiple APR Revisions

0	
---	--

**Total Points Awarded:**

--	--

**9. Project Impact - Effect on Homelessness (15 Pts.)**

Possible Pts.   Pts. Awarded

Please evaluate how the project would effect homelessness in the PCoC should it not be awarded funding through the annual CoC competition

The project would close and individuals would immediately become homeless due to loss of CoC funding

15	
----	--

Loss of funding would result in loss of housing options & could mean eventual displacement or increase in homelessness.

10	
----	--

Loss of funding would negatively impact services and resources but not a clear loss of housing options.

5	
---	--

Loss of funding would minimally impact number of housing options or resources available.

0	
---	--

**Total Points Awarded:**

--	--

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## Continuum of Care

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Health & Human Services	<input type="checkbox"/>	7158 <a href="#">Consolidated Application(Submitted 10.30.2014)</a>	Oct 30, 2014	Published	
Cancer Prevention Program	<input type="checkbox"/>	7615 <a href="#">Maine - Documentation Guide and Summary Final 2014.12.12</a>	Dec 15, 2014	Published	
Chronic Disease Prevention	<input type="checkbox"/>	7616 <a href="#">1. PM ME Graphic v 2 Final 9.16.14</a>	Dec 15, 2014	Published	
Data & Reports	<input type="checkbox"/>	7617 <a href="#">2. ME Policies and Procedures Final Draft 9 16 14</a>	Dec 15, 2014	Published	
Elder Services	<input type="checkbox"/>	7618 <a href="#">3. ME Committee Draft Performance Measures 09 11 14</a>	Dec 15, 2014	Published	
Public Health	<input type="checkbox"/>	7619 <a href="#">4. CoC Monitoring Form DRAFT 2014 09 16</a>	Dec 15, 2014	Published	
Social Services Division	<input type="checkbox"/>	7620 <a href="#">5. Maine - Monitoring Threshold Template</a>	Dec 15, 2014	Published	
Continuum of Care	<input type="checkbox"/>	7621 <a href="#">6. Renewal project rating tool 2014.11.25 DRAFT</a>	Dec 15, 2014	Published	
Housing & Community Development	<input type="checkbox"/>	7622 <a href="#">7. New project rating tool 2014.09.11 DRAFT</a>	Dec 15, 2014	Published	
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Human Resources	<input type="checkbox"/>	10093 <a href="#">FY2015 HUD NOFA Competition Announcement</a>	Sep 24, 2015	Published	
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1 Assessment Policies and

0 Krista

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<input type="checkbox"/>	<a href="#">10266</a>	<a href="#">FY2015 HUD CoC NOFA Timeline for PCoC</a>	Oct 19, 2015	Published	
<input type="checkbox"/>	<a href="#">10344</a>	<a href="#">Final Monitoring threshold PCOC 10.22.15</a>	Oct 23, 2015	Published	

**Portland Continuum of Care  
Wednesday, September 30, 2015  
Meeting Minutes**

Aaron Geyer	City of Portland, Health & Human Services Dept., Social Services Division
Jeff Tardif	City of Portland, Health & Human Services Dept., Social Services Division
David MacLean	City of Portland, Health & Human Services Dept., Social Services Division
Vickey Rand	Community Housing of Maine
Cullen Ryan	Community Housing of Maine
Norm Maze	Shalom House
Ginny Dill	Shalom House
Paula Paladino	Maine State Housing Authority
Wendi DuBois	The Opportunity Alliance
Joe Everett	The Opportunity Alliance
Jon Bradley	Preble Street
Joanie Klayman	Preble Street
Greg Payne	Avesta
Seth Parker	Avesta
Chet Barnes	SAMHS
Eleesa Marnagh	SAMHS
Joni Boissonneault	Portland Housing Authority

**I. Introductions**

Jon welcomed everyone and brief introductions were made.

**II. HUD Application (Next Steps)**

Jon expressed the importance for everyone to pitch in with the application process. There will need to be a key group to be willing to meet intensely over the next month.

Handouts were passed around and Paula discussed the items she has already worked on. She is available the next four Wednesdays to work on the NOFA. In addition, MSHA will be working on the data for both CoCs, as the application this year is more data-driven, rather than narrative.

HUD stated that if a program was originally funded as Permanent Housing (PH), and HUD changes how it is funded now, it is to continue renewing as PH until told otherwise. Jon stated this is from Lynn Morrow at HUD.

Paula discussed the action items needed to be completed on the “Detailed Summary of the NOFA Action Items.” During the meeting the Public Invitation to join the CoC was updated and posted on the Portland CoC website.

The group agreed to the following:

- A weekly meeting is needed to review the items needed to be completed for the application
- A CoC Board needs to be established from agencies that are asked by HUD. Paula stated that from her research on other CoCs, most CoC Boards are approximately 12-13 individuals, with open slots to show that the CoC is soliciting those other agencies not represented. This includes at least one person who is or was homeless and a DV representative. Vickey stressed that these individuals need to have institutional knowledge behind them. Joe expressed that this is the group that will be voting and making decisions on the hard work put together by other agencies, so these individuals sitting on a CoC Board need to know about the CoC.

- How the CoC monitors the ESG and CoC recipients needs to be addressed. This monitoring piece needs to be fine-tuned.
- The CoC Leadership Team agreed there needs to be a written set of standards for Coordinated Entry/Assessment as per the CoC Interim Rule. The hope is that when the Leadership Team meets on October 8<sup>th</sup>, they will adopt the drafted written standards Paula has drafted based on her research around the country tailored to the needs here in Maine. Vickey pointed out that given the last issues with HUD, accuracy is imperative as the Portland CoC may be flagged.
- Ranking and scoring procedures need to be written out and posted. Paula discussed the ranking and scoring procedures set by the CoC. There is a priority by HUD this year for projects to be Housing First and Low Barrier. There needs to be at least 75% on both. Additionally, HUD wants to know what the CoC is doing to help prevent the criminalization of homelessness. Paula plans on doing a ranking sheet for agencies to use to ensure they are touching all the points needed in applications. Jon stressed that the group needs to be established and timing. Cindy reminded everyone that those doing the scoring can't have a project in the application. The criteria need to be established and posted to the website before project applications are due on October 20.
- Discharge policies need to be collected. Paula and Jon are working on discharge policies from foster care, and Paula has an e-mail from one of the two DOC Re-entry workers on what the DoC currently does. The Maine Statewide Homeless Council also has one from hospitals and mental health facilities, which Paula will get from the SHC.

Paula reviewed 26 documents in preparation to work with agencies on their applications. Over the next four Wednesdays, the application will be projected and worked on during the meetings. The group agreed to dole out responsibilities in a divide and conquer manner for all areas.

### **III. Reallocation of Projects:**

Reallocation: After much discussion surround reallocation, Cullen motioned to not reallocate; Ginny seconded; 7 voted yes; rest were in abstention.

### **IV. Timeline:**

Paula reviewed the timeline and the group discussed when to meet for voting so that the priority and ranking criteria can be published before October 20<sup>th</sup>.

Paula reviewed the points for each project, including early submission of the collaborative application and the match (cash/in-kind) of 25% and leveraging is 150%. They need to be distinct and separate funding.

### **V. Ranking and Prioritization:**

Need to create a list of agencies and individuals on who to ask. Jon pointed out that the group also needs to create a set of ranking criteria for those individuals to follow.

Cullen stressed that it makes sense for the MCoC and Portland CoC Boards to be the same. Jon explained his concern in the differences between the CoCs. Paula said that one board can look at both CoCs differently and have room to make those different decisions. Commonalities outweigh the differences and after this year, the CoC Board can be changed for next year.

Once the CoC Board is established, subcommittees for the separate CoCs can be developed.

For the next meeting, Paula and Krista will send out documents from last year's priority ranking. Vickey asked that Tier 2 parameters be discussed at the next meeting as well to clarify all the

changes. Jon clarified that HMIS funding will be billed to each agency and this will continue moving forward.

Jon will start phone calls to individuals to serve on the Prioritization Committee and may reach out to others in the group to place calls to their connections throughout the community.

#### **VI. New projects:**

Avesta is proposing a 25-unit housing unit on Brighton Avenue. There will be a set-aside for homeless with a project-based rental subsidy attached to units. There would be 17 units left to attach for \$164,000 per year. The “ask” of funding is for rental subsidies for efficiency units. This needs to start within the calendar year of 2017. Cullen asked if this is committed to long-term stayers. Norm stated he believes it is, as it will fill those with chronically homeless. HUD requires these be dedicated, not based on preference.

Jon discussed the Bishop Street building with Avesta. It is due to be open as of March 2017. This is a reallocation that cannot happen this year with HUD, but it may be for next year.

Joe indicated that TOA may also be looking into a new project. Paula and the group agreed that these three agencies get together to discuss how to move forward. Otherwise, if they continue on with a competition with the agencies, the prioritization committee will need to be a strong group of individuals with a clear understanding of the CoC.

#### **VII. Tentative Agenda Items:**

Tentative Agenda items from the 1<sup>st</sup> page of the Detailed Summary for the next two meetings:

- **October 7:** #4: PCoC will discuss adopting the orders of priority in the HUD CDP-14-102 notice (Paula will send to Krista for the group) and #6: Project Review, Ranking and Selection Procedures and #9: Paula will report out whether the Joint HMIS Governance needs to be voted on again this year.
- **October 14:** #2: Discussion about CoC Board and governance document and #7: Coordinated Entry Written Standards discussion based on information from the CoC leadership team meeting on October 8.

**Next Meeting:**  
**October 7, 2015**  
**9:00 am – 12:00 pm**

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# CITY OF PORTLAND CONTINUUM OF CARE

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GOVERNANCE  
CHARTER

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REVISED: June, 2015

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# 1. Organization

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United Way of Greater Portland and the City of Portland formed a committee in 1987 in response to community concerns regarding the lack of shelter and ancillary supports for Portland's homeless population. The Emergency Shelter Assessment Committee (ESAC) was created to monitor the usage of shelter beds and supports to ensure that adequate services were being provided to this population.

In 1996, ESAC was designated by the Portland City Council to serve as the governing entity for the City's Continuum of Care Homeless Assistance Grant Program. ESAC is a collaborative of service providers, consumers, local and state government representatives, advocates, and other interested community members working to ensure the safety and wellbeing of people who are homeless in Portland. Through planning, service coordination, and advocacy, ESAC promotes a Continuum of Care (CofC) and support for people experiencing homelessness. ESAC leadership is comprised of two co-chairs; one person representing government, one consumer advocate. Membership is open to all interested parties and decisions are made in consensus voting style. Meetings are held throughout the year to plan, implement, and coordinate the services delivered under Portland's Continuum of Care. Agendas include sharing information about new initiatives, resources, discussion of emerging unmet needs/trends, and decision-making regarding how to respond to identified concerns. CofC planning work occurs through standing ESAC subcommittees.

## 2. Geographical Area

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The Portland CofC serves as the HUD-designated primary decision making group and oversight board of the city of Portland (hereinafter referred to as the "geographic area") Continuum of Care for the Homeless (ME-502) funding process.

The CofC will continue to increase collaboration and cooperation with other agencies and local municipalities in order to best serve the greater Portland area. The City of Portland has been designated as the Lead Agency and as such, is responsible for the general coordination and oversight of Portland CofC planning efforts, and has the authority to certify and submit the annual HUD homeless assistance funding application and Annual Homeless Assessment Report (AHAR).

## 3. Purpose and Mission

---

The mission of the Portland CofC is to plan and coordinate a system that helps individuals in the greater Portland area avoid or exit from homelessness, and to address the underlying causes of

homelessness. Portland CofC shall accomplish this mission by conducting the following activities:

- Prevention;
- Outreach services;
- Emergency shelters and supportive services;
- Permanent housing and permanent housing with supportive services; and
- Linkages to mainstream and community resources.

The purpose of the Portland CofC is to:

- Promote community-wide commitment to the goal of ending homelessness;
- Provide funding for efforts by nonprofit providers and the city of Portland to re-house homeless individuals and families rapidly while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;
- Promote access to and effective utilization of mainstream programs by homeless individuals and families;
- Optimize self-sufficiency among individuals and families experiencing homelessness.

## **4. Responsibilities**

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The City of Portland CofC is responsible for fulfilling the following major duties:

### **4.1. Operation of the Portland CofC**

- Hold meetings of the membership, with published agendas and meetings, on the third Wednesday of each month;
- Adopt and follow the process to select the CofC Chairs at least once biennially;
- Appoint additional committees, subcommittees, or workgroups;
- For CofC and ESG grants, establish performance targets appropriate for population and program type in consultation with recipients and subrecipients, then monitor performance, evaluate outcomes, take actions as necessary, and report to HUD; and
- Establish and operate a centralized or coordinated assessment system in consultation with recipients of grant funds.

### **4.2. Designation and operation of a Homeless Management Information System (HMIS)**

- Review, revise, and approve privacy, security, and data quality plans;
- Ensure consistent participation of recipients/subrecipients in HMIS; and
- Ensure that the HMIS is administered in compliance with HUD requirements.

### **4.3. Continuum of Care Planning**

- Coordinate implementation of a housing and service system;
- Regularly conduct a Point-in-Time count of homeless persons that meets HUD requirements of homelessness;
- Provide information required to complete the Consolidated Plan(s);
- Consult with State and local ESG recipients in the geographic area on the plan for allocating ESG funds and reporting/evaluating performance of ESG programs.

### **4.4. Preparation of a CofC Application for Funds**

- Design, operate, and follow a collaborative process for the development of applications and approve submission of applications in response to a CofC Program Notice of Funding Availability (NOFA);
- Establish priorities for funding projects;
- Designate the collaborative applicant to submit the application;
- The collaborative applicant must collect and combine the required application information from all projects within the geographic area and will apply for funding for CofC planning activities.

## **5. CofC Membership**

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### **5.1. Membership of the Portland CofC**

Membership in the Portland CofC is open to all stakeholders in the city of Portland, including nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals.

Membership and participation is required for all agencies actively receiving CofC funds. At a minimum, participation shall be defined as attending and participating in regular meetings.

New members may enroll at any time during the year by providing to the CofC their names, contact information, and any relevant affiliations. Contact information, meeting agendas and minutes are listed on the CofC page of the City of Portland's website:

<http://www.portlandmaine.gov/1049/Continuum-of-Care>

## **5.2. Operation of the Portland CofC**

Most of the responsibilities of the Portland CofC will be carried out by its Committee Chairs (with input from Members), with the following exceptions:

- Members will vote directly to approve the governance framework set forth in this Governance Charter and any subsequent changes or additions to the Governance Charter;
- Unless the Chairperson selection process is changed by a subsequent amendment to the Governance Charter, members will vote biennially to elect committee chairs to available positions.

## **5.3. Membership Meetings**

The Portland CofC shall meet on a regular basis and shall include a report on the CofC's activities and progress toward meeting goals.

## **5.4. Notice of Meetings**

Notice of the place, date and time of each Membership Meeting shall be sent to members by email along with the agenda for the meeting. The meeting schedule is also posted on the City of Portland's CofC web page.

## **5.5. Voting Rights by Members**

There shall be one vote per Agency, Association or Individual in attendance and eligible to vote on all CofC matters that come up at general CofC meetings and committee meetings. Participation by conference call or other electronic means shall count as attendance and eligible members may vote by electronic means.

An Agency or Association shall be considered in attendance if they are represented by any member of their organization (it need not be the same person at all meetings).

## **6. Elected Officers**

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The Portland CofC shall be governed by two elected Chairs who will provide oversight and accountability for all Portland CofC responsibilities.

### **6.1. Chair Composition**

The two elected Chairs must be representative of the stakeholder organizations by organization type. One chair must be from a government entity; one from a nonprofit organization.

### **6.2. Term of Office**

Chairs will serve terms of two years each, which may run staggered or concurrent. There is no limit to the number of terms a chair may serve.

### **6.3. Nomination and Voting**

Every two year, unless the case of a resignation or removal arises, the CofC members will be solicited for candidates. The membership will vote for each position as the need arises, or biennially.

### **6.4. Resignation and Removal**

Any representative may resign at any time by giving written notice to the second Chair. In addition, Chairs may be removed from their position by a majority vote of CofC Members for repeated absence, misconduct, failure to participate, or violation of conflict of interest policies.

### **6.5. Vacancies**

When a Chair resigns or is removed from their position, or cannot serve his/her full term for any reason, the second Chair may appoint another Portland CofC member to fill the unexpired term.

## **7. Committees and Working Groups**

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The Portland CofC will carry out its responsibilities through the work of a number of Committees and Working Groups. All CofC Members may participate on Committees and Working Groups.

### **7.1. Project Monitoring and Prioritization Committee**

As approved by ESAC, this committee consists of members or individuals with no direct interest in CofC funded applications, to make recommendations regarding funding, scores, or ranking of applications.

This committee is responsible for reviewing, scoring, and ranking all applications for the Portland CofC. Members are appointed to this committee by ESAC and must be part of the Portland Homeless Continuum of Care Network. No Prioritization Subcommittee member may be employed by an agency that is applying for CofC funding.

The Committee's monitoring tool is adapted from a HUD Supportive Housing Program Self-Monitoring tools from the Supportive Housing Program Help Desk. Audits focus on outcome measures, homeless documentation, homeless involvement in policymaking, HMIS participation, the use of Mainstream resources, and financial management. Committee members review case files, documentation, fiscal reports, forms, and consumer house meeting notes.

The Prioritization Committee, in collaboration with the Portland CofC, is responsible for developing a scoring template that reflects the Department of Housing & Urban Development (HUD) Super NOFA criteria. Project applicants may be asked to present their proposals to the Prioritization Committee in writing and in person, so that questions may be asked. The Committee ranks applications based on the pre-approved criteria. Applicants are issued a letter containing their ranking score, and informed in writing of the grievance policy and process.

This committee leads development of the statewide point-in-time survey, in coordination with the statewide advisory group. Together, they will:

- Review PIT and HIC data, conduct a gaps analysis, and make recommendations for the priorities to be used in ranking requests for CofC funding;
- Establish performance targets appropriate for population and program type in consultation with recipients and subrecipients, then monitor recipient and subrecipient performance, evaluate outcomes, and recommend actions to be taken against poor performers;
- Develop performance measures to evaluate Portland's overall success in eliminating homelessness, using guidance available from HUD and making changes over time as necessary to incorporate new regulations or guidance available from HUD and making changes over time as necessary to incorporate new regulations or guidance available from state or local authorities;
- Establish written standards and performance measures for ESG assistance and providers;

- Evaluate outcomes of projects funded under the ESG and CofC Program, and provide outcome data to the Collaborative Applicant to report to HUD; and
- Consult with state and local government agencies, homeless service providers, private funders, and other relevant entities and organizations to evaluate available resources and reach agreement about how those resources can be allocated most effectively to implement plans to eliminate homelessness.

## **7.2. Resource Committee**

The Resource Committee works to coordinate trainings and informational gatherings for providers throughout the area and state. The committee may work in conjunction with the Maine CoC and Region 1 to establish trainings. In addition to trainings, the Resource Committee will work to assist current projects in securing resources for programs, both financial and otherwise.

## **7.3. HMIS/Data Subcommittee**

The HMIS/Data Committee works to collect information on homelessness throughout the CofC area and to improve data collection techniques and data analysis methods for use in the CofC application and to better inform CofC members, and the general public regarding homelessness in Portland. This committee will work with the HMIS Lead to:

- Coordinate the annual Point-in-Time (PIT) count of sheltered and unsheltered persons and the annual Housing Inventory Count (HIC) of shelter, transitional housing, and permanent supportive housing in the CofC area.
- Work with the Maine CofC HMIS Project Team on the implementation issues related to the integration of the PIT survey and other relevant information within the HMIS system.
- Conduct research and reviews of “Best Practices” on data collection methods.
- Develop, annually review, and, as necessary, revise for Membership approval a privacy plan, security plan, and data quality plan for the HMIS, as well as any other HMIS policies and procedures required by HUD.
- Develop for approval and implement a plan for monitoring the HMIS to ensure that:
  - Recipients and subrecipients consistently participate in HMIS;
  - HMIS is satisfying the requirements of all regulations and notices issued by HUD;
  - The HMIS Lead is fulfilling the obligations outlined in its HMIS Governance Charter and Agreement with the CofC, including the

obligation to enter into written participation agreements with each contributing HMIS organization.

- Coordinate with the other Standing Committees to ensure they have the information they need to properly perform their functions.

In addition, this committee works to establish a centralized consumer database across all agencies of the CofC without duplication of data. This goal is met through:

- The creation of a uniform central intake application.
- Sharing data between agencies through HMIS.
  - Cleaning up duplicate or incomplete records
  - Increase the number of agencies enrolled in data sharing
  - Regular review of the Duplicate Client Report
- Review APRs for shared programs

#### **7.4. Public Policy Committee**

The Public Policy Committee will merge, and work in conjunction, with the Maine CoC, Region 1, and the Maine Homeless Policy Committee.

## **8. Appointment of Agents and Designation of HMIS**

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### **8.1. Collaborative Applicant**

The City of Portland serves as the Portland CofC's Collaborative Applicant.

### **8.2. HMIS Lead**

The Maine State Housing Authority serves as the HMIS Lead for both the Portland and State of Maine CoCs.

## **9. Code of Conduct and Conflicts of Interest**

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## **9.1. Conduct and Attendance**

Chairs, committee members, and other Portland CofC agents and employees must exercise care, diligence and prudence when acting on behalf of the Portland CofC. These individuals must timely complete work they have agreed to undertake on behalf of the Portland CofC. In addition, they must attend meetings and be prepared to discuss matters presented for their deliberation.

## **9.2. Recusal Process**

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

# **10. Approval of Governance Charter and Subsequent Amendments**

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This Governance Charter and every subsequent amendment to it must be approved by a majority of Portland CofC members. In consultation with the Collaborative Applicant and the HMIS Lead, the Members will review the Governance Charter as needed and recommend changes to improve the functioning of the Portland CofC and maintain compliance with federal and state regulations.



# HMIS

**The Data Does Matter!**

**MAINE HOMELESS MANAGEMENT  
INFORMATION SYSTEM  
Procedures Manual**

*(Homeless Management Information System Policies & Procedures Manual)*

**Adopted by the PCoC 10-14-15  
Adopted by the MCoC 11-5-15**

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# Maine HMIS Overview and Procedures

## Introduction

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

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

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

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

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

For more information regarding HMIS policies and procedures, please contact by email Mary Wade, [mwade@mainehousing.org](mailto:mwade@mainehousing.org) or Cindy Namer, [cnamer@mainehousing.org](mailto:cnamer@mainehousing.org). Maine HMIS staff can also be contacted by phone at 207- 626-4600. This document can also be found at <http://www.mainehmis.org>

<p>ServicePoint is a trademark of Bowman Systems. Windows is a trademark of Microsoft. Apple and OSX are trademarks of Apple Computer. Business Objects is a trademark of SAP AG</p>
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# Maine HMIS Overview and Procedures

## Access to Maine HMIS

### System Availability

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

### ServicePoint Licenses

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

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

### HMIS / ServicePoint Provider And User Agreements

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

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

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

Users are not permitted at any time to access HMIS / ServicePoint via the Web from unauthorized public locations where the potential exists for unauthorized persons to view client information. Examples of

## **Maine HMIS Overview and Procedures**

locations which would not be permitted are a public location such as a cyber café or Starbucks or working at home in a room where family members or others could easily see client data being worked with.

### **Access to Maine HMIS ServicePoint from a authorized home office**

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

### **ServicePoint User Activation**

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

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

### **Updating HMIS / ServicePoint Provider And User Agreements**

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

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

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

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

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

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

# Maine HMIS Overview and Procedures

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

## Confidentiality, Privacy, and Security

### Protected Personal Information

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

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

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

HUD rules published in the federal register state:

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

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

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

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

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

# Maine HMIS Overview and Procedures

## **Special Note on Confidentiality and Release of Information**

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

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

## **Use of ServicePoint without a release of information**

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

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

## **Release of Information**

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

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

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

# Maine HMIS Overview and Procedures

## Client Consent

### **Securing client consent**

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

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

### **Client worries regarding computer information.**

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

### **Client Grievance**

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

## HMIS Security

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

# Maine HMIS Overview and Procedures

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

## **Security Procedures**

- Maine Housing and the Maine Housing HMIS staff are responsible for assuring that client information in the Maine HMIS system is handled responsibly.
- Each agency is responsible for administering its own users and assuring that they receive adequate training in the confidential handling of client information.
- The MaineHousing ServicePoint system administrators are responsible for setting up ServicePoint users, User IDs and passwords
- Each new ServicePoint user will review this document and be provided initial training on the use of ServicePoint.
- The signed User Policy Agreement form for each ServicePoint user will be on file at MaineHousing before they are allowed access ServicePoint.
- It will be the Agencies' responsibility to immediately inform MaineHousing HMIS staff of any staff changes (Resignations, transfers, etc) involving ServicePoint users.
- The Maine Housing System Administrators will have access to the complete list of ServicePoint users.
- In addition to ServicePoint, passwords and other security processes will be required and used for other areas of HMIS, including the reporting module and the batch upload module.
- Any paper or other hard copy generated by or for HMIS that contains identifiable information must be under constant supervision by an HMIS user or developer when in a public area.
- When staff is not present, the information shall be secured in areas that are not publicly accessible.
- Any and all printouts / hard copies of ServicePoint information must be kept in a secure file.
- When any printouts / hard copies of ServicePoint information are no longer needed they will be shredded or otherwise properly destroyed to maintain confidentiality.
- Written information, specifically pertaining to user access (user name and password) shall not be stored or displayed in any publicly accessible location.

## **Right to deny or restrict user access**

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

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

Some Inappropriate use of HMIS include:

- Intentionally entering or altering HMIS records to misrepresent dates, amounts, or types of services a client or clients received.

## Maine HMIS Overview and Procedures

- Unauthorized access, alteration, destruction, removal, and/or disclosure of data and/or information.
- Disclosure of confidential passwords or personal identification numbers
- Malicious or unethical use, and use that violates federal laws

### **User IDs and Passwords**

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

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

### **Rules for safe computing and User IDs and Passwords**

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

### **ServicePoint HIPPA Compliance**

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

## Maine HMIS Overview and Procedures

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

## Reports

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

### **Non-Identifiable Information and reporting**

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

### **ServicePoint ART reports**

All Maine HMIS users who use ServicePoint will have access to reports created in the Business Objects based Advanced Reporting Tool. MaineHousing staff dedicated to the HMIS project will assist the agencies to work with existing ART reports and to develop and manage new needed agency-level reports. Service Point ART reports are intended to meet a broad range of intra-agency reporting needs. Agencies are encouraged to identify reporting needs to help create reports to address their internal agency needs.

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

### **State wide and Continuum of Care reporting**

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

# Maine HMIS Overview and Procedures

## **ServicePoint assessment and report customization**

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

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

## **Computer Resources**

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

### **Participating Agency Hardware and Software Requirements**

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

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

### **Participating Agency internet access requirements**

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

### **Maine HMIS computing assistance**

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

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

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

# Maine HMIS Overview and Procedures

## **Technical Support**

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

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

## **Maine HMIS Training**

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

## **E-mail Communications**

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

## Maine HMIS and the HUD Elements

### **Minimum Required Data Collection, The HUD Universal Data Elements.**

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

HUD Universal Data Elements
Name
SSN
Date of Birth
Race
Ethnicity and Race
Gender
Veteran Status
Disabling Condition

## Maine HMIS Overview and Procedures

Residence Prior to Program Entry
Project Entry Date
Project Exit Date
Destination
Personal ID
Relationship to Head of Household
Zip Code of Last Permanent Address
Client Location
Length of time on Street, in an ES or Safe Haven

### The HUD Program-Specific Data Elements

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

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

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

## Quality Control

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

**For Maine HMIS to be able to provide accurate timely information, data must be regularly, completely, and accurately entered into the Maine HMIS system. Assuring that data entered is**

# Maine HMIS Overview and Procedures

entered is complete and accurate is the responsibility of the providers collecting and entering the data.

## **Data Integrity**

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

## **Data Integrity Expectations**

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

## **Data Loading**

### **Loading data into ServicePoint from other databases**

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

## **Data Availability and Disaster Recovery**

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

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

## Maine HMIS Overview and Procedures

### Addendum - Maine HMIS Forms and Use Guides

- A. Agency Participation Agreement
- B. Agency Information Form
- C. Annual Housing Inventory data update form
- D. User Policy and Agreement
- E. Maine HMIS Procedures Manual
- F. Data Sharing Agreements for Inter-Agency Coordinated Services
- G. Qualified Organization Business Associate Agreement (HIPPA)

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

## **PART II VETERAN’S AFFAIRS SUPPORTIVE HOUSING PROGRAM (HUD-VASH)**

### **18.II.A. VETERAN’S AFFAIRS SUPPORTIVE HOUSING PROGRAM (HUD-VASH) OVERVIEW**

VASH is a Department of Housing and Urban Development Housing Choice Voucher (HCV) program funded in collaboration with the Department of Veterans Affairs. The program is designed to provide chronically homeless veterans (and their families) with affordable housing under 24 CFR Part 982 with some exceptions.

#### **VA Medical Center (VAMC)**

PHA participates in the HUD-VASH program in partnership with the VA Maine Healthcare System with catchments at the Maine VA Medical Center in Togus, ME (35 VASH vouchers) and the VA Coordination of Benefits Contractor in Portland, ME (20 VASH vouchers).

### **18.II.B. FAMILY ELIGIBILITY**

#### **Identification and Reporting of Families**

The VASH case managers refer HUD-VASH eligible homeless veterans to PHA. PHA completes eligibility determinations and issues Vouchers. PHA maintains records of families who receive HUD-VASH vouchers. PHA reports HUD-VASH voucher issuance and Leasing on the Family Report (HUD-50058) using the special program code – VASH. HUD-VASH information is also reported to the Voucher Management System and HMIS.

#### **Family Eligibility/Denial of Assistance**

Most regular HCV program screening criteria do not apply. PHA’s may not screen for or deny assistance for any HCV criteria except any household’s member is subject to a lifetime registration requirement under a state sex offender registration program.

#### **Income Eligibility**

PHA must determine income eligibility for HUD-VASH families, but are not required to use income targeting. HUD-VASH applicants must qualify only as Very Low Income (VLI) or below.

### **18-II.C. PORTABILITY OF HUD-VASH VOUCHERS**

HUD-VASH families must receive case management services provided by the VAMC and VA-COBC. Special rules for mobility and portability apply based on whether the initial or receiving HA is providing the case management.

- a. Portability moves where case management is provided by the initial HA’s partnering VAMC/COBC

If a HUD-VASH family moves to the jurisdiction of a nearby HA where the family can still receive case management from its partnering VAMC/COBC, the receiving HA must always bill PHA under portability rules under the HCV program unless that HA allows PHA to operate within their jurisdiction to administer that voucher.

The Payment Standards of the other HA will be used when determining rent reasonableness and when calculating the Tenant payment to owner and HAP for the unit.

- b. Portability move where case management is provided by the receiving HA's partnering VAMC/COBC.

When a HUD-VASH family wishes to move to a jurisdiction where the VAMC/COBC cannot provide case management services, the case manager must determine whether the HUD-VASH family could be served by another participating VAMC and if that VAMC's partner HA has an available HUD-VASH Voucher. If both conditions are met, the receiving HA must absorb the family either as a new admission or, if the family has been leased up with PHA, as a portability move-in.

## **18-II.D. OTHER VASH REQUIREMENTS**

### **Case Management Requirements**

VAMC/COBC will be responsible for case management. A family's HUD-VASH assistance can be terminated for failure to participate in case management the Case manager determines is necessary. However, if a participating family no longer requires case management, the family may continue to receive assistance through the HUD-VASH voucher or PHA may offer continued HCV assistance through one of its regular vouchers to free up the HUD-VASH voucher.

### **Turn-Over of HUD-VASH Vouchers**

Upon turn-over, HUD-VASH vouchers must be issued to VASH-eligible families as determined by case managers.

### **Termination of Assistance for Violations of Family Obligations**

PHA will follow the reasons for termination of assistance for a participating family as put forth in this Plan. PHA will work cooperatively with the family and case manager to remedy the family's violation. The case manager can appeal any action by PHA to terminate assistance if the family wishes to present mitigating circumstances for the violation.

### **SEMAP Program**

HUD-VASH Vouchers will not be included in the denominator of the SEMAP indicator. Utilization of these Vouchers will be monitored separately through HUD systems.

**PART III: LIMITED PREFERENCE PROGRAM (LPP) - VOUCHERS WITH  
SUPPORTIVE SERVICES FOR CHRONICALLY HOMELESS, NON-ELDERLY  
PERSONS (VNED Program)**

**18.III.A. LIMITED PREFERENCE PROGRAM VOUCHERS OVERVIEW**

Portland Housing Authority (hereafter, the “PHA”) and the Partnership of the City of Portland Social Services, Opportunity Alliance and Preble Street, Preble Street being the lead agency (hereafter, the “Agency”) have entered into an agreement for the creation of a Housing Choice Voucher (HCV) Limited Preference Program (LLP) for Chronically Homeless, Non-Elderly persons (VNED hereafter “the Program”). The program is designed to provide chronically homeless non-elderly persons with affordable housing under 24 CFR Part 982 with some exceptions.

The goal of the Program is to pair forty (40) HCV subsidies with supportive services to provide permanent, supportive housing for eligible persons. The PHA shall provide the housing subsidies and the Agency shall provide the supportive services. The subsidies shall be funded through the current HCV ACC of the PHA with the Department of Housing and Urban Development. The Agency shall affirmatively further fair housing in identifying non-elderly, chronically homeless who are eligible for the Housing Choice Voucher Set-Aside and who are in need of the supportive services provided by the Agency.

Regulations as set forth in this Administrative Plan for Housing Choice Vouchers apply. The following define certain considerations for these applicants/participants given the barriers to housing they face and the need for supportive services to gain stable and affordable housing.

PHA and the Agency will receive releases from the applicant/participant to share information about the applicant/participant as it applies to the applicant/participant’s initial or continued eligibility for the Program.

**18-III.B. FAMILY ELIGIBILITY**

**Identification of Applicants**

Any person may claim to qualify for the preference – Non-Elderly and Chronically Homeless at the time of application. The eligibility for the preference must be verified by the Agency at the time of selection. Supportive Services staff will assist the applicants with applications, paperwork and verifications, and ensure that they are complete prior to submission.

**Eligibility/Denial of Assistance**

Most regular HCV program screening will apply. However, PHA may take into consideration mitigating circumstances caused by the chronic homelessness and/or disability of the applicant that, with the benefit of stable, affordable housing and other supportive services, may reduce or eliminate such behaviors or activities in the future.

### **18-III.C. ISSUANCE OF VOUCHERS**

VNED Vouchers will be issued to those individuals or families who will have met the qualifications as an individual or a member of a family as chronically homeless\*. Applicants who indicate a Chronically Homeless Preference will be pulled from the Maine Centralized Section 8/HCV Waiting List Applications will be pulled first by preference then by time and date of the application. Administrative Policies for verifying eligibility will be followed with certain considerations as indicated above. If at any time the LPP is terminated, all current participants will be absorbed into the HCV program with no loss of assistance and no requirement to relocate.

- In June 2015 PHA will participate in a concerted effort with other social service agencies, the City of Portland and the overnight shelters in Portland to house 60 Long term Stayers (LT) by the end of 2015. PHA has pledged the use of 18 VNED Vouchers to meet this need. All policies are applicable to this exercise except, for this purpose only, the number of bed nights for the LTS will be applied as a priority for selecting the applicants from the wait list. When the issuance of these VNED Vouchers is complete PHA in partnership with the agencies will resume issuing the Vouchers in the manner indicated above.

### **18-III.D. PORTABILITY OF ASSISTANCE**

The VNED participant shall remain on the VNED program for at least the initial term of the lease and have access to supportive services before any consideration of portability will be given. If the participants wish to port their rental assistance outside the area of operation the voucher holder may request an HCV without services. If the port-out of assistance is successful the VNED voucher will be issued to the next eligible applicant. If the port-out of assistance is not successful the participant can either continue with VNED with supportive services as needed, or keep the HCV and continue the search for a new unit and have the unit approved before the expiration of the Voucher.

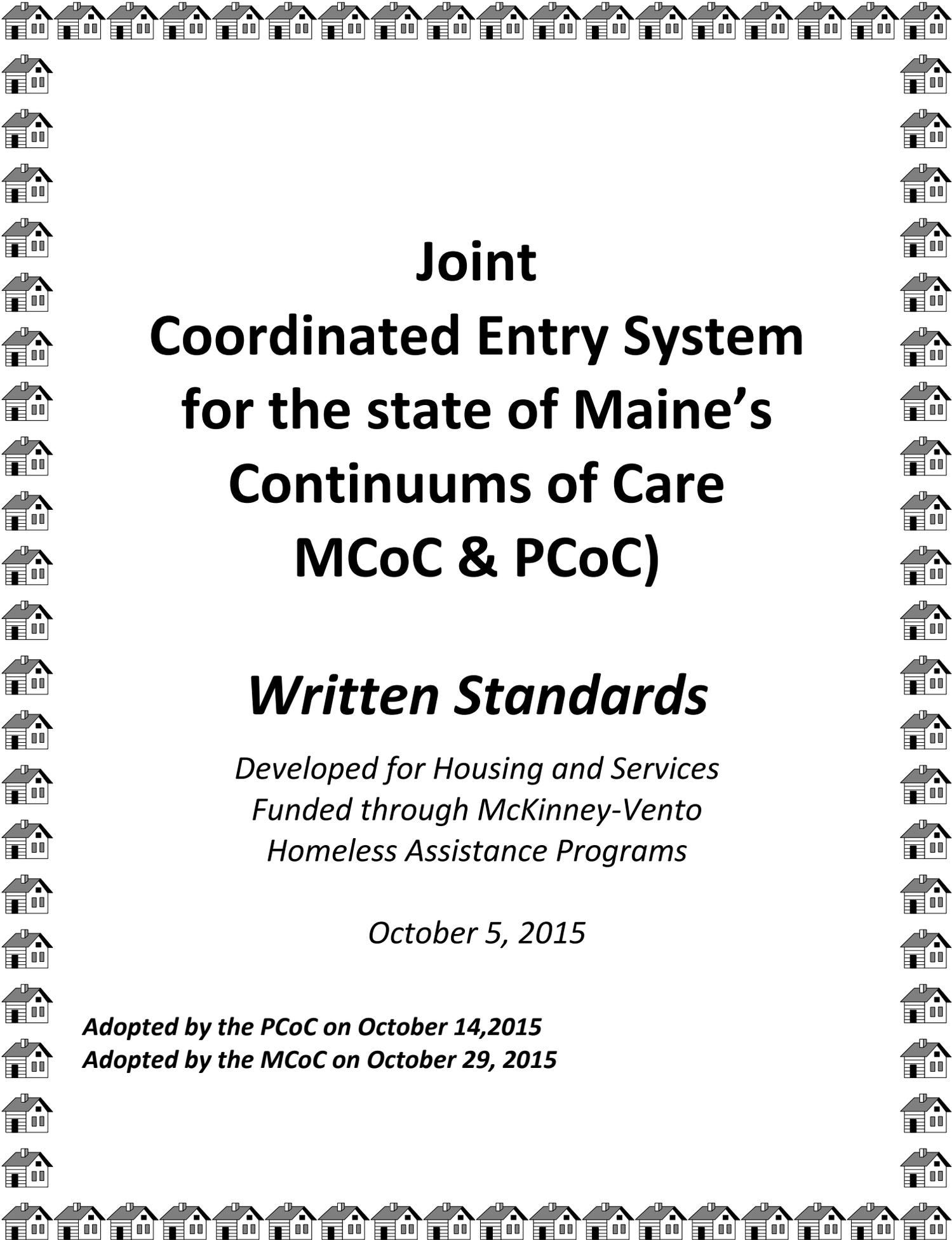
If the VNED voucher holder wants to port to another nearby jurisdiction, PHA will seek permission from the local HA so PHA and the Agency can continue to administer and monitor this voucher and the participant.

### **18-III.E. TERMINATION OF ASSISTANCE FOR VIOLATION OF FAMILY OBLIGATION UNDER THE HCV PROGRAM**

All VNED participants must comply with the Obligations of the Family as part of the Housing Choice Voucher Program. PHA will inform the Agency of any issues with VNED participants continued eligibility.

### **18-III.F. MEMORANDUM OF UNDERSTANDING**

The Agency and PHA have entered into a Memorandum of Understanding (MOU) that defines the operational roles and responsibilities of each organization. A copy of this memorandum is available as requested by interested parties.



**Joint  
Coordinated Entry System  
for the state of Maine's  
Continuums of Care  
(MCoC & PCoC)**

***Written Standards***

*Developed for Housing and Services  
Funded through McKinney-Vento  
Homeless Assistance Programs*

*October 5, 2015*

***Adopted by the PCoC on October 14, 2015***

***Adopted by the MCoC on October 29, 2015***

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## Introduction

The Continuum of Care (CoC) Leadership Team has developed the following Coordinated Entry Written Standards for providing assistance using McKinney-Vento Homeless Assistance funds. The CoC Leadership team is comprised of representatives from Maine's two CoC's including the Maine CoC (MCO) and the Portland Continuum of Care (PCOC), the State of Maine Department of Health and Human Services, MaineHousing, CoC and Emergency Solutions Grant (ESG) sub-recipients, (Domestic Violence (DV)) agencies and other agencies that work with homeless individuals and families, as well as formerly homeless individual(s).

The Maine Continuums of Care (CoC's) are responsible for coordinating and implementing a system to meet the needs of individuals and families experiencing homelessness within the state of Maine. Both the ESG Rules and Regulations and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) CoC Program Interim Rules state that the CoC, in consultation with recipients of Emergency Solutions Grants program funds within the geographic area

- (1) Establish and consistently follow written standards for providing Continuum of Care assistance;
- (2) Establish performance targets appropriate for population and program type; and
- (3) Monitor recipient and sub recipient performance.

These Written Standards are in accordance with the interim rule for the ESG Program released by the U.S. Department of Housing and Urban Development (HUD) on December 4, 2011, the final rule for the definition of homelessness also released by the HUD on December 4, 2011; and the CoC Program Interim Rule released by HUD on July 31, 2012. There are some additional standards outlined in this document that have been established by the CoC's that will assist programs in meeting and exceeding performance outcomes that will help the CoC's reach the goal of ending homelessness.

These written standards have been developed in conjunction with CoC and ESG sub-recipients and with service providers to allow for input on the procedure of Coordinated Entry/Assessment system, standards, performance measures and the process for full implementation of the standards throughout the CoC from the perspective of those organizations that are directly providing homeless housing and services, Emergency Shelter (ES), Transitional Housing (TH), Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH) and Supportive Services Only (SSO).

The Coordinated Entry Written Standards will:

- Assist with the coordination of service delivery across the geographic area and will be the foundation of the coordinated entry system;
- Assist in assessing individuals and families consistently to determine program eligibility;
- Assist in administering programs fairly and methodically;
- Establish common performance measurements for all CoC components; and
- Provide the basis for the monitoring of all CoC and ESG funded projects.

The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing. All programs that receive ESG or CoC funding are required to abide by

these written standards. Agency program procedure should reflect the policy and procedures described in this document. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards.

The CoC Written Standards have been approved by both CoC's. In 2016, ESG sub-recipients will be required to have signed grant agreements stating that they agree to participate in the Coordinated Entry System for the state of Maine. The Written Standards will be reviewed and revised as needed at a minimum of once per year. Agreement to abide by the Written Standards will be a condition of being approved CoC or ESG funding.

### ***This Document***

These policies and procedures will govern the implementation, governance, and evaluation of the Coordinated Entry System (CES) in the state of Maine. It is expected that the standards will adjust as programs evolve, members gain more experience, and HMIS data from programs and services is analyzed. These Written Standards serve as the guiding principles for funding ESG and CoC programs. These policies may only be changed by the approval of the CoC Board based on recommendations from the Coordinated Assessment Committee of the CoC. These policies will be reviewed annually in accordance with the CoC Board Governance Charter (by-laws).

### ***Purpose:***

Maine's Coordinated Entry System (CES) process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.

## **Overview of Coordinated Entry/ Assessment**

Coordinated Entry/Assessment is considered one of the many interventions in a community's united effort to end and prevent homelessness. The process works best and provides the greatest value if it is driven by "What does the client need" rather than by provider eligibility. Coordinated entry/assessment refers to the process used to assess and assist in meeting the housing needs of people at-risk of homelessness and people experiencing homelessness. Key elements of coordinated assessment include:

- A designated set of coordinated assessment locations and staff members;
- The use of standardized assessment tools to assess consumer needs;
- Referrals, based on the results of the assessment tools, to homelessness assistance programs (and other related programs when appropriate);
- Capturing and managing data related to assessment and referrals in a Homeless Management Information System (HMIS); and
- Prioritization of consumers with the most barriers to returning to housing for the most cost- and service-intensive interventions.

The implementation of coordinated assessment is considered national best practice. When implemented effectively, coordinated assessment can:

- Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding crisis housing or services;
- Reduce new entries into homelessness through coordinated system wide diversion and prevention efforts;
- Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met;
- Reduce or erase entirely the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and make progress on ending homelessness.

### ***Responsibilities of the Continuum of Care***

The CoC program includes transitional housing, permanent supportive housing for disabled persons, rapid re-housing, permanent housing, supportive services, and the Homeless Management Information System. A CoC is a geographically based group of representatives that carries out the planning responsibilities of the CoC program, as set for the in 24 CFR part 578. These representatives come from organizations that provide services to the homeless, or represent the interests of the homeless or formerly homeless. The three major duties of a CoC are to (1) operate the CoC; (2) designate a HMIS for the CoC; and (3) develop a plan for the CoC. The Coordinated Entry/Assessment System must incorporate and defer to any funding requirements established under the CoC Program interim rule, ESG Program interim rule, or a Notice of Funding Availability (NOFA) under which a project is awarded.

The CoC Interim Rule defines several responsibilities of the Continuum of Care (578.7 (a) (8)). One of these responsibilities is to establish and operate either a centralized or coordinated assessment system, in consultation with recipients of ESG program funds within the geographic area. This coordinated entry/assessment system provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.

The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD by Notice.

A coordinated entry/assessment system is defined to mean a coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A coordinated entry/assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. This definition establishes basic minimum requirements for the Continuum's coordinated assessment system.

Another responsibility of the CoC's, in consultation with recipients of ESG program funds within the geographic area, is to establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance under

this part;

- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
- Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance;

CES systems are important in ensuring the success of homeless assistance and homeless prevention programs in communities. In particular, such assessment systems help communities systematically assess the needs of program participants and effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs.

### ***Geographic Area:***

Maine is a state in the New England region the northeastern United States, bordered by the Atlantic Ocean to the east and south; New Hampshire to the west; and the Canadian provinces of Quebec to the northwest and New Brunswick to the northeast. Maine is both the northernmost and easternmost portion of New England. The United States Census Bureau estimates that the population of Maine was 1,330,089 on July 1, 2014, a 0.13% increase since the 2010 United States Census and it covers an area of 35,385 square miles. This geographic area includes urban, suburban, and rural areas. The Maine Balance of State Continuum of Care covers all 16 of Maine counties except for the City of Portland, and extends from the Aroostook County in the northern part of the state all the way down to York County. The City of Portland Continuum of Care is the other continuum in Maine and it covers only the City itself.

### ***Target Population***

This process is intended to serve people experiencing homelessness and those who believe they are at imminent risk of homelessness who reside in the state of Maine. Homelessness will be defined in accordance with the



official HUD definition of homelessness. People at imminent risk of homelessness are people who believe they will become homeless, according to the HUD definition within the next 72 hours. People who think they have a longer period of time before they will become homeless should be referred to other prevention-oriented resources available in the community.

## Goals of Coordinated Entry/Assessment

Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of well-developed coordinated entry processes has resulted in severe hardships for people experiencing homelessness. They often face long waiting times to receive assistance or are screened out of needed assistance.

The CES System is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions. It helps communities prioritize assistance based upon vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. The CES also provides information about service needs and gaps to help communities plan their assistance and identify needed resources.

HUD's primary goals for coordinated entry processes are:

- Assistance will be allocated as effectively as possible
- Assistance is easily accessible no matter where or how people present

The CoC Leadership Team members identified the following common goals for the Coordinated entry/Assessment System:

- The process will be easy on the client, and provide quick and seamless entry into homelessness services
- Individuals and families will be referred to the most appropriate resource(s) for their individual situation
- The process will prevent duplication of services
- The process will reduce length of homelessness
- The process will improve communication among agencies

### ***Guiding Principles***

The goal of the coordinated assessment process is to provide each consumer with adequate services and supports to meet their housing needs, with a focus on returning them to housing as quickly as possible. Below are the guiding principles that will help Maine meet these goals.

- **Adopt statewide standards:** but allow flexibility for local customization beyond baseline standard.

- **Consumer Choice:** Consumers will be given information about the programs available to them and have some degree of choice about which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of coordinated assessment through forums, surveys, and other methods designed to obtain their thoughts on the effectiveness of the coordinated assessment process.
- **Promote client-centered practices** – Every homeless persons should be treated with dignity, offered at least minimal assistance, and participate in their own housing plan. Provide ongoing opportunities for consumers participation in the development, oversight, and evaluation of coordinated assessment. Consumers should be offered choice whenever possible.
- **Prioritize most vulnerable** as the primary factor among many considerations–Limited resources should be directed first to persons and families who are most vulnerable\*. Less vulnerable persons and families will be assisted as resources allow. \*Vulnerability will be defined locally.
- **Collaboration:** Because coordinated assessment is being implemented system wide, it requires a great deal of collaboration between the CoC's, providers, mainstream assistance agencies (e.g., Department of Health and Human Services, hospitals, and jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council (the Coordinated Assessment Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the coordinated assessment/entry process.
- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the coordinated assessment process. Data from the assessment process that reveals what resources consumers need the most will be used to assist with reallocation of funds and other funding decisions. To capture this data accurately, all assessment staff and providers must enter data into HMIS (with the exception of some special populations and other cases, outlined later in this document) in a timely fashion. Consumers' rights around data will always be made explicit to them, and no consumer will be denied services for refusing to share their data.
- **Performance-Driven Decision Making:** Decisions about and modifications to the CES process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of waiting time for an assessment.
- **Housing First:** The most successful model for housing people who experience chronic homelessness is permanent supportive housing using a "Housing First" approach, which is a client-driven strategy the provides immediate access to housing without requiring participation in psychiatric treatment, treatment for sobriety, or other service participation requirements. After settling into housing, consumers are offered a wide range of supportive services that focus primarily on helping them maintain their housing. Maine's CES strongly encourages recipients of PH/PSH and TH, whenever possible funding to implement a Housing First approach. Coordinated assessment will support a housing first approach, and will thus work to connect households with

the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.

- **Prioritizing the Hardest to House:** Coordinated assessment referrals will prioritize those households that appear to be the hardest to house or serve for program beds and services. This approach will ensure an appropriate match between the most intensive services and the people least likely to succeed with a less intensive intervention, while giving people with fewer housing barriers more time to work out a housing solution on their own. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.
- **Transparency :** Make thoughtful decisions and communicate directives openly and clearly.

## Operating the Coordinated Entry System

In the past three years, there have been efforts by the MCOC and PCOC towards coordinated entry/assessment. This has set a path for establishing the system-wide coordinated entry/assessment system. In 2012 and 2013, the Collaborative Applicants for the MCOC and PCOC submitted a planning grant application which would allow both CoC's to identify and work toward a state-wide Coordinated Entry/Assessment System. Both CoC's received the FY2012 Planning Grant which was then implemented in 2014 and identified initial steps. Because the Collaborative Applicants did not receive the FY2013 planning grant, a private foundation grant was applied for and was approved to continue the work in FY2015. Finally, both CoC's were awarded the FY2014 Planning Grants which are expected to be implemented in 2016 to continue help the system become fully operational. When fully implemented, the CES System will include:

- Information about available services and programs for persons experiencing a housing or homeless crisis
- Uniform intake, assessment and screening tools and processes
- Real-time knowledge about program inventories and capacity
- Coordinated referrals to receive prevention, housing or related services
- Enrollment prioritization and waitlist management for housing programs.

## Key Elements of Maine's CES:

### Definitions:

A list of definitions of terms used in this document are described in Appendix A.

### Requirements:

Both of Maine's CoC's, the MCoC and PCoC have adopted HUD's Notice CPD 14-012 on the Prioritizing Person's Experiencing Chronic Homelessness and other Vulnerable Homeless Persons in Permanent

Supported Housing and Record Keeping Requirements for Documenting Chronic Homeless Status, which are summarized in Appendices B, C, and D.

### **Pre-Screening**

All potential consumers will be pre-screened and asked several questions to determine if they are homeless or at risk of imminent homelessness. If they are screened and it is determined that they meet this criteria, they will be offered a more thorough assessment to identify their specific needs. Guiding principles for this process include:

- The pre-screening tool will be the same regardless of access point;
- If the program that is triaging is also a service provider, the pre-screening tool can be combined with a deeper assessment;
- The pre-screen is meant to shelter or divert an individual or family experiencing or at risk of homelessness;
- The pre-screen may be different by service hub (i.e. centralized, phone, no wrong door); and
- The tool will ask about 4 questions but the person asking can ask additional clarifying questions.

### ***Screening, Assessment and Referral***

Consumers will be directed community wide to the established “front doors” for Screening, Assessment and referral. A Front Door is one of the agreed upon entry points into the CES, and is where formal Screening and/or Assessment for client’s entry into the housing programs funded by HUD’s ESG and CoC programs for the Homeless Assistance System. Screening and assessment collects information to guide housing referrals based on program eligibility and services offered for Homeless Prevention Programs, Rapid Re-Housing, Transitional Housing and Permanent Supportive Housing.

### ***Prioritization standards***

Maine’s CoC’s have adopted the provisions and requirements set out in the HUD Notice CPD-14-012 for the Prioritizing Person’s Experiencing Chronic Homeless and Other Vulnerable Homeless Persons in Permanent Supportive Housing (PSH) and Recordkeeping requirements for Documenting Chronic Homeless Status as the baseline written standards for operations of Maine’s CES. Maine’s CoC Board will adopt additional written standards for establishing eligibility and prioritization of clients for assistance. These standards will be specific and detailed, address any unique eligibility requirements for assistance (e.g. disability or subpopulation), reflect the homeless population and subpopulations within the CoC as reported on the Housing Inventory Chart, and reflect the housing and services within the CoC, and reflect the national and targeting priorities. Prioritization Standards for PSH are described in Appendices E, F and G and Appendix H is a table summary of the basic priority order per HUD Notice CPD 14-102.

The matching process and eventual referral linkage process will take into account a set of prioritization criteria for each project type. The order of client priority on the prioritization list will under no circumstances be based on disability type or diagnosis. CoC’s will establish priority for each project type based on the severity of the needs, length of time homeless, or subpopulation characteristics, depending on the specific CoC component type.

### **Low Barrier Policy**

CoC providers will make enrollment determinations on the basis of limiting barriers to enrollment in services and housing. No consumer may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Funders restricting access to projects based on specific client attributes or characteristics will need to provide documentation to the CoC providing a justification for their enrollment policy.

### ***No Wrong Door Approach***

Because of the diversity and size of the state of Maine, access to the CES follows a "No Wrong Door" approach. The principles of this approach are:

- A consumer can seek housing assistance through any of the participating homeless services providers and will receive integrated services;
- Consumers should have equal access to information and advice about the housing assistance for which they are eligible in order to assist them in making informed choices about available services that best meet their needs;
- Participating providers have a responsibility to respond to the range of consumer needs and act as the primary contact for consumer who apply for assistance through their service unless or until another provider assumes that role;
- Participating providers will provide a proactive service that facilitates the consumer applying for assistance or accessing services from another provider regardless of whether the original provider delivers the specific housing services required by a presenting consumer; and
- Participating housing providers will work collaboratively to achieve responsive and streamlined access services and cooperate to use available resources to achieve the best possible housing outcomes for consumer, particularly for those with high, complex or urgent needs.

## **CES Components:**

### ***Assessment Tool***

The CoC's will develop a universal assessment tool for use in managing the client intake, assessment, and referral process. The standard tool may be customized by each individual CoC project with additional program-specific assessment questions and response categories necessary to address the unique aspects and needs of individual programs. All assessment tools will utilize a scoring paradigm to assist with documenting clients' needs and prioritizing services

### ***Assessment Process***

CoC's will employ a progressive assessment approach. Progressive assessment stages the asking and sequencing of assessment questions such that prospective program participants are asked only those questions directly related to service enrollment and prioritization decisions necessary to progress the participant to the next stage of assessment or determine a referral to a service strategy

### ***Data Sharing***

All CoC's will follow the Data Sharing policies developed by the HMIS Advisory Task Force in conjunction with MaineHousing.

### ***Emergency services***

Defined access points must provide directly or make arrangements through other means to ensure universal access to crisis response services for clients seeking emergency assistance at all hours of the day and all days of the year. The CoC's must document their planned after-hours emergency services approach. After hours crisis response access may include telephone crisis hotline access, coordination with police, emergency medical care.

### ***Fair and Equal Access***

All CoC's will ensure fair and equal access to the CES programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, or sexual orientation. If an individual's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs.

### ***Full coverage***

The full geography of the CoC must be covered by CES services including access to crisis response services, assessment of clients, and referral options.

### ***Joining the CES***

All programs that receive CoC or ESG funding are required by their funders to participate in the CES. Other programs are encouraged and welcome to join the CES. Those programs that are not required by their funder to participate in the CES will sign a Memorandum of Understanding agreeing to participate in the system for a minimum of six months.

### ***Mainstream services***

The CoC's must implement a screening protocol to assess each client's potential eligibility for the following mainstream resources or services:

- Housing
- Medical benefits
- Nutrition assistance
- Income supports

### ***Monitoring and Reporting of CES***

All CoC's must adhere to a state-defined monitoring and reporting plan for CES. The State-defined monitoring process will report on performance objectives related to CES utilization, efficiency and effectiveness.

### ***Privacy protections***

CES operations and staff must abide by all State of Maine-defined privacy protections as defined by the HMIS Advisory Committee. Consumer consent protocols, data use agreements, data disclosure policies, and any other privacy protections offered to program participants as a result of each consumer's participation in HMIS will be the same as CES.

### ***Resource List***

A list of all available CoC resources will be maintained, including each project's eligibility criteria and prioritization protocols. The list of resources must be updated annually and be publicly available.

### ***Referral criteria***

Both CoC's must define referral criteria for all projects within the CoC's geographic area. Referral criteria must identify all the eligibility and exclusionary criteria used by program staff to make enrollment determinations for referred persons or households. Established guidelines must describe acceptable time frames for reviewing and communicating referral decisions (i.e. whether the potential program participant is either accepted or denied enrollment). If a potential client is not offered enrollment, the reason for rejection must be clearly communicated and documented in HMIS. The referral criteria must be published at least annually and support the identification of and connection to appropriate housing and services for all assessed clients.

### ***Referral Rejection Policy***

Both CoC providers and program participants may deny or reject referrals, although service denials should be infrequent and must be documented in HMIS or other comparable system with specific justification as prescribed by the CoC. The specific allowable criteria for denying a referral must be established by the CoC, must be shared with each project and consumer, and be reviewed and updated annually. All participating projects and client must provide the reason for service denial, and may be subject to a limit on number of service denials. Aggregate counts of service denials, categorized by reason for denial, must be reported by the CoC annually.

At a minimum, project's referral rejection/denial reasons must include the following:

- Consumer /household refused further participation (or client moved out of CoC area)
- Consumer/household does not meet required criteria for program eligibility
- Consumer t/household unresponsive to multiple communication attempts
- Consumer resolved crisis without assistance
- Consumer /household safety concerns. The client's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues.
- Consumer /household needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.
- Program at bed/unit/service capacity at time of referral
- Property management denial (include specific reason cited by property manager)
- Conflict of interest.

### ***Safety planning***

The Coc's must provide necessary safety and security protections for persons fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations. These policies will be developed in conjunction with agencies that serve people experiencing these situations.

### ***Standardized access and assessment***

All defined access point providers must administer the Maine CES Assessment Process as defined by the CoC Leadership Group and/or Joint Maine CoC Board of Directors. The assessment process must be standardized across each participating CoC, with uniform decision-making across all assessment

locations and staff. If access points or assessment processes are conducted or managed by providers who do not receive HUD, MaineHousing, or local county funds, those providers must still abide by assessment standards and protocols defined by the CoC. CES will operate using a client-centered approach, allowing clients to freely refuse to answer assessment questions and/or refuse referrals

### ***Stakeholder Inclusion***

CoC's will support the implementation, expansion, and ongoing operation and evaluation of Coordinated Entry Systems by regularly convening stakeholder input and feedback opportunities. CoC must develop a plan to collect stakeholder feedback at least annually and will engage participants from all CoC component types, referral sources, residents and participants of homeless services and programs, funders of homeless response systems, and mainstream system providers.

### ***System Advertisement and Outreach***

#### **Outreach**

Local CES Systems are **required** to contact private and public agencies including those in the CoC, 211, VA, social service agencies and state and/or local government agencies to educate and provide information on available programs. Outreach activities are **required** to be done a minimum of once per year. These activities can be done in conjunction with the Point in Time Count or at another time as determined by the CoC. The CES is **required** to coordinate with existing street outreach programs as well as private and public agencies, social service organizations, etc. for referrals, so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the Coordinated Assessment System.

Maine's CoC's are **encouraged** to provide resources/information about the CES to 24 hour establishments as well restaurants, hospitals, hot meal programs, churches, schools, check cashing locations and other places known to be frequented by the target population. In addition, each CoC is **encouraged** to explore various outreach activities such as hosting a booth at local community events, resource fairs, festivals and county fairs to provide information and resources.

#### **Advertisement**

Advertisement is to include a **minimum of flyers** posted at those places stated above (as allowed). Other forms of advertisement can include newspaper ads, radio, websites, etc. to generate referrals and applications. Advertising is to focus on people experiencing literal homelessness and clearly state eligibility requirements in an effort to reach the target population as opposed to those who do not meet the criteria. Information about the Coordinated Assessment System will also be available on the Maine Homeless Planning website ([www.mainehomelessplanning.org](http://www.mainehomelessplanning.org)).

### ***System Evaluation***

The CES process will be evaluated on a regular basis to ensure that it is operating at maximum efficiency. Evaluation will be carried out primarily through the Coordinated Assessment Committee and any consultants or third parties they engage to help them. Evaluation mechanisms will include the following:

- **A monthly review of metrics from the coordinated assessment process.** The data to be reviewed, and the thresholds that should be met, will be developed.

- **An annual forum with people experiencing homelessness that have been through the coordinated assessment process.**
- **A report issued on the homeless assistance system to the community annually with a section devoted to coordinated assessment and homelessness assistance system outcomes.** This report will include trends from the month-to-month analysis of coordinated assessment data, as well as the total number of assessments and referrals made, successes to be shared, and a note from the Coordinated Assessment Committee on the process's progress. Major findings from this report should be presented at the CoC Board and full meetings the month it is released by a member of the Coordinated Assessment Committee.

### ***Training***

The CES will be responsible for training the remaining service providers in their region. Each region will have flexibility for how this training is conducted. The training can be either in-person or via webinar. Ideally this training will take place prior to the roll-out of the CES but at a minimum should occur within two months of the Coordinated Assessment start date.



## Appendices

### Appendix A: Definitions

***At-risk of Homelessness*** – An individual or family who has income below 30% of area median family income for the area, as defined by HUD, and who does not have sufficient resources or support networks immediately available to prevent them from moving into an emergency shelter or other place described in the “homeless” definition (See Exhibit A and Exhibit B), and meets one if the following definitions defined under 24 CFR 578.3 (CoC program) or 24 CFR 576.2 (ESG program). This may also include a child or youth who qualifies as homeless under other Federal programs.

***HMIS/HMIS*** – Community Management Information System (formerly the Homeless Management Information System) means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.

***HMIS/HMIS Lead Agency*** – The entity designated by the Continuum of Care to operate the HMIS/HMIS on its behalf.

***Chronically Homeless*** - A person is chronically homeless if they have been homeless for at least one year continuously or has experienced four episodes over the last three years. For this definition, the persons must have been homeless in a place not meant for human habitation, in an emergency shelter, or in a safe haven. In addition, persons must be diagnosed with one or more of the following conditions: Substance abuse disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

***CoC/Continuum of Care*** – A group composed of representatives of relevant organizations, which generally includes nonprofit homeless providers; victim service providers; faith-based organizations; governments; businesses; advocates; public housing agencies; school districts; social services providers; mental health agencies; hospitals; universities; affordable housing developers; law enforcement; organizations that serve homeless and formerly homeless veterans, and homeless or formerly homeless persons that are organized to plan for and provide a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless persons and persons at risk of homelessness for a specific geographic area.

***ESG*** – Emergency Solutions Grant Program (24 CFR part 576)

***Developmental Disability*** – Defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000, and means a severe, chronic disability that is attributable to a mental or physical impairment or combination, ***and*** is manifested before age 22, ***and*** is likely to continue indefinitely. It must result in substantial limitations in 3 or more major life activities (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for

independent living, or economic self-sufficiency) **AND** reflects need for special services or individualized support, or other form of assistance this is lifelong or extended duration.

**Disabling Condition** – A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury, which is expected to be of long-continued and indefinite duration, substantially impedes the person’s ability to live independently, and is of such a nature that such ability could be improved with more suitable housing conditions; a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000; or Acquired immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV).

**Emergency Shelter** – Any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

**Fair Market Rent** – Means the rents published in the Federal Register annually by HUD

**Families** – Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the followings: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) A group of persons residing together, and such group includes, but is not limited to (a) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (b) An elderly family; (c) A near-elderly family; (d) A disabled family; (e) A displaced family; and (f) The remaining member of a tenant family.

**Homeless** – There are 4 categories within the definition of homelessness, as defined under the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act ); the most common definition being an individual or family who lacks a fixed, regular, and adequate nighttime residence under Category 1. See Exhibit A

**Homeless Prevention** – A program targeted to individuals and families at risk of homelessness. Specifically, this includes those that meet the criteria under the “at risk of homelessness” definition at 576.2, as well as those who meet the criteria in Category 2, 3, and 4 of the “homeless definition and have an annual income **below 30%** of family median income for the area.

**Housing First** – An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

**Permanent Housing** – Community-based housing without a designated length of stay, and includes both Permanent Supportive Housing and Rapid Re-housing.

**Permanent Supportive Housing** – Permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

**Physical, Mental or Emotional Impairment** – Expected to be long-continuing or of indefinite duration; substantially impedes the person’s ability to live independently, and could be improved by more suitable housing.

**Rapid Re-housing** – Housing relocation and stabilization services and short- or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. Assistance may be provided for up to 24 months during any 3-year period, and may include rental arrear for up to six months, to eligible persons who qualify as homeless under Category 1 and 4 of the “homeless” definition.

**Recipient** – An applicant that signs a grant agreement with HUD.

**Rent Reasonableness** – A process conducted by the recipient or sub-recipient to determine if the rent charge for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charge by for comparable unassisted units.

**Safe Haven** – For the purpose of defining chronically homeless, supportive housing that means the following: (1) serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services; (2) provides 24-hour residence for eligible persons for an unspecified period; (3) has an overnight capacity limited to 25 or fewer persons; and (4) provides low-demand services and referrals for the residents.

**Street Outreach** – The act of reaching out to unsheltered homeless people; connecting them with emergency shelter, housing or critical services; and provide urgent, **non-facility-based** care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

**Sub-recipient** – A private nonprofit organization, State, local government, or instrumentality of State or local government that receives a sub-grant from the recipient to carry out a project.

**Transitional Housing** – Facilitates the movement of homeless individuals and families to permanent housing within 24 months

**Unsheltered Homeless** – Individuals and families who qualify as homeless under Category 1(i) of the “homeless” definition. See Exhibit A

**Victim Service Provider** – A private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs.

## Appendix B: PROGRAM REQUIREMENTS FOR ALL PROGRAMS

- Programs must coordinate with other homeless services within the CoC.
- Programs must coordinate with mainstream resources in the CoC including housing, social services, employment, education and youth programs for which participants may be eligible.
- Programs must have written policies and procedures and must consistently apply them to all participants.
- Programs that serve households with children:
  - A staff person must be designated as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early childhood program such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney Vento education services.
  - The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that provides shelter for families with children
- Programs receiving ESG and CoC funding must participate in HMIS (Homeless Management Information System), unless otherwise stated by federal regulations. However all homeless programs are strongly encouraged to participate in HMIS.
- Programs must meet minimum HMIS data quality standards.
- Programs providing Domestic Violence or Legal Services may opt out of HMIS participation but must utilize a comparable database to collect HUD required data elements.
- Programs must participate in Coordinated Entry System and use the prioritization criteria established in this documents.
- Programs must conduct an initial evaluation to determine the amount and type of assistance needed to regain stability in permanent housing.
- Program rules and regulations should be designed in the spirit of inclusion rather than as grounds for denial or termination. Programs should exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.
- Programs must have a formal procedure for terminating assistance to a participant that recognizes the rights of the participant(s) involved.
  - Programs must use judgment and examine all extenuating circumstances in determining that a violation should result in termination
  - Every effort should be made to allow the participant to remain in the program; termination should only be exercised in the most severe cases.
  - Termination does not necessarily preclude assistance at a future date
- Programs must make known that use of the facilities and services are available to all on a nondiscriminatory basis.
- Programs may not engage in inherently religious activities such as worship, religious instruction or proselytization as part of the programs or services funded under the CoC or ESG. These activities can be conducted but must be separate and voluntary for program participants.

## Appendix C: RECORD KEEPING REQUIREMENTS FOR ALL PROGRAMS

Participant Recordkeeping Requirements include:

- All records containing personally identifying information must be kept secure and confidential
- Programs must have written confidentiality/privacy notice a copy of which should be made available to participants if requested
- Documentation of homelessness (following HUDs guidelines)
- A record of services and assistance provided to each participant
- Documentation of any applicable requirements for providing services/assistance
- Documentation of use of coordinated assessment system
- Documentation of use of HMIS
- Records must be retained for the appropriate amount of time as prescribed by HUD

Financial Recordkeeping Requirements include:

- Documentation for all costs charged to the grant
- Documentation that funds were spent on allowable costs
- Documentation of the receipt and use of program income
- Documentation of compliance with expenditure limits and deadlines
- Retain copies of all procurement contracts as applicable
- Documentation of amount, source and use of resources for each match contribution

## Appendix D: OCCUPANCY STANDARDS FOR ALL PROGRAMS

All housing units, including scattered site programs owned and managed by private landlords, must meet applicable state or local government health and safety codes and have current certificate of occupancy for the current use and meet or exceed the following minimum standards: (For more detail refer to ESG regulations 576.403 (b) Minimum Standards):

- Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents.
- Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable.
- Must provide an acceptable place to sleep and adequate space and security for themselves and their belongings.
- Each room must have a natural or mechanical means of ventilation.
- Must provide access to sanitary facilities that are in operating condition, private and clean.
- Water supply must be free of contamination.
- Heating/cooling equipment must be in working condition.
- Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances.
- Food preparation areas must have suitable space and equipment to store, prepare and serve food in safe and sanitary manner.
- Building must be maintained in a sanitary condition.
- Must be at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas. The fire alarm system must be designed for hearing-impaired participants. There must be a second means of exiting the building in case of fire or other emergency.

The Program, Record Keeping and Occupancy Standards as represented above apply to all programs regardless of the type of services/housing that they provide.

## Appendix E: Order of Priority in CoC Program-funded Permanent Supportive Housing

Recipients of CoC Program-funded PSH are required to follow the order of priority when selecting participants for housing in accordance with the CoC's written standards while also considering the goals and any identified target populations served by the project, and in a manner consistent with their current grant agreement.

Due diligence should be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority as adopted by the MCOC and PCOC. HUD and the CoC's recognize that some persons—particularly those living on the streets or in places not meant for human habitation— might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person's housing as possible.

## Appendix F: Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

### **1<sup>st</sup> Priority:**

#### **Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.**

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom **both** of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions **equals at least 12 months; and**
2. The CoC Program has identified the chronically homeless individual or head of household as having severe service needs.

### **2<sup>nd</sup> Priority:**

#### **Chronically Homeless Individuals and Families with the Longest History of Homelessness.**

A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for whom **both** of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; **and**
2. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

**3<sup>rd</sup> Priority:**

**Chronically Homeless Individuals and Families with the Most Severe Service Needs.**

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; **and**
2. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

**4<sup>th</sup> Priority:**

**All Other Chronically Homeless Individuals and Families.**

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; **and**
2. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in the next section may be followed.

## **Appendix G: Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness**

CoC Program-funded *non-dedicated and non-prioritized* PSH should offer housing to chronically homeless individuals and families first, but minimally are required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those most at risk of becoming chronically homeless.

### **1<sup>st</sup> Priority:**

#### **Homeless Individuals and Families with a Disability with the Most Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and has been identified as having the most severe service needs.

### **2<sup>nd</sup> Priority:**

#### **Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.**

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

### **3<sup>rd</sup> Priority:**

#### **Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.**

An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not

meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

**4<sup>th</sup> Priority:**

**Homeless Individuals and Families with a Disability Coming from Transitional Housing.**

An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing – all are eligible for PSH even if they did not live on the streets, emergency shelters, or in a safe haven.

## Appendix H: Coordinated Assessment Priority Status Guidelines for CoC Housing Resources

### Basic priority order per HUD Notice CPD-14-012

	Priority	Homeless Category	Length of Stay in Homelessness	Where Experience Homelessness	Severity of Service Needs	Documented Disability
<b>Dedicated CH PSH Beds</b>	1	Chronic - Individual or HHLD with Children	> 12 Months Continuous <b>OR</b> Total of at least 4 Episodes Total > 12 months in 3 years	UN, ES, SH	High = VI-SPDAT Score of 10 or greater	Yes
	2	Chronic - Individual or HHLD with Children	> 12 Months Continuous <b>OR</b> Total of at least 4 Episodes Total > 12 months in 3 years	UN, ES, SH	Low=VI-SPDAT Score of 5 or greater	Yes
	3	Chronic - Individual or HHLD with Children	Total of at least 4 Episodes Total < 12 months in 3 years	UN, ES, SH	High = VI-SPDAT Score of 10 or greater	Yes
	4	Chronic - Individual or HHLD with Children	Total of at least 4 Episodes Total < 12 months in 3 years	UN, ES, SH	Low=VI-SPDAT Score of 5 or greater	Yes
<b>Committed CH Beds Created by Turnover (85% program goal)</b>	5	Category 1 - Individual or HHLD with Children	Any Length of Stay <b>OR</b> < 90 Days Institution	UN, ES, SH <b>OR</b> Institution if UN ES SH Prior to entry	High = VI-SPDAT Score of 10 or greater	Yes
	6	Category 1 - Individual or HHLD with Children	> or = 6 Months Continuous <b>OR</b> at least 3 episodes in 3 years > = 6 Months <b>OR</b> < 90 Days in Institution	UN, ES, SH <b>OR</b> Institution if UN ES SH Prior to entry	Low=VI-SPDAT Score of 5 or greater	Yes
	7	Category 1 - Individual or HHLD with Children	Any time > 30 days <b>OR</b> < 90 Days Institution	UN, ES, SH <b>OR</b> Institution if UN ES SH Prior to entry	Low=VI-SPDAT Score of 5 or greater	Yes
	8	Category 1 - Individual or HHLD with Children	<i>Any Length of Stay &gt; 14 days</i>	TH IF previous UN, ES, or SH ( <i>dependent on funding source CoC or ESG</i> )	Low=VI-SPDAT Score of 5 or greater	Yes

## Appendix I: 2015 Ending Homelessness Prioritization Chart

	Priority	Homeless Category	Parameters	N	Resources	Process
5%	P1	Long Term Stayers (LTS)/Individuals	Greater or equal to 180 days in a 365 period	262	300 Dedicated SPC vouchers. For Vets: HUD/VASH with initial SSVF assistance.	1) 1 year of HMIS data, application; 2) CAA will centralize vouchers and award these to shelters/providers directly; 3) CAA will follow up to verify disability and criteria for chronic homelessness.
	P2	Long Term Stayers (LTS)/Families	Greater or equal to 180 days in a 365 period	50	Home to Stay	STEP or Section 8 from Home to Stay; shelters use Home to Stay resources to solve for this population
15%	P3	Domestic Violence Families & Individuals	Greater than 30 days	875	Dedicated transitional supportive housing, permanent supportive housing, Section 8, BRAP, S+C	Transitional DV Resources, CHOM, ETC.
	P3	Unaccompanied Youth unable to be reunited with their families	Greater than 30 days	50	Transitional supportive housing	Transitional youth service partners/BRAP -LAA's
	P3	Less than Long Term Stayers (LTS) Individuals & Families	Greater than 60 days but less than 180 days in a 365 day period	290	Permanent housing, permanent supportive housing, transitional supportive housing, Section 8, BRAP, S+C. For Vets: SSVF, or where appropriate HUD/VASH	Shelter case management, market apartments with outreach support
	P4	Institutions	Greater than 90 days	100	BRAP	BRAP-LAAs
80%	P5	Circumstantially Homeless, Unaccompanied Youth (working toward reunification/stability)	Less than 30 days & not flagged on VI-SPDAT	6138	General Assistance, STEP	Existing mainstream resources - general assistance, rapid re-housing, STEP. For Youth: Traditional youth service providers

**Maine’s HUD Continuum of Care Board of Directors  
Bylaws**

**PURPOSE**

Maine’s HUD Continuum of Care Board of Directors serves as the oversight body for the Maine Continuum of Care (MCoC) and Portland Continuum of Care (PCoC). Maine’s HUD Continuum of Care Board of Directors (CoC Board) has thirteen (13) Directors, collectively known as the Board of Directors, and serves on behalf of both of the CoC’s.

The CoC Board serves the geographic area of the entire state of Maine (ME 500 CoC and ME 502 CoC), and exists to:

- Coordinate a statewide commitment to the goal of ending homelessness;
- Approve CoC funding recommendations for ending homelessness;
- Promote access to, and effective use of mainstream resources by homeless individuals and families; and
- Promote housing retention, stability, and success in the community for people who have experienced homelessness.

The CoC Board shall assume and carry out duties as detailed by these bylaws. These bylaws can be changed or amended at any formal meeting of the Board by a two-thirds majority vote. In implementing these duties, the CoC Board shall rely on standards, policies, procedures, and ongoing amendments which have been developed by the CoCs’ membership.

**1) COC BOARD ROLES AND RESPONSIBILITIES**

The CoC Board shall develop policies and procedures conforming to the U.S. Department of Housing and Urban Development (HUD) requirements detailed in 24 CFR part 578.1 to:

- a) Approve the CoCs’ designation of CoC Lead Agencies to serve as the Collaborative Applicant(s) to assist both the Continuums of Care;
- b) Approve the CoCs’ designation of a lead agency for the Homeless Management Information System; and
- c) Support continuity in local year-round Continuum of Care planning for ending and preventing homelessness.

**2) COC BOARD MEMBERS**

**a) Board Composition**

The CoC Board shall include community representatives as elected by the CoCs’ membership.

The CoCs shall strive to see that the Board includes representation from the following categories:

- i) Homeless or formerly homeless individual(s)
- ii) Representatives of relevant organizations serving homeless subpopulations such as:

- a. People with substance use disorders
  - b. People with HIV/AIDS
  - c. Veterans
  - d. Persons who are chronically homeless
  - e. Families with children
  - f. Unaccompanied youth
  - g. People with a serious mental illness
  - h. People who are victims of domestic violence, dating violence, sexual assault, and/or stalking.
- iii) Elected Chairs of the CoCs
- iv) Appointed representative from local government entities:
- a. The following local governmental entities shall be represented:
    - i. Maine Department of Health and Human Services (DHHS)
    - ii. City of Portland
    - iii. MaineHousing
  - b. The following local governmental entities will have the opportunity to each appoint a member:
    - i. CDBG/HOME/ESG Entitlement Jurisdiction
    - ii. Maine Department of Education
    - iii. Maine Department of Corrections
  - c. Other governmental entities may request the opportunity to appoint a member
- ii) Representatives of other homeless service providers and advocates, such as:
- i. Faith-based organizations
  - j. Businesses
  - k. Public Housing Agencies
  - l. School districts
  - m. Mental health and substance abuse providers
  - n. Health care providers including hospitals, Emergency Medical Technicians, and Crisis Response agencies
  - o. Universities
  - p. Affordable Housing Developers
  - q. Foundations
  - r. Law Enforcement and local jails
  - s. Schools, school administrators, and/or homeless liaisons
  - t. Street outreach teams
  - u. Non-CoC funded Youth Homeless Organizations
  - v. Non-CoC DV funded Victim Service Providers
  - w. Youth advocates
  - x. Agencies that serve survivors of human trafficking

**b) CoC Board Selection/Election/Resignation, and the CoC Nomination Process**

Except where otherwise indicated below, the CoCs shall select membership of the CoC Board through a simple majority nomination process. The CoCs shall initially nominate and approve a slate of Board Members, and thereafter shall submit nominations in alternating fashion, beginning with the Portland CoC followed by the Maine CoC, and so on. The existing CoC Board

shall vote to ratify any nominations from the CoCs for new members to fill vacancies, by a simple majority vote. Vacancies may be filled immediately or through the annual nominating process. Any Board Member can resign at any time with written notice to the Board. Any resignation shall trigger nomination action by the CoCs. Other than those Members that are appointed by the governmental entities as set forth in Section 2) a) iv above, there shall be at least an annual call for nominations to fill any vacancies that may exist.

**c) Board Leadership and Officers**

The Board shall have three (3) Officers: President, Vice President, and Secretary. Board Officers shall be elected by a simple majority of the Board Members. Officers shall serve two year terms, and can be replaced or renewed by simple majority of the Board Members. Roles and responsibilities: The Secretary shall ensure that minutes of all meetings are taken, and such minutes are maintained for public review upon request. The President shall chair meetings of the Board using Robert's Rules of Order. The Vice President shall serve as chair in the President's absence. Any majority of Officers can call for a special meeting of the Board.

**d) Conflicts of Interest**

Board members with actual or perceived conflicts of interest must identify these as they arise. Individuals with a conflict of interest shall abstain from discussion and/or voting on any issue in which they may have a direct conflict of interest.

**e) Terms of Office**

The members of the CoC Board shall serve two year terms and can be renewed or replaced through the nomination process of the CoCs, followed by ratification by the Board. Either CoC can at any point in the two year term, through a formal two-thirds majority vote, direct any Board Member to step down and be replaced by another nominee of the CoC, following the nomination process. This replacement process will require at least one month's notification and placement as a formal action item on an agenda of an official CoC meeting.

**f) Committees**

The CoC Board may create committees as necessary to accomplish its purpose, roles, and responsibilities. Committees already established through the CoCs may carry out the functions of the CoC Board committees as deemed appropriate and advantageous.

**3) MEETINGS**

The CoC Board shall:

- a) Conduct at least four meetings per year. A simple majority of the CoC Board membership shall constitute a quorum for the transaction of business.
- b) Provide prior reasonable notice of CoC Board and committee meetings and such notices shall be published on the Maine Homeless Planning website at least three days in advance. Each meeting shall have on its agenda the opportunity for members of the public to provide input and comment.
- c) Review and approve the minutes and consider recommendations from such committees established as provided in Section 2) f) above.

**4) COC REPORTS**

The CoC Board shall review applicable reports and documents pertaining to the CoCs in order to support local year-round Continuum of Care planning of homeless and homeless prevention housing and services.