# 2007 Exhibit 1: Continuum of Care (CoC) Application

## **Part I: CoC Organizational Structure**

HUD-Defined CoC Name:*	CoC Number*
Maine Balance of State CoC	ME-500

#### A: CoC Lead Organization Chart

CoC Lead Organiz	ation: Maine Stat	te Housing Author	rity			
<b>CoC Contact Perso</b>	n: Scott Tibbitt	S				
Contact Person's O	organization Name:	Maine State I	Authority			
Street Address:	353 Water Street					
City: August	a		State:	ME	Zip:	04330
Phone Number:	207-626-4604	Fax Number:	207-62	24 5768		
Email Address:	stibbitts@mainehousi	ng.org				

## **B: CoC Geography Chart**

Geographic Area Name	6-digit Code	Geographic Area Name	6-digit Code
Auburn	230120	Knox County	239013
Biddeford	230252	Lincoln County	239015
Lewiston	231602	Oxford County	239017
Androscoggin County	239001	Piscataquis County	239021
Aroostook County	239003	Sagadahoc County	239023
Cumberland County	239005	Somerset County	239025
Franklin County	239007	Waldo County	239027
Hancock County	236009	Washington County	239029
Kennebec County	239011	York County	239031

# **CoC Structure and Decision-Making Processes**

## **C: CoC Groups and Meetings Chart**

		(	ting F (check one col		Enter the number of organizations/							
	CoC Planning Groups	At Least Monthly	At Least Quarterly	At Least Biannually	Annually	entities that are members of each CoC planning group listed on this chart.						
	mary Decision-Making Group (list only one group)											
Name:	Balance of State Continuum of Care	X				24						
<b>Role:</b> The BOSCOC provides a single, coordinated, inclusive planning effort for the CoC's area as well as develops and manages the annual CoC funding process.												
Other C	oC Committees, Sub-Committees, Workgroups, etc.											
Name:	Steering Subcommittee		Χ			8						
Role:         Facilitates the collection of information and materials for inclusion in the McKinney-Vento application. Coordinates with the other subcommittees to ensure that information is disseminated to the BOSCOC.												
Name:	Gaps, Data Collection and HMIS Subcommittee	Χ				6						
Role:	Collect information on homelessness; improves data collect HUD application; and coordinates the PIT count and the an											
Name:	Monitoring, Evaluation and TA Subcommittee	Χ				7						
Role:	Conducts monitoring activities to review effectiveness of exprojects within the BOSCOC area. Coordinates and provide											
Name:	Community Engagement Subcommittee	Χ				12						
Role:	Works to involve the broader public including private busin organizations, and homeless and formerly homeless persons											
Name:	Scoring Subcommittee		Χ			13						
Role:	Develops and continuously refines the methodology and sco applications seeking inclusion in the BOSCOC's annual fun											
Name:	Selection Subcommittee				Χ	15						
Role:	Reviews all Exhibit 2 project applications and presentations tools developed by the Scoring Subcommittee to score and r											
Name:	Statewide Homeless Council	X	~			11						
Role:	Provides leadership in efforts to end and prevent homelessn to the Governor, the Legislature, and the Maine State Housi				advi	sory committee						
Name:	Regional Homeless Councils (I, II, III)	X				85						
Role:	Develop and implement regional plans for ending homeless. Council to recommend system changes, legislative initiative prioritization.											

			eting Fi (check one col	only	Enter the number of organizations/							
	CoC Planning Groups (Continued)	At Least Monthly	At Least Quarterly	At Least Biannually	Annually	entities that are members of each CoC planning group listed on this chart.						
Name:	Augusta Working Group	Χ				10						
Role:	This local group of service providers meets to develop local strategies to improve services and housing for the homeless as well as coordinate their efforts effectively in the Augusta area.											
Name:	Lewiston Auburn Services for the Homeless (LASH)	Χ				24						
Role:	This group of service providers meets to develop strategies the homeless as well as to coordinate efforts in the Lewiston				s and	d housing for						
Name:	Veterans Homeless Working Group	Χ				10						
Role	Group of homeless providers that meet to develop and impl homeless veterans throughout the State as well as coordinat											
Name:	Maine Coalition to End Domestic Violence	Χ				9						
Role:	A coalition of DV providers that advocate on a variety of D specialized housing and services for people who are homele											
Name:	Homeless Youth Working Group	Χ				7						
Role:	This work group of service providers meets to develop spec homeless youth as well as coordinate existing programs and											
Name:	HMIS Working Group		Χ			7						
Role:	Works to increase HMIS participation from both McKinney-Vento and non-McKinney-Vento											

Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented				
STATE GOVERNMENT AGENCIES						
Maine Department of Health and Human Services	All geographic areas (See B, above)	-	-			
Maine Department of Corrections	All geographic areas (See B, above)	-	-			
Office of the Governor	All geographic areas (See B, above)	-	-			
Maine State Housing Authority	All geographic areas (See B, above)	-	-			
Maine Department of Labor	All geographic areas (See B, above)	-	-			
LOCAL GOVERNMENT AGENCIES						
City of Augusta	239011	_	-			
City of Auburn	230120	-	-			
City of Biddeford	230252	-	-			
City of Lewiston	231602	-	-			
PUBLIC HOUSING AGENCIES						
Auburn Housing Authority	230120	-	-			
Augusta Housing Authority	239011	-	-			
Lewiston Housing Authority	239001	-	-			
Brunswick Housing Authority	239005	-	-			
Maine State Housing Authority	All geographic areas (See Chart B, above)	-	-			
SCHOOL SYSTEMS / UNIVERSITIES						
Bowdoin College	239005	-	-			
Bates College	239001	-	-			
Colby College	239011	-	-			
LAW ENFORCEMENT / CORRECTIONS						
Augusta Police Department	239011					
LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS	I					
(none)	-					
OTHER						
US Dept. of Housing and Urban Development	All geographic areas (See Chart B, above)	-	-			
Social Security Administration	All geographic areas (See Chart B, above)	-	-			
US Dept. of Veterans Affairs (Homeless Veterans Coordinator)	All geographic areas (See Chart B, above)	VETS	-			

## **D:** CoC Planning Process Organizations Chart

**PUBLIC SECTOR** 

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)				
	NON-PROFIT ORGANIZATIONS						
	Shalom House, Inc.	239005, 239031	SMI	SA			
	Kennebec Valley Mental Health Center	239011, 239025	SMI	SA			
	Volunteers of America, Northern New England	230252, 231602, 239001, 239005, 239011, 239013, 239023, 239031	SA	VETS			
	Common Ties	230120, 231602, 239001, 239007, 239017	SMI	SA			
	Tri County Mental Health	230120, 231602, 239001, 239007, 239017	SMI	-			
	Sweetser	239001, 239005, 239023, 239013, 239015, 239027	SMI	-			
	Community Housing of Maine	230120, 230252, 231602, 239001, 239005, 239007, 239009, 239011, 239013, 239015, 239017, 239021, 239023, 239025, 239027, 239029, 239031	-	-			
	Rumford Group Homes	239017	Y	_			
PRIVATE SECTOR	Coastal Enterprises, Inc.	230120, 231602, 239001, 239011, 239013, 239015, 239023, 239027, 39005	-	-			
EC	New Beginnings	231602, 239007	Y	_			
E	Counseling Services, Inc.	230252, 239005, 239031	SMI	_			
'AT	Community Health and Counseling Services	239021,239009	SMI	SA			
RIV	Tedford Housing	239023, 239005	SMI	SA			
P	Camp Stand Down	239011	VETS	_			
	York County Shelter Programs, Inc.	239031	SMI	SA			
	Preble Street Resource Center	231602, 230120, 230252, 239001, 239005, 239011, 239023, 239031	-	-			
	Abused Women's Advocacy Project	230120, 231602, 239001	DV	-			
	Family Violence Project	239011, 239025	DV	-			
	Caring Unlimited	239031	DV	-			
	Dayspring AIDS Services	239005, 239023, 239031	HIV	-			
	Goodwill Hinkley	239025	SMI	Y			
	Mid Maine Homeless Shelter	239011	-	-			
	Stepping Stones for Youth	239003	Y	-			
	Coastal Economic Development	239023	-	-			
	Motivational Services	239011, 239025	-	-			
	FAITH-BASED ORGANIZATIONS						
	Hope Haven Gospel Mission	239001	-	-			
	Bread of Life Ministries	239011	-	-			

	FUNDERS / ADVOCACY GROUPS			
NUED)	United Way	All geographic areas (See Chart B, above)	-	-
SECTOR (CONTINUED)	BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
(C	(none)			
<b>JR</b>	HOSPITALS / MEDICAL REPRESENTATIVES			
CTC	Saint Mary's Hospital	239001	-	-
SEC	Acadia Hospital	239009	-	-
	HOMELESS / FORMERLY HOMELESS PERSONS			
Private	Preble Street Resource Center – Voices for Justice	231602, 230120, 230252, 239001, 239005, 239011, 239023, 239031	-	-
	OTHER			
	Southern Maine Regional Planning	230252, 239005, 239031	-	-

**\*Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

# E: CoC Governing Structure Chart

1. Is the CoC's primary decision-making body a legally recognized organization (check one)?									
<ul> <li>☐ Yes, a 501(c)(3)</li> <li>☐ Yes, a 501(c)(4)</li> <li>☐ Yes, other - specify:</li> <li>☑ No, not legally recognized</li> </ul>									
2. If your CoC were provided with additional administrative funds from HUD, would the primary decision-making body, or an agent designated by it (e.g. a city or non-profit organization), be able to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.									
It is hard to discuss this hypothetically without knowing the full scope of activities HUD would require. Certainly, administrative funding would be necessary and we would oppose any effort to subtract it from the pro rata need share. The Maine BOSCOC is a voluntary body without formal organizational status. It covers 15 counties around the state, excluding only Penobscot County and the City of Portland. There are only a few entities that operate statewide and have the capacity to serve as a designated agent for the BOSCOC.									
The Maine BOSCOC covers a vast geographic area, much of which is rural. Over the years the BOSCOC has struggled to engage and retain members who can handle the volume and complexity of the work required. One of our greatest fears, if HUD delegates project oversight and monitoring to local entities, is that we would lose our volunteer members due to the perception that paid staff could conduct the work.									
3. What percentage of the decision-making body membership represents the private sector, including non-profit providers, homeless or formerly homeless persons, advocates and consumer interests, etc.?									
4a. Indicate how the <u>members</u> of the primary decision-making body are selected (check all that apply):									
Elected       Assigned/Volunteer         Appointed       Other – specify:									

4b. Briefly explain the selection process. (For example, if 5 members are appointed and 6 are elected, explain why this process was established and describe how it works.)

Members of BOSCOC are either assigned by their agencies or volunteer to be part of the group. This is the main decision making body.

BOSCOC elects a Steering Committee of up to 10 members. Membership includes the two BOSCOC co-chairs (who are elected annually by the full BOSCOC membership); the Chairs and Vice-Chairs of each of the subcommittees, and a Maine State Housing Authority staff/designee. In general, the Steering Committee will bring recommendations to the full BOSCOC membership for review and a vote. In the event that there is a time-sensitive or emergency decision the Steering Committee has the authority from the BOSCOC membership to make the decisions, but this happens rarely.

The standing subcommittees are:

- i) Data Collection, Gaps Analysis, and HMIS Subcommittee
- ii) Monitoring, Evaluation, and Technical Assistance Subcommittee
- iii) Community Engagement
- iv) Scoring Committee
- v) Steering Committee
- vi) Selection Committee

Committee and subcommittee chairs, co-chairs or vice-chairs are elected by their members with the exception of the Selection Committee. Any BOSCOC member who has attended at least three of the six meetings prior to the Selection Committee meeting is eligible to participate in this committee.

5. Indicate how the <u>leaders</u> of the primary decision-making body are selected (check all that apply):



Assigned/Volunteer Other – specify:

## F: CoC Project Review and Selection Chart

1. Open Solicitation										
a. Newspapers	$\square$	d. Outreach to Faith-Based Groups	$\boxtimes$							
b. Letters/Emails to CoC Membership	$\boxtimes$	e. Announcements at CoC Meetings	$\boxtimes$							
c. Responsive to Public Inquiries	$\boxtimes$	f. Announcements at Other Meetings	$\boxtimes$							
2. Objective Rating Measures and Performan	ice A	Assessment								
a. CoC Rating & Review Committee Exists	$\square$	j. Assess Spending (fast or slow)								
b. Review CoC Monitoring Findings	$\square$	k. Assess Cost Effectiveness	$\boxtimes$							
c. Review HUD Monitoring Findings	$\square$	1. Assess Provider Organization Experience	$\square$							
d. Review Independent Audit		m. Assess Provider Organization Capacity	$\square$							
e. Review HUD APR for Performance	$\boxtimes$	n. Evaluate Project Presentation	$\square$							
Results										
f. Review Unexecuted Grants	$\square$	o. Review CoC Membership Involvement	$\square$							
g. Site Visit(s)	$\square$	p. Review Match	$\square$							
h. Survey Clients	$\square$	q. Review All Leveraging Letters (to ensure that they meet HUD requirements)	$\square$							
i. Evaluate Project Readiness	$\square$									
3. Voting/Decision System										
a. Unbiased Panel / Review Committee	$\square$	d. One Vote per Organization								
b. Consumer Representative Has a Vote		e. Consensus (general agreement)								
c. All CoC Members Present Can Vote		f. Voting Members Abstain if Conflict of Interest	$\square$							

#### **G:** CoC Written Complaints Chart

# Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?

Yes Yes

#### If Yes, briefly describe the complaints and how they were resolved.

York County Shelters, Inc. (YCSI) a project applicant under the current and previous rounds of COC funding, sent a letter and supporting documentation to the BOSCOC Steering Committee objecting to a monitoring & evaluation (M&E) report they received April 22, 2007 subsequent to a M&E site visit which took place on March 23, 2007. In response, the Steering Committee reviewed and revised the M&E report; this revised version was sent back to YCSI on April 30, 2007.

YCSI responded in writing by May 2, again disputing the M&E findings and listing six actions they wished the Steering Committee to undertake. Following further discussion, including (though not limited to) a conference call involving the HUD Manchester Field Office, YCSI and the Steering Committee agreed on the following:

- 1) HUD will conduct a monitoring site visit to YCSI on June 11 to review issues raised in the Steering Committee's M&E report;
- 2) Concerns YCSI raised about the BOSCOC governance and process will be addressed at BOSCOC summer meetings so as not to delay the 2007 submission process. The BOSCOC's commitment to doing this is affirmed in the goal section. BOSCOC will seek guidance as needed from HUD staff regarding governance issues.

# Part II: CoC Housing and Service Needs

## H: CoC Services Inventory Chart

(1)		Pro	(2) ven	tion		011	(3) trea	ach			Sur	opo		4) 'e S	ervi	ices		
		110	ven	uon		Ou	u ca	acii			Su	յիս		C D		ices		
Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Allies Inc									Х	Х		Х						
ABBAK Counseling Services											Х							
Abused Women's Advocacy Project						Х			Х	Х					Х		Х	
Acadia Family Center											Х							
Addiction Resource Center											Х	Х						
AIDS Consultation Services													Х	Х				
AIDS Lodging House														Х				
AIDS Response Seacoast														Х				
American Red Cross	Х	Х											Х	Х				
Aroostook Medical Center											Х		Х					Х
Aroostook Mental Health Center		Х	Х			Х					Х	Х						
Battered Women's Project				Х	Х				Х	Х					Х		Х	
Blue Willow Counseling Center											Х							
Bread of Life Ministries		Х		Х					Х	Х					Χ	Х		Х
Breakwater Teen Shelter						Х			Х	Х					Х			
CAP Quality Care, Inc.											Х							
Caring Unlimited				Х					Х	Х					Х		Х	
Cary Medical Center											Х		Х					
Catholic Charities						Х			Х	Х								Х
Center for Housing Information in Maine				Х														
Central Maine Counseling Services											Х							
Central Maine Pre-Release Center				Х	Х			Х	Х	Х	Х	Х	Х			Х		Х
Charlotte White Center				Х							Х							Х
Choice Skyward											Х							
Christ Church Outreach Committee (Augusta)										X								
Coastal Transportation																		Х
Coastal AIDS Network														Х				

(1)	(2) (3)					(3)	· · · · · · · · · · · · · · · · · · ·											
		Pre	ven	tion		Ou	trea	ach			Sup	opo	rtiv	e S	ervi	ices		
Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Coastal Enterprises, Inc.	Х								Х	Х					Х	Х		
Collaborative Refugee Services Program				Х					Х	Х								
Common Ground Counseling											Х							
Common Ties Coalition		Х	Х						Х	Х	Х							Х
Community Clinical Services											Х							
Community Concepts				Х					Х	Х	Х							
Community Correctional Alternatives								Х	Х	Х								Х
Community Health and Counseling		Х	Х			Х			Х	Х	Х	Х						Х
Community Substance Abuse Center											Х							
Counseling Services, Inc.		Х	Х	Х		Х			Х	Х	Х	Х	Х			Х		Х
Crisis and Counseling Centers											Х							
Dayspring AIDS Support Services									Х	Х				Х				
Disability Rights Center					Х					Х								
Domestic Violence Network				Х					Х	Х					Х		Х	
Downeast Maine AIDS Network						Х			Х	Х				Х				
Eastern Maine AIDS Network						Х			Х	Х				Х				
Employment Specialists of Maine										Х						Х		Х
Evergreen Behavioral Health						Х					Х	Χ						
Family Crisis Services		Х		Х	Х	Х			Х	Х					Х		Х	
Family Violence Project				Х	Х				Х	Х					Х		Х	
First Light Counseling Services											Х							
Frannie Peabody House	Х	Х	Х	Х		Х			Х	Х	Х	Χ	Χ	Х	Х	Χ		
Graham Behavioral Services									Х	Х								Х
Hancock County (Community Outreach Center)						X												
HealthReach Network				Х		Х			Х	Х	Х	Х	Х					Х
Hearthside				Х							Х							
Home Counselors, Inc.				Х		Х			Х	Х								
Houlton Regional Hospital											Х							
Ingraham				Х		Х						Х						
Katahdin Valley Health Center											Х		Х					
Kennbec Valley Mental Health Center		Х	Х	Х		Х			Х	Х	Х	Х				Х		Х

(1)			(2)				(3)						(4	4)				
		Pre	ven	tion		Ou	trea	ach			Sup	opo	rtiv	e S	ervi	ices		
Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Lewiston Empowerment Community									Х	Х					Х	Х		
Literacy Volunteers of Maine				Х						Х					Х			
Local Hospitals and Community Health Centers											Х	Х	Х	Х				
Local Municipality's Emergency Assistance Program (TANF)		X	Х	Х														
Shalom Housing Inc.		Х							Х	Χ				Х				Х
Maine Coast Memorial Hospital											Х	Х	Х	Х	Х			
Maine Community Mediation Coalition				Х						Х								
Mid Maine Homeless Shelter				Х					Х	Х								
Maine General Medical Center (Waterville,										Х	Х	Х	Х	Х				
Augusta) Maine Juvenile Drug Treatment Court				Х	Х	-		X	Х	Х	Х	Х						
Maine Reentry Program				Л	Λ			л Х	Л	Л	Λ	Λ						
Maine State Housing Authority	Х	Х	Х	Л		Х		Λ	Λ	Л								
Maine's Adult Drug Treatment Court	Λ	Λ	Λ	Х		Λ		Х	Х	Х	Х	Х						
Maine's Bureau of Rehabilitation Services									Х	X	11				Х	Х		
Maine's CAP Agencies	х	Х	X	Х		Х			Х	X						X	Х	X
Maine's Career Centers (20 centers in the	Λ	71		X					X	X					X	X	~	Λ
BOSCOC area) Maine's Council of Churches				Х														
Maine Equal Justice				Х	Х													
Maine's Dept. of Transportation's Rural				Λ	Λ													
Transportation Program																		Х
Maine's Dept. of Veterans Services (Stand Down)				Х	Х				Х	Х	Х	Х	Х			Х		Х
Maine's DV Elder Network				Х	Х													
Maine Realtor's Association			Х															
Mayo Regional Hospital											Х		Х					
ME Dept of Health and Human Services		Х	Х	Х		Х	Х	Х	Х	Х	Х	Х	Х		Х	Х	Х	Х
Merrymeeting AIDS Support Services									Х	Х				Х	Х			
Merrymeeting Project															Х			
Maine Dept. of Revenue (Rent Rebate and Property Tax Refund Program)	х	Х																
Menswork				Х	Х			Х	Х									

(1)			(2)				(3)						(4	<b>1</b> )				
		Pre	ven	tion	l	Ou	trea	ach			Sup	po	rtiv	e S	ervi	ices		
<b>Provider Organizations</b>	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Mid Coast AIDS						Х								Х				
Mid-Coast Mental Health Center		Х	Х			Х			Х	Х		Х						Х
Motivational Services		Х	Х	Х		Х			Х	Х		Х				Х		Х
Mount Desert Island Hospital										Х	Х	Х	Х	Х	Х			
Municipal General Assistance Programs		Х	Х															
Municipal Police Departments						Х		Х										
Northeast Occupational Exchange									Х	Х	Х	Х	Х					
New Beginnings		Х		Х		Х			Х	Х					Х			
New Hope for Women				Х					Х	Х					Х		Х	
Northern Maine General Hospital											Х		Х					
Northern Maine Medical Center											Х		Х					
ОНІ									Х	Х		Х						
Oxford County Crisis						Х						Х						
Pine Tree Legal					Х													
Pleasant Point Health Center											Х		Х					
Positive Health Care											Х	Х	Х	Х				
Preble Street Resource Center				Х		Х			Х	Х		Х						
Protea Behavioral Health Services									Х	Х	Х	Х						
Recovery Associates of Southern Maine											Х							
Recovery Center at Mercy											Х				Х			
Regional Children's Cabinet				Х														
Regional Medical Center at Lubec											Х		Х					
Richardson Hollow Associates				Х					Х	Х								Х
Rumford Group Homes		Х	Х	Х		Х			Х	Х						Х		
Rural Family Counseling, Inc.											Х							
Rural Housing Services	Х			Х					Х	Х								
Saint Mary's Regional Medical Center									Х	Х	Х			Х				
Salvation Army	Х	Х	Х	Х					Х	Х						Х		Х
Shaw House		Х		Х		Х			Х	Х								
Spectrum Health Services											Х		Х					
Spruce Street				Х							Х							
St. Francis House	1			Х			-		Х	Х	Х		-		1	-		

(1)		Dwa	(2)	tion			(3)	h			<b>c</b>		(4					
		Pre	ven	tion	-	Ou	trea	icn			Sup	po	rtiv	e S	erv	lces		
Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Streetlight Homeless Outreach						Х												
Support and Recovery Services						Х			Х	Х	Χ	Х	Х			Х		
Sweetser		Х	Х	Х		Х			Х	Х	Χ	Х	Х			Х		Х
Tedford Shelter		Х	Х	Х					Х	Х	Χ	Х				Х		Х
The Next Step				Х					Х	Х					Х		Х	
Transitional Counseling, Inc.											Х	Х						
Tri-County Mental Health		Х	Х	Х		Х			Х	Х	Х	Х	Х					Х
United Way				Х														
US Department of Veterans Affairs' Medical Center (Togus)				Х		Х			Х	Х	Х	Х	Х	Х				
VA Outpatient Clinics (Calais, Saco, Aroostook County, Rumford)				X					X	Х	X	X	Х	X				X
Vet Centers (Sanford, Lewiston and Caribou)				Х					Х	Х								Х
Volunteer's of America NNE		Х		Х		Х			Х	Х		Х						Х
Volunteer Lawyers Project				Х	Х													
Washington County Psychotherapy Assoc.						Х					Х	Х						
WomanCare				Х					Х						Х		Х	
Women Unlimited										Х					Х	Х	Х	
York County Shelters		Х		Х	_				Х	Х	Х	Х	Х	Х	Х	Х		Х
York Hospital											Х		Х					
Youth Alternatives				Х		Х			Х	Х	Х	Х						
YouthBuild									Х	Х					Х	Х		Х
Youth and Family Services						Х			Х	Х	Х	Х						С-Н

CoC-H

# **CoC Housing Inventory and Unmet Needs**

## I: CoC Housing Inventory Charts

<b>Emergency Shelter:</b>	Fundamental Componen	ts in (	CoC S	ystem -	– Housi	ng Inv	ento	ry Cha	nrt				
	Facility Name*	HMIS	Num	ber of	Geo	Target	Рор	Ye	ear-Rou	nd		Other	r Beds
Provider Name	*Place an asterisk after the facility name if it receives HUD McKinney- Vento dollars.	Part.	Year-	Round n HMIS	Code	А	В	Fam. Units	Fam. Beds	Indiv. Beds	Year- Round Beds	Seas- onal	O/V*
Current Inventory			Ind.	Fam.									
	on or before Jan. 31, 2006)	1	ma.	I um.		r	T				T	r —	
Abused Women's Advocacy Project	Abused Women's Advocacy Project Shelter	DV	0	0	230120	FC	DV	4	15	0	15	0	0
Battered Women's Project	Battered Women's Project - Caribou	DV	0	0	239003	М	DV	5	12	0	12	0	0
Battered Women's Project	St. John Valley Shelter	DV	0	0	239003	М	DV	4	8	0	8	0	0
Battered Women's Project	Battered Women's Project - Houlton	DV	0	0	239003	М	DV	5	14	0	14	0	0
Bread of Life	Bread of Life Shelter - Augusta	PA	7	13	239011	М		5	13	7	20	0	0
Caring Unlimited	Caring Unlimited	DV	0	0	239031	FC	DV	4	18	0	18	0	3
Community Concepts	Oxford Hills Family Shelter	Ν	0	0	239017	FC		3	9	0	9	0	0
Community Concepts	Strathglass Shelter	Ν	0	0	239017	М		3	9	0	9	0	0
Family Violence Project	Augusta Shelter	DV	0	0	239011	FC	DV	5	16	0	16	0	0
Galilee	Norway Homeless Shelter	DV	0	0	239017	FC	DV	2	8	0	8	0	0
Home Counselors, Inc.	Breakwater Teen	PA	16	0	239013	YMF		0	0	16	16	0	0
HOME, Inc.	Home – St. Francis Inn	Ν	0	0	239009	FC		0	0	9	9	0	0
HOME, Inc.	Hospitality House	PA	6	6	239009	М		2	6	6	12	0	0
HOME, Inc.	Dorr House	PS	4	0	239009	SM		0	0	6	6	0	0
HOME, Inc.	Home – Mandala Farms	PS	6	3	239009	М		1	3	6	9	0	11
HOME, Inc. Emmaus	Emmaus House	PA	14	8	239009	М		3	8	14	22	0	2
										(co	ontinues	on nex	t page)

	Facility Name*	HMIS	Num	ber of	Geo	Target	Рор	Ye	ear-Rou	nd	Total	Other	Bed
Provider Name	*Place an asterisk after the facility name if it receives HUD McKinney- Vento dollars.	Part. Code		Round n HMIS	Code	А	В	Fam. Units	Fam. Beds	Indiv. Beds	Year- Round Beds	Seas- onal	O/V <sup>a</sup>
Current Inventory (p (Available for Occupancy	age 2) 7 on or before Jan. 31, 2006)		Ind.	Fam.			-			-	-		
Homeless Services of Aroostook	Sister Mary O'Donnell Shelter	PS	13	0	239003	М		5	16	14	30	0	3
Hope Haven	Hope Haven Gospel Mission	PA	14	16	231602	М		6	16	14	30	0	0
House of Peace	House of Peace	DV	0	0	239007	М	DV	1	2	3	5	0	0
Maine Adoption Placement	My Choice - Houlton	N	0	0	239003	М		0	0	12	12	0	0
Maine State Housing Authority	Emergency Winter Response Plan	PA	0	0	239011	М		0	0	0	0	0	31
Mid- Coast Hospitality House	Mid Coast Hospitality House - Rockport	PA	12	0	239013	М		0	0	12	12	0	0
Mid-Maine Homeless Shelter	Mid-Maine Homeless Shelter	PA	10	7	239011	М		2	7	10	17	0	10
New Beginnings	New Beginnings	PA	12	0	231602	YMF		0	0	12	12	0	0
New Hope for Women	Safe Homes	DV	0	0	239013	FC	DV	8	16	0	16	0	0
Next Step	Next Step - Safe Homes	DV	0	0	239029	М	DV	4	8	2	10	0	2
Next Step	Next Step - Shelter Machias	DV	0	0	239029	М	DV	0	0	6	6	0	2
Pleasant Point Housing Authority	Kilunkikin	N	0	0	239029	М		1	4	10	14	0	0
Rumford Group Homes	Rumford Group Home	PA	8	0	239017	YMF		0	0	8	8	0	0
Rural Community Action Ministries	Rural Community Action Ministry Homeless Shelter	PA	0	10	239001	FC		2	10	0	10	0	0
St. Martin de Porres	St. Martin de Porres	N	0	0	231602	SMF		0	0	16	16	0	0

<b>Emergency Shelter: F</b>	undamental Componen	ts in C	CoC Sy	ystem –	Housin	g Inve	ntory	y Char	·t				
	Facility Name*	HMIS	Nun	ber of	Geo	Target	Рор	Ye	ear-Rou	nd	Total Year-	Other	Beds
Provider Name	*Place an asterisk after the facility name if it receives HUD McKinney- Vento dollars.	Part. Code		-Round n HMIS	Code	А	В	Fam. Units	Fam. Beds	Indiv. Beds	Round Beds	Seas- onal	O/V*
Current Inventory (pag (Available for Occupa	e 3) ancy on or before Jan. 31, 2000	6)	Ind.	Fam.							•		
Tedford Housing	Adult Shelter	PA	20	0	239005	SMF		0	0	20	20	0	0
Tedford Housing	Family Shelter	PA	0	29	239005	FC		6	29	0	29	0	3
YANA	YANA	PA	9	0	239005	SM		0	0	10	10	0	0
York County Shelters, Inc.	York County Shelter	PA	37	0	239031	М		0	0	37	37	0	0
Youth & Family Services	Halcyon House	Ν	0	0	239025	YMF		0	0	10	10	0	0
	Subt	OTALS:	179	101	SUBTO	TAL CUR Invent		81	247	260	507	0	67

New Inventory in Plac (Available for Occupancy	e in 2006 Feb. 1, 2006 – Jan. 31, 2007)	Ind.	Fam.									
	SUBTOTALS:	0	0	SU	btotal Invent			0	0	0	0	0
Inventory Under Deve (Available for Occupancy	<b>A</b>	Antic: Occupar	ipated ncy Date									
	Subtota	l Inven	TORY L	<b>INDER DE</b>	VELOPN	IENT:	0	0	0	0	0	0
Unmet Need			ן	Unmet N	EED TO	TALS:	0	0	0	0	0	0
<b>Total Year-Round Bed</b>	ds—Individuals		Tota	Year-R	ound B	eds-	-Famil	ies				
1. Total Year-Round Individ	dual Emergency Shelter (ES) Beds:	260	6. Tota	al Year-Ro	und Fam	ily En	nergency	Shelter	(ES) Bee	ds:	2	247
2. Number of DV Year-Rou	nd Individual ES Beds:	11	7. Nur	nber of DV	VYear-R	ound I	Family E	S Beds:			1	17
3. Subtotal, non-DV Year-R (Line 1 minus Line 2):	cound Individual ES Beds	249		total, non-] minus Line		-Roun	d Family	ES Bec	ls		1	30
4. Total Year-Round Individ	dual ES Beds in HMIS:	179	9. Tota	al Year-Ro	und Fam	ily ES	Beds in	HMIS			1	01
5. HMIS Coverage—Individ multiply by 100. Round to a w	dual ES Beds (Divide Line 4 by Line 3 and hole number):	71.8%		AIS Covera y by 100. R					ine 9 by I	Line 8 and	77	7.6%

I: CoC Housing Inventory	Charts										
Transitional Housing: Fur	damental Components in	CoC S	ystem	– Hou	ising Inv	ventor	y Ch	art			
	Facility Name*	HMIS		ber of	Geo	Targe	t Pop	Ye	ar-Roun	d	Total Year-
Provider Name	*Place an asterisk after the facility name if it receives HUD McKinney- Vento dollars.	Part. Code		Round 1 HMIS	Code	А	В	Fam. Units	Fam. Beds	Indiv. Beds	Round Beds
Current Inventory			Ind.	Fam.							
(Available for Occupancy on or b						1	<b>I</b>		1		
Battered Women's Project	Vickers Drive Caribou House #1	DV	0	0	239003	FC	DV	2	5	0	5
Battered Women's Project	Growing New Visions – Houlton	DV	0	0	239003	FC	DV	3	6	0	6
Battered Women's Project	Madawaska Transitional Housing	DV	0	0	239003	FC	DV	3	6	0	6
Battered Women's Project	Unnamed #1 - St. John Valley	DV	0	0	239003	FC	DV	3	7	0	7
Battered Women's Project	Caribou House #2 *	DV	0	0	239003	FC	DV	1	6	0	6
Bread of Life	Hospital Street - Augusta	N	0	0	239011	FC		1	3	0	3
Bread of Life	Orchard – Augusta	PA	0	12	239011	FC		3	12	0	12
Bread of Life	Bread of Life Transitional, #17- 19 Crosby - Augusta	PA	0	8	239011	FC		4	8	0	8
Caring Unlimited	Sanford	DV	0	0	239031	М	DV	11	37	2	39
Caring Unlimited	Springvale House	DV	0	0	239031	FC	DV	3	11	0	11
Catholic Charities	Dunn Street (SRO), Auburn	N	0	0	230120	SM		0	0	32	32
СНАМР	Charles Street - Sanford	PA	0	8	239031	FC		2	8	0	8
СНАМР	June St - Sanford	Ν	0	0	239031	YMF		0	0	8	8
Coastal Economic Development	Elm Street - Bath	N	0	0	239023	SM		0	0	4	4
Coastal Economic Development	Heath Lane – Bath	Ν	0	0	239023	FC		2	4	0	4
Coastal Economic Development	Walker Street – Bath	N	0	0	239023	FC		2	6	0	6
Coastal Economic Development		N	0	0	239023	SMF		0	0	8	8
Community Housing of Maine	AWAP "J"	DV	0	0	230120	FC	DV	3	7	0	7
Community Housing of Maine	Family Crisis Services - Cumberland	DV	0	0	239005	М	DV	2	4	1	5
									(co	ntinues o	n next page

Transitional Housing: Fur	ndamental Components in (	CoC S	System	– Hou	ising Inv	ventor	ry Ch	art			
	Facility Name*	HMIS		ber of	Geo	Targe	t Pop	Ye	ar-Roun	ıd	Total Year-
Provider Name	*Place an asterisk after the facility name if it receives HUD McKinney- Vento dollars.	Part. Code		Round n HMIS	Code	А	В	Fam. Units	Fam. Beds	Indiv. Beds	Round Beds
Current Inventory (continue (Available for Occupancy on or b			Ind.	Fam.					-		
	New Hope "O" - Knox County	DV	0	0	239013	FC	DV	2	6	0	6
	Howe Street Dual Diagnosis - Lewiston	Ν	0	0	231602	SMF		0	0	5	5
Community Housing of Maine	Nye Street Dual Diagnosis - Saco	PS	1	0	239031	SMF		0	0	7	7
Community Housing of Maine	New Hope "C"- Waldo County	DV	0	0	239027	FC	DV	2	5	0	5
DHHS	BRAP Tenant Based Rental Assistance	N	0	0	239011	М		86	204	122	326
Goodwill Hinckley	Vicker's	Ν	0	0	239025	М		0	0	11	11
HOME, Inc	Bald Mountain Rd Dedham	Ν	0	0	239009	FC		4	10	0	10
HOME, Inc.	Duplex - Orland	Ν	0	0	239009	FC		3	9	0	9
HOME, Inc.	St. Barbara Hance	Ν	0	0	239009	SMF		0	0	7	7
Kennebec Valley CAP	Cony Rd Augusta.	N	0	0	239011	FC		3	6	0	6
Kennebec Valley Mental Health Center	Mt. Pleasant Ave Skowhegan (Bridgewood)	PA	0	6	239025	SMF		0	0	6	6
MicMac Housing Authority	Aroostook	N	0	0	239003	FC		7	20	0	20
New Beginnings	151 Sewall Street, Augusta – TLP *	PA	4	0	239011	SMF		0	0	4	4
New Beginnings	436 Main St., Lewiston – TLP *	PA	8	0	231602	М		0	0	8	8
New Beginnings	597 Main St., Lewiston – TLP *	PA	8	0	231602	М		0	0	8	8
New Beginnings	97 Pierce Street -Lewiston	PA	4	0	231602	SMF		0	0	4	4
New Hope for Women	Lincoln	DV	0	0	239015	FC	DV	8	16	0	16
New Hope for Women	Unnamed – Waldoboro	DV	0	0	239015	FC	DV	2	6	0	6
Next Step	Next Step - Machias	DV	0	0	239029	FC	DV	2	5	0	5
									(contin	ues on r	next page)

	Facility Name*	HMIS	Num	ber of	Geo	Targe	t Pop	Ye	ar-Rour	nd	Total
Provider Name	*Place an asterisk after the facility name if it receives HUD McKinney- Vento dollars.	Part.	Year-	Round n HMIS	Code	А	В	Fam. Units	Fam. Beds	Indiv. Beds	Year- Round Beds
Current Inventory (cont (Available for Occupancy on	· · · · · · · · · · · · · · · · · · ·		Ind.	Fam.							
RAC+	BOS	PA	58	253	239031	М		71	253	58	311
Rumford Group Homes	Pinewoods One - Semi Ind. Living *	N	0	0	239017	М		0	0	9	9
Stepping Stones	6 High Street – Houlton	Ν	0	0	239003	FC		5	10	0	10
WomanCare	Hannah's House – Dover-Foxcroft	DV	0	0	239021	FC	DV	2	5	0	5
York County Shelters	Smith – Alfred *	PA	10	0	239031	SMF		0	0	10	10
York County Shelters	Within – Alfred *	PA	0	16	239031	FC		5	16	0	16
York County Shelters	Cottage St, - Sanford	PA	6	0	239031	SMF		0	0	6	6
York County Shelters	High St Sanford	PA	4	0	239031	SMF		0	0	4	4
York County Shelters	24 Thornton - Saco	PA	4	0	239031	SM		0	0	4	4
York County Shelters	Pomroy - Sanford	PA	0	16	239031	FC		2	16	0	16
Youth Alternatives	Girls Transitional	Ν	0	0	239005	YF		0	0	6	6
Youth Alternatives	Reardon's Place – South Portland	PS	3	0	239005	YM		0	0	7	7
	Subt	OTALS:	85	285	SUBTOT	AL CUR Invent		249	717	341	1058
New Inventory in Place i (Available for Occupancy Fe			Ind.	Fam.							
Next Step	Unnamed – Ellsworth	DV	0	0	239009	FC	DV	3	8	0	8
Rumford Group Homes	Unnamed – Rumford	Ν	0	0	239017	YM		0	0	6	6
The Maine Way	South St. Biddeford	Ν	0	0	239031	SMF		0	0	8	8
	Subt	OTALS:	0	0		TOTAL Invent		3	8	14	22

Transitional Housing: Fu	ndamental Components in (	CoC S	vstem – Hou	using Inv	vento	ry Ch	art			
	Facility Name*	HMIS	Number of	Geo	Targe	•		ear-Rou	nd	Total Year-
Provider Name	*Place an asterisk after the facility name if it receives HUD McKinney- Vento dollars.	Part. Code	Year-Round Beds in HMIS	Code	А	В	Fam. Units	Fam. Beds	Indiv. Beds	Round Beds
Inventory Under Developm (Available for Occupancy after J			Anticipated Occupancy Date		-					
Bread of Life	Short Term TH		08/01/2007	239011	FC		5	16	0	16
New Beginnings	New Beginnings - Farmington		10/01/2007	239007	М		0	0	2	2
VOA	Housing for Homeless Veterans		05/01/2008	239011	SM	VET	0	0	10	10
	Sub	TOTAL	INVENTORY U	nder Dev	ELOPN	MENT:	5	16	12	28
Unmet Need			U	JNMET NE	ED TO	TALS:	0	0	0	0
Total Year-Round Beds—II	ndividuals		Total Year	r-Round	Beds-	—Fan	nilies			
1. Total Year-Round Individual Tra	ansitional Housing Beds:	341	6. Total Year	r-Round Fa	amily T	ransitic	onal Hous	sing Beds	:	723
2. Number of DV Year-Round Ind	ividual TH Beds:	3	7. Number of	f DV Year	-Round	Family	y TH Bed	ls:		140
3. Subtotal, non-DV Year-Round I (Line 1 minus Line 2):	ndividual TH Beds	338	8. Subtotal, r (Line 6 minus		ear-Rou	nd Fan	nily TH E	Beds		583
4. Total Year-Round Individual TH	I Beds in HMIS:	11(	9. Total Year	r-Round Fa	amily T	H Beds	s in HMIS	5		321
5. HMIS Coverage—Individual TH multiply by 100. Round to a whole nut		32.5	% 10. HMIS Co and multiply b					e Line 9 by	Line 8	54.7%

I: CoC Housing Inventory	Charts										
Permanent Supportive Ho	ousing: Fundamental Cor	npone	nts in (	CoC S	ystem –	Housi	ng In	vento	ry Cha	irt	1
	Facility Name	HMIS		ber of	Geo	Target	Pop.	Y	ear-Ro	und	Total Year-
Provider Name	*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	Part. Code		Round 1 HMIS	Code	А	В	Fam. Units	Fam. Beds	Indiv./ CH Beds	Round Beds
Current Inventory (Available for Occupancy on or I	pefore January 31, 2006)		Ind.	Fam.							
Bread of Life	State Street SRO, Augusta *	PA	9	0	239011	SMF		0	0	9/0	9
СНАМР	Woods Place - Springvale	N	0	0	239031	FC		3	12	0/0	12
Charlotte White Center	Mechanic Way	N	0	0	239021	SMF		0	0	5/0	5
Charlotte White Center	Paul Street 3	N	0	0	239021	SMF		0	0	5/0	5
Charlotte White Center	Starks House – Dover-Foxcroft	N	0	0	239021	SMF		0	0	3/0	3
Charlotte White Center	Starks House Apartments – Dover-Foxcroft	N	0	0	239021	SMF		0	0	2/0	2
Common Ties Mental Health	41 Fifth Street Auburn	N	0	0	230120	М		2	4	4/0	8
	Nye Street Dual Diagnosis - Saco	N	0	0	239031	SMF		0	0	2/0	2
Community Housing of Maine	Lisbon Street - Lewiston	Ν	0	0	231602	FC		3	8	0/0	8
Counseling Services, Inc.	Woodbridge *	PA	7	0	239031	SMF		0	0	7/0	7
DHHS	SPC TBA - Lewiston 1 *	PS	7	6	231602	М		4	9	11/1	20
DHHS	SPC TBA - Lewiston 2 *	PA	7	2	231602	М		1	2	9/0	11
DHHS	SPC TBA -Maine 1 Renewal*	PS	67	58	239011	М		46	113	97/9	210
DHHS	SPC TBA - Maine 12 *	PS	10	6	239005	М		9	20	13/4	33
DHHS	SPC TBA - Maine 2 State *	PS	37	37	239031	М		39	92	82/8	174
DHHS	SPC TBA - Maine 4 *	PS	14	7	239005	М		3	8	21/4	29
DHHS	SPC TBA - Maine 5 *	PS	19	19	239031	М		12	30	25/0	55
DHHS	SPC TBA - Maine 7 *	PS	15	10	239031	М		5	10	29/0	39
									(cont	inues on r	next page

	Facility Name					Target Pop.		Year-Round		<b>T</b> 1	
Provider Name	*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Round	r of Year- l Beds in MIS	Geo Code	A	B	Fam. Units	Fam. Beds	Indiv./ CH	Total Year- Round Beds
~ ~ ~				[				Onits	Deus	Beds	Deus
<b>Current Inventory (cont</b> (Available for Occupancy on			Ind.	Fam.							
КVМНС	Mid Maine Supported Housing - Skowhegan (Wilson Place) *	РА	7	0	239025	SMF		0	0	7/0	7
Milestone	The Carriage House – Old Orchard Beach	Ν	0	0	239031	SMF		0	0	10/0	10
Tedford Housing	Pleasant Street – Augusta *	PA	0	6	239011	FC		2	6	0/0	6
York County Shelters	57 Lebanon St Sanford	N	0	0	239031	FC		2	10	0/0	10
York County Shelters	McDermott Apts. – Alfred	PA	5	0	239031	SM		0	0	5/0	5
York County Shelters	11 Lebanon St- Oddesy House - Sanford	N	0	0	239031	FC		2	16	0/0	16
York County Shelters	Weymouth St Sanford	Ν	0	0	239031	FC		2	10	0/0	10
York County Shelters	LaPierre St Sanford	Ν	0	0	239031	SMF		0	0	12/0	12
York County Shelters	Coming Home	PA	8	0	239031	SMF		0	0	8/0	8
York County Shelters	Brand New Day *	PA	2	0	239031	SM		0	0	2/0	2
York County Shelters	Joseph Raymond Angers Farm – Newfield	PA	6	0	239031	SM		0	0	6/0	6
York County Shelters	Janis Apts - Thompson Street, Sanford	PA	1	11	239031	М		3	11	1/0	12
	·	OTALS:	28	17	Subtot	AL CUR Invent		38	361	375/26 <sup>(1)</sup>	736

Permanent Supportive Ho	using: Fundamental Com	ponen	ts in C	CoC Syst	tem – Hou	ising I	nven	tory C	hart		
	Facility Name	HMIS	Numbe	r of Year-		Target Pop.		Y	ear-Rou	und	Total
Provider Name	*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	Part. Round Beds in Code HMIS		Geo Code	А	В	Fam. Units	Fam. Beds	Indiv./ CH Beds	Year- Round Beds	
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)				Fam.							
	PH for Homeless Vets Pleasant Street – Waterville *	PA	4	0	239011	SM	VET	0	0	5/0	5
DHHS	SPC TBA - Maine 13 *	PS	15	7	239031	М		3	16	15/4	31
Tedford Housing	Gilbert Place (was called Bath Supported Housing)	PA	5	0	239023	SMF		0	0	5/0	5
WCARC - Sunrise Opportunities	Harbor Apartments – Milbridge *	N	0	0	239029	SMF		0	0	5/0	5
СНАМР	Mousam Street – Sanford	Ν	0	0	239031	FC		2	18	0/0	18
CHAMP	Bates + Bowdoin Street – Sanford	PA	0	20	239031	FC		5	20	0/0	20
	Subto	OTALS:	24	27		TOTAL Invent		10	54	30/4	87
<b>Inventory Under Developme</b> (Available for Occupancy after Ja				cipated ancy Date							
Bread of Life	Permanent Housing 2004 *		08/0	1/2007	239011	FC		5	12	0/0	12
Community Housing of Maine	Central Maine Supported Hou	sing *	09/0	1/2007	239011	SMF		0	0	4/1	4
DHHS	Maine 15 *		09/0	1/2007	239011	SMF		0	0	11/0	11
DHHS	Shalom-SBA *		09/0	1/2007	239031	SMF		0	0	6/0	6
DHHS	YCSI-SBA *		09/0	1/2007	239031	SMF		0	0	8/8	8
Tedford Housing	Everett Apartments – Brunsw	ick	06/1	5/2007	239023	SMF		0	0	8/1	8
Tedford Housing	Evergreen Woods (aka Bath U	JCC)	08/1	5/2007	239005	FC		6	21	0/0	21
									(continu	es on nex	t page)

Permanent Supportive Housing: Fundamental Components in CoC System – Housing Inventory Chart										
	Facility Name	HMIS I Part. Code	Number of Year- Round Beds in HMIS		Target Pop.		Year-Round			Total
Provider Name	*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.			Geo Code	А	В	Fam. Units	Fam. Beds	Indiv./ CH Beds	Year- Round Beds
<b>Inventory Under Development (continued)</b> (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date							
York County Shelters	17 Thornton Ave - Saco		06/01/2007	239031	SM		0	0	3/3	3
York County Shelters	12 Lebanon Street-Sanford		09/1/2007	239031	SF		0	0	4/0	4
York County Shelters	Shaker Hill Housing- Alfred		02/1/2008	239031	SMF		0	0	8/8	8
York County Shelters	Kittery Family Housing		08/1/2007	239031	FC		4	22	0/0	22
		Subto	TAL INVENTORY	Under Dev	/ELOPM	ENT:	15	55	5/21	104
Unmet Need				UNMET NE	ED TOT	ALS:	11	22	86	111
Total Year-Round Beds—	-Individuals		Total Year-R	ound Beds	—Fam	ilies				
1. Total Year-Round Individual	Permanent Housing Beds:	405	6. Total Year-Round Family Permanent Housing Beds:							415
2. Number of DV Year-Round Individual PH Beds:			7. Number of DV Year-Round Family PH Beds:						0	
3. Subtotal, non-DV Year-Round Individual PH Beds (Line 1 minus Line 2):		405	05 8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7):						415	
4. Total Year-Round Individual	PH Beds in HMIS:	244	9. Total Year-Round Family PH Beds in HMIS							189
5. HMIS Coverage—Individual multiply by 100. Round to a whole	PH Beds (Divide Line 4 by Line 3 and number):	60.2%	10 UNIE Concerne con Formile DU Dada (Divide Line Other Line Orand						8 and	45.5%

## J: CoC Housing Inventory Data Sources and Methods Chart

(1) Indi	cate date on which Housing Inventory count was completed: 01/30/2007(mm/dd/yyyy)
(2) Iden	tify the method used to complete the Housing Inventory Chart (check one):
	Housing inventory survey – CoC conducted a housing inventory survey (via mail, fax, e-mail,
$\square$	web-based, phone or on-site) of homeless programs/providers to update current bed inventories,
	target populations for programs, beds under development, etc.
	HMIS – Used HMIS data to complete the Housing Inventory Chart
	<b>HMIS plus housing inventory</b> – Used HMIS data supplemented by a survey of providers NOT participating in the HMIS
(3) Indi	cate the percentage of providers completing the housing inventory survey:
100%	Emergency shelter providers
88.2%	Transitional housing providers
87.5%	Permanent supportive housing providers
(4) Indi	cate steps to ensure data accuracy for 2007 Housing Inventory Chart (check all that apply):
$\boxtimes$	Instructions – Provided written instructions for completing the housing inventory survey.
$\square$	Training – Trained providers on completing the housing inventory survey.
$\boxtimes$	Updated prior housing inventory information – Providers submitted updated 2006 housing
	inventory to reflect 2007 inventory.
$\boxtimes$	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and
	accuracy of the housing inventory survey.
$\bowtie$	<b>Confirmation</b> – Providers or other independent entity reviewed and confirmed information in 2007
	Housing Inventory Chart after it was completed.
	HMIS – Compared HMIS and housing inventory survey data to check for consistency.
	Other – specify: Compared housing inventory survey data to MSHA administrative records.
Unmet	
~ ~	cate type of data that was used to determine unmet need (check all that apply):
	Sheltered count (point-in-time)
	Unsheltered count (point-in-time)
	Housing inventory (number of beds available)
	Local studies or data sources – specify:
	National studies or data sources – specify:
	Provider opinion through discussions or survey forms
	Other – specify: HMIS needs assessment data
(6a) Inc	licate the method(s) used to calculate or determine unmet need (check all that apply):
	Stakeholder discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
$\square$	<b>Locally-determined formula</b> – Used locally-determined formula based on local point-in-time (PIT)
	count data and housing inventory to calculate unmet need
⊢ ⊣	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
	HUD unmet need formula – Used HUD's unmet need formula*
	Other – specify:
(6b) If 1	nore than one method was used in 6a, please describe how these methods were used.

\*The HUD Unmet Need Guide and Worksheet can be found by going to: http://www.hud.gov/offices/adm/grants/fundsavail.cfm

## **CoC Homeless Population and Subpopulations**

Indicate date of last point-in-ti		(01/30/2007)		
Part 1: Homeless	She	tered		
Population	Emergency	Transitional	Unsheltered	Total
1. Number of Households				
with Dependent Children:	58	246	4	308
1a. Total Number of Persons				
in these Households (adults				
and children)	162	733	8	903
2. Number of Households				
without Dependent				
Children**	143	298	30	471
2a. Total Number of Persons				
in these Households	143	320	32	495
Total Persons				
(Add Lines 1a and 2a):	305	1053	40	1398
Part 2: Homeless				
Subpopulations	She	ltered	Unsheltered	Total
(Adults only, except g. below)				
a. Chronically Homeless		14	21	35
b. Severely Mentally Ill	2	218	*	218
	161		*	161
	1	61		101
c. Chronic Substance Abuse		61 52	*	52
<ul><li>c. Chronic Substance Abuse</li><li>d. Veterans</li></ul>	:			
<ul><li>c. Chronic Substance Abuse</li><li>d. Veterans</li><li>e. Persons with HIV/AIDS</li></ul>	:	52	*	52
<ul> <li>c. Chronic Substance Abuse</li> <li>d. Veterans</li> <li>e. Persons with HIV/AIDS</li> <li>f. Victims of Domestic</li> </ul>		52	*	52
<ul><li>c. Chronic Substance Abuse</li><li>d. Veterans</li><li>e. Persons with HIV/AIDS</li></ul>		52 26	*	52 26

#### K: CoC Point-in-Time Homeless Population and Subpopulations Chart

\*Optional for unsheltered homeless subpopulations

\*\* Includes single individuals, unaccompanied youth, and other adults (such as a married couple without children) \*\*\*For "sheltered" chronically homeless subpopulations, list persons in emergency shelter only.

## L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

#### L-1: <u>Sheltered</u> Homeless Population and Subpopulations

1 1 1 2 1	Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):
$\boxtimes$	Survey – Providers count the total number of clients residing in their programs during the PIT count.
	<b>HMIS</b> – CoC used HMIS to complete the PIT sheltered count and subpopulation information.
	<b>Other</b> – specify: Providers and Municipalities also reported number of clients served by the
$\square$	
(1b)	Maine State Housing Authority Emergency Winter Response Plan (EWRP).
· /	) If multiple methods are checked, briefly describe how data collected using the methods
	e combined to produce the count. Providers and Municipalities were asked to report the same
	elements for EWRP clients as for clients residing in programs, so those numbers could be easily
	prporated into total counts. EWRP numbers were confirmed by Maine State Housing Authority.
` '	Check the method(s) used to gather the subpopulation information on sheltered homeless sons reported in Part 2: Homeless Subpopulations (check all that apply):
	<b>Point-in-time (PIT) interviews with each adult and unaccompanied youth</b> – All sheltered
	adults and unaccompanied youth were interviewed to gather subpopulation information.
	Sample of PIT interviews <u>plus</u> extrapolation – A sample of sheltered adults and unaccompanied
$\boxtimes$	youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to
	produce the total sheltered homeless population.
	Non-HMIS client-level information - Providers used individual client records (e.g., case management
	files) to provide subpopulation data for each adult and unaccompanied youth.
	Provider expertise – Providers estimated the percentage of clients belonging to each subpopulation
	based on their knowledge of their client population as a whole.
	<b>HMIS</b> – CoC used HMIS to gather subpopulation information on sheltered homeless persons.
	Other –specify:
(2b)	If multiple methods are checked, briefly describe how the methods were combined to
pro	duce the subpopulation information.
(3)	Indicate CoC's steps to ensure data quality of the sheltered count (check all that apply):
$\square$	<b>Instructions</b> – Provided written instructions to providers for completing the sheltered PIT count.
$\square$	<b>Training</b> – Trained providers on completing the sheltered PIT count.
$\boxtimes$	<b>Remind and Follow-up</b> – Reminded providers about the count and followed up with providers to
	ensure the maximum possible response rate and accuracy.
	ensure the maximum possible response rate and accuracy. HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.
	HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.         Other –specify:         How often will sheltered counts of sheltered homeless people take place in the future?
(4) I	HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.         Other –specify:         How often will sheltered counts of sheltered homeless people take place in the future?         Biennial (every two years)
	HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.         Other –specify:         How often will sheltered counts of sheltered homeless people take place in the future?         Biennial (every two years)         Annual
(4) I	HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.         Other –specify:         How often will sheltered counts of sheltered homeless people take place in the future?         Biennial (every two years)
(4) I	HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.         Other –specify:         How often will sheltered counts of sheltered homeless people take place in the future?         Biennial (every two years)         Annual
(4) I (4) I (5) I	HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.         Other –specify:         How often will sheltered counts of sheltered homeless people take place in the future?         Biennial (every two years)         Annual         Semi-annual         Other – specify:         Month and Year when next count of sheltered homeless persons will occur: January 2008
	HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.         Other –specify:         How often will sheltered counts of sheltered homeless people take place in the future?         Biennial (every two years)         Annual         Semi-annual         Other – specify:         Month and Year when next count of sheltered homeless persons will occur: January 2008         Indicate the percentage of providers providing populations and subpopulations data
	HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.         Other –specify:         How often will sheltered counts of sheltered homeless people take place in the future?         Biennial (every two years)         Annual         Semi-annual         Other – specify:         Month and Year when next count of sheltered homeless persons will occur: January 2008         Indicate the percentage of providers providing populations and subpopulations data         ected via survey, interview and/or HMIS:
	HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.         Other –specify:         How often will sheltered counts of sheltered homeless people take place in the future?         Biennial (every two years)         Annual         Semi-annual         Other – specify:         Month and Year when next count of sheltered homeless persons will occur: January 2008         Indicate the percentage of providers providing populations and subpopulations data

\*Please refer to 'A Guide to Counting Sheltered Homeless People' for more information on unsheltered enumeration techniques.

#### L-2: <u>Unsheltered</u> Homeless Population and Subpopulations\*

(1) Ch	neck the CoC's method(s) used to count unsheltered homeless persons (check all that apply):
$\square$	<b>Public places count</b> – CoC conducted a point-in-time (PIT) count <u>without</u> client interviews.
	<b>Public places count with interviews</b> – CoC conducted a PIT count and interviewed unsheltered
$\boxtimes$	homeless persons encountered during the public places count:
	$\square$ ALL persons were interviewed <b>OR</b> $\boxtimes$ Sample of persons were interviewed
	Public places count using probability sampling – High and low probabilities assigned to
	designated geographic areas based on the number of homeless people expected to be found in each
	area. The CoC selected a statistically valid sample of each type of area to include in the point-in-time
	count and extrapolated results to estimate the entire homeless population.
	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and
	drop-in centers, and counted those that self-identified as unsheltered homeless persons.
	<b>HMIS</b> – Used HMIS for the count of unsheltered homeless people homeless people or for subpopulation information.
	<b>Other</b> – specify: PIT Count Surveys which included questions regarding Unsheltered
$\square$	Homeless People were sent to all municipal town offices (51% response rate) and all local
	law enforcement offices (44% response rate) in the BOSCOC area.
(2) In	dicate the level of coverage of the PIT count of unsheltered homeless people:
	<b>Complete coverage</b> – The CoC counted every block of the jurisdiction.
	<b>Known locations</b> – The CoC counted in areas where unsheltered homeless people are known to
$\square$	congregate or live.
	<b>Combination</b> – CoC combined complete coverage with known locations by conducting counts for
	every block <u>in a portion of the jurisdiction</u> (e.g. central city) AND conducting counts in other
	portions of the jurisdiction where unsheltered persons are known to live.
	Used service-based or probability sampling (coverage is not applicable)
	Other –specify:
(3) In	dicate community partners involved in PIT unsheltered count (check all that apply):
$\square$	Outreach teams
$\square$	Law Enforcement
$\square$	Service Providers
$\square$	Community volunteers
	Homeless and/or formerly homeless persons
$\square$	Other – specify: Municipal town Offices
(4) In	dicate CoC's steps to ensure data quality of the unsheltered count (check all that apply):
	Training – Conducted training(s) for PIT enumerators.
	<b>HMIS</b> – Used HMIS to check for duplicate information.
$\square$	Other – specify: Detailed instructions on PIT Survey forms regarding unsheltered count.
(5) Ho	ow often will CoC conduct PIT counts of unsheltered homeless people in the future?
	Biennial (every two years)
$\square$	Annual
	Semi-annual
	Quarterly
	Other – specify:
(6) M	onth and Vear when next PIT count of unsheltered homeless persons will occur. Jan '08

(6) Month and Year when next PIT count of unsheltered homeless persons will occur: Jan. '08 \*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques.

## **CoC Homeless Management Information System (HMIS)**

#### **M: CoC HMIS Charts**

#### **M-1: HMIS Lead Organization Information**

Organization Name:	Contact Person:
Maine State Housing Authority	Cindy Namer
Phone: 207 626-4632 Email: 6	cnamer@mainehousing.org
Organization Type: State/local government	Non-profit/homeless provider 🗌 Other 🗌

#### M-2: List HUD-defined CoC Name(s) and Number(s) for *every* CoC in HMIS Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Maine Balance of State CoC	ME-500	Bangor/Penobscot County CoC	ME-501
Portland CoC	ME-502		

#### **M-3: HMIS Implementation Status**

HMIS Data Entry Start Date for your CoC OR	If no data entry date, indicate reason:
Anticipated Date Entry Start Date for your CoC	New CoC in 2007
(mm/yyyy)	Still in planning/software selection process
04/2004	Initial implementation

Briefly describe significant challenges/barriers the CoC has experienced in:

- 1. HMIS implementation: None.
- 2. HMIS Data and Technical Standards Final Notice requirements: The State of Maine's Dedicated HMIS has faced challenges and barriers around Domestic Violence (DV), unaccompanied youth and mental health providers. The HMIS Project has no leverage to encourage these housing projects to join Maine's HMIS system, but the HMIS Project is proactively working with the COCs to outreach to both DV and mental health providers and jointly devise an acceptable strategy that allows them to report their data in HMIS. Several youth providers have recently agreed to enter their data into HMIS.

#### M-4: CoC Client Records – Maine Balance of State CoC

Calendar	Number of Client Records Entered in HMIS /	Number of Unduplicated Clients Entered in			
Year	Analytical Database (Duplicated) for CoC	HMIS / Analytical Database for CoC			
2004	1,077	912			
2005	1,757	1,448			
2006	2,931	2,316			
Please provide a brief explanation of the reason(s) for any decreases in the number of records					

Please provide a brief explanation of the reason(s) for any decreases in the number of records (duplicated or unduplicated) from year to year.

#### M-5: Data Collection/Completeness and Coverage – Maine Balance of State CoC

(a) Indicate the percentage of unduplicated client records with null or missing values on the date that the pointin-time count was conducted.

Universal Data Element	% Null/Missing Values	Universal Data Element	% Null/Missing Values
Name	0.0%	Gender	0.4%
Social Security Number	37.7%	Veteran Status	3.4%
Date of Birth	1.1%	Disabling Condition	14.0%
Ethnicity	5.2%	Residence Prior to Program Entry	2.5%
Race	0.8%	Zip Code of Last Permanent Address	44.3%

Briefly describe how the CoC ensures that valid program entry and exit dates are being recorded in the HMIS for persons served.

Emergency Shelters currently report their data both via paper reports and in HMIS. The paper reports are compared against the HMIS data, which monitors program entry date accuracy. HMIS Administration will develop management reports to assist in monitoring program exit dates into the future.

(b) Indicate current OR anticipated HMIS bed coverage of 75% for each housing type.

	75% bed coverage	Anticipate 75% bed coverage	Date anticipate achieving
Emergency Shelter	Ν	Y	6/2008
Transitional Housing	Ν	Y	12/2007
Permanent Supportive Housing	N	Y	6/2008

(c) If CoC has not yet achieved or does not anticipate achieving 75% bed coverage for all beds (including DV beds), please explain why.

Emergency Shelter bed coverage is currently 66.3% including DV beds; excluding DV beds Emergency Shelter bed coverage stands at 79.6%. HMIS Administration intends to work with DV providers to help facilitate their input of aggregate data into HMIS by June 2008.

Transitional Housing is currently 36.6% including DV beds, 41.9% excluding DV beds. BRAP accounts for 32.8% of all TH beds, but BRAP has not yet entered any data into HMIS, which has driven % bed coverage down for TH. If BRAP had entered all of its beds into HMIS, TH bed coverage would be at 54.5% including DV or 67.2% excluding DV. Even though it is not a McKinney-Vento funded project, BRAP intends to begin entering its data in HMIS no later than September 30, 2007, so we anticipate next year's numbers to be far higher.

Permanent Supportive Housing bed coverage is currently at 62.8%. Shelter Plus Care accounts for 73.6% of all PSH beds. The overall low percentage of bed coverage is not due to lack of participation by SPC providers; in fact 100% of SPC providers are reporting data in HMIS. The low percentage of bed coverage is due to data quality issues; currently only 62.1% of SPC beds are coming across in HMIS as covered beds. HMIS Administration is working with SPC to improve the data quality in their reporting, which will help the continuum as a whole achieve a minimum of 75% for PSH bed coverage by June 2008.

**M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards** For each item listed below, place an "X" in the appropriate box to indicate your response: Yes (Y), No (N) or Planned/In Progress (P). Check *only one column* per item.

	Y	Ν	P
1. Training Provided:			
Basic computer training	X		
HMIS software training	X		
Privacy / Ethics training	X		
Security Training	X		
System Administrator training	X		
2. CoC Process/Role:			
Is the CoC able to aggregate all data to a central location at least ar			
Does the CoC monitor compliance with HMIS Data & Technical Sta	andards Final Notice? X		
3. Security—Participating agencies have:			
Unique username and password access?	X		
Secure location?	X		
Locking screen savers?	X		
Virus protection with auto update?	X		
Individual or network firewalls?	X		
Restrictions on access to HMIS via public forums (e.g. PKI digital	certificates or IP filtering)? X		
4. Security—Agency responsible for centralized HMIS	data collection and storage l	ias:	
Procedures for off-site storage of HMIS data?	X		
Disaster recovery plan that has been <u>tested</u> ?	X		
5. Privacy Requirements:			
If your state has additional confidentiality provisions, have they be	*		
Check here if there are no additional state confidentiality provi			
Is there a "Purpose for data collection" sign at each intake desk for			
Has each participating agency adopted a written privacy policy, ind disclosures of client information?	- X		
Does each participating agency have a privacy policy posted on its	website (if applicable)? X		
6. Data Quality—CoC has process to review and impro	ove:		
Client level data quality (i.e. missing birth dates etc.)?	X		
Program level data quality (i.e. data not entered by agency in over 1			
CoC bed coverage (i.e. percent of beds)?	X		
7. Unduplication of Client Records—the CoC:		1	
Uses only HMIS data to generate unduplicated count?		Х	
Uses data integration or data warehouse to generate unduplicated c			
8. OPTIONAL: Uses of HMIS Data—CoC uses HMIS	data for:	1	
Point-in-Time Count			Χ
Project/Program performance monitoring			
Program purposes (e.g. case management, bed management, program			
Statewide data aggregation (e.g. data warehouse)	X		

## Part III: CoC Strategic Planning

### N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Objectives to End Chronic Homelessness <u>and</u> Move Families and Individuals to Permanent Housing	How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
	a. Lease up 3 S+C units from 2005	Melany Mondello, Shalom House		33 <u>+18</u> 51 beds	$51$ $\pm 12$ 63 beds	
	b. Implement 8 bed Shaker Hill Housing (Samaritan Initiative, 2005).	-David Beseda, York County Shelters, Inc.	$\frac{33}{51}$ beds $\frac{33}{51}$ beds			
for chronically homeless persons.	b.1. Obtain Planning Board approval, June 2007					
	b.2. Submit final construction budget to HUD					63 beds
	c. Implement 8 sponsor-based S+C project from the Samaritan Initiative, 2006	David Beseda, York County Shelters, Inc.				
	c.1. Execute contract with HUD (OctNov. 2007)					
	d. Execute contract with HUD & place in service S+C slots from 2006.	Sheldon Wheeler, Maine DHHS				
	e. Place in service 1 CH unit at Everett Apartments	Don Kniseley, Tedford Housing				
	f. Implement 2007 S+C slots for CH	Melany Mondello, Shalom House				

Objectives to End Chronic Homelessness <u>and</u> Move Families and Individuals to Permanent Housing		Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.	a) Identify & provide TA to any BOSCOC PH projects that do not meet the retention rate	Donna Kelley, BOSCOC Co-Chair	75.3%	77%	78%	80%
	b) Use scoring criteria in PH renewal applications to incent maintained/improved retention	Sheldon Wheeler, Chair, Scoring Committee				
	<ul> <li>c) Provide APR &amp; HMIS training &amp; TA to PH projects to strengthen tracking</li> </ul>	Cindy Namer, Maine State Housing Authority (MaineHousing)				
3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%. <sup>(2)</sup>	a) Identify & provide TA to any BOSCOC PH projects that are not able to demonstrate transition to PH	Donna Kelley, Maine BOS Co-Chair	79.8%	66%	68%	
	b) Use scoring criteria in TH renewal applications to incent maintained/improved performance	Sheldon Wheeler, Chair, Scoring Committee				70%
	c) Provide HMIS training to TH projects to strengthen tracking	Cindy Namer, MaineHousing				
4. Increase percentage of homeless persons employed at exit to at least $18\%$ . <sup>(3)</sup>	a) Explore alternatives for funding & providing employment services.	Melany Mondello, Co-Chair, Maine BOSCOC	9.9% 10.		11%	
	b) Using scoring criteria in TH renewal applications to incent maintained/ improved employment rates	Sheldon Wheeler, Chair, BOSCOC Scoring Committee				11.5%
	c) Provide APR & HMIS training & TA to TH projects to strengthen tracking	Cindy Namer, MaineHousing		10.5%		
	d) Organize with other Maine CoCs to provide training on employment and benefits for people with SSI/SSDI	Giff Jamison, Chair Community Engagement				

Objectives to End Chronic Homelessness <u>and</u> Move Families and Individuals to Permanent Housing	How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
5. Ensure that the CoC has a functional HMIS system. <sup>(4)</sup>		Cindy Namer, Manager of Homeless Initiatives, MaineHousing		75%	80%	
	<ul> <li>c) Provide agency level training &amp; technical support to individuals/groups as needed</li> <li>d) Automate shelters' monthly occupancy reports from the wraparound reporting and audit database to increase participation and data quality for shelters</li> </ul>		54%			90%
	e) Successfully complete & participate in AHAR 4 - complete beta test in June 07 (and quarterly thereafter) to prepare for 10-1-07 deadline					

**Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs).** <sup>(1)</sup> In 2006 we experienced a huge number of new people entering into new PH units. Many have been in the units for less than 6 months at the time of the APR report, which decreased our percentages. We believe this will be an ongoing problem for showing steadily increasing achievements under this goal. <sup>(2)</sup> Maine had a Section 8 lease-up campaign from October- December 31, 2006 that stimulated a large movement from TH to Section 8 (PSH); this was unprecedented and is not expected to re-occur in 2007, thus we have projected more modest goals in the coming year. <sup>(3)</sup> Though not captured in the APR, 65% of individuals receiving RAC+ rental assistance (non-McKinney-Vento funded) were employed on exit. This goal is difficult to meet. Many entry level jobs in Maine are seasonal; depending on when employment is measured, this may not reflect episodic or seasonal employment. Most Maine counties have an unemployment rate above the national average. Also, the BOSCOC has a high percentage (relative to national averages) of people on SSI/SSDI (BOSCOC has a high percentage of projects dedicated to permanent housing/permanent supportive housing). Finally, there is widespread perception among consumers & service providers that employment could jeopardize SSI/SSDI and other benefits; we plan a more intensive outreach and education effort in the coming year. <sup>(4)</sup> We addressed this for the 2007 round by using a point system in our scoring instrument to incent HMIS participation, including a focus on data quality.

Other CoC Objectiv	ves in 2007			
1. Increase public awareness of homelessness/ support of efforts to end it	<ul> <li>a) Hold a housing and resources fair on 10-17-07 at B Street Community Center in Lewiston-Auburn for homeless people</li> <li>b) Participate in the annual Homeless Marathon</li> </ul>	Giff Jamison, Co-Chair, Community Engagement	1 resource fair 5 radio stations	
2. Expand availability of permanent	a) Complete and place in service two projects for homeless people funded by Maine State Housing Authority (state HOME funds) through Regional Homeless Councils.			
supportive housing for homeless individuals and	a.1) CHOM/KVMHC Central Maine Supportive Housing in Fairfield (awarded Region 2 funds in FY 05)			
families	a.2) CHOM/AWAP domestic violence transitional housing in Auburn (awarded Region 2 funds in FY 06)			
	<ul> <li>b) Advocate with Maine State Housing Authority to utilize Regional Councils' funding for COC match- HOME funds</li> </ul>	Donna Kelley, Co- Chair, BOSCOC		
	c) Advocate with Maine State Housing Authority & other PHAs for project-basing S8 vouchers	Donna Kelley, Co- Chair, BOSCOC		
3. Strengthen BOSCOC capacity to				
plan, implement, and manage the COC	b) Complete a review of governance language and membership criteria	Donna Kelley, Co- Chair, BOSCOC		
	c) Improve planning & coordination of housing development with Regional Homeless Councils			

Other CoC Objectiv	ves in 2007			
4. Legislative Advocacy	a) Stay informed on and respond appropriately to evolving public policy that affects the delivery of housing, services, and benefits to homeless people	Donna Kelley, Co- Chair, BOSCOC		
	b) Coordinate public policy advocacy with other Maine CoCs and the Maine Homeless Voices for Justice	Giff Jamison, Chair, Community Engagement		
5. Improve financial literacy of homeless individuals & families	a) Apply for funds under HUD's Housing Counseling Intermediary program to provide financial literacy training to individuals /families receiving RAC+ . (Goal refers to the percentage of the 25 individuals/families receiving RAC+ in the Balance of State)	Cindy Namer, Maine State Housing Authority	25%	

### **O: CoC Discharge Planning Policy Chart**

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	None	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Formal Protocol Implemented
Foster Care					$\square$
Health Care			$\square$		
Mental Health					$\square$

#### Foster Care:

Maine has restructured its foster care system in the last five years. Current system emphasizes use of kinship care rather than state taking custody. Goal is for youth to spend no more than 2 years in state care- vast majority come in between 10-12 years old; relatively few are still in foster care at the age of emancipation. The four placements utilized (in order of frequency) are 1) kinship care (most often grandparents); 2) treatment foster care; 3) residential foster care; and 4) family. None of the housing or services is McKinney-Vento funded. This has been successful in reducing homelessness for youth; according to Maine DHHS, out of 2,300 kids in foster care at any time, only 2-3 are in shelters. Across the state youth shelters are experiencing much higher vacancy rates.

#### Health Care:

On a statewide basis, Maine used funds from the Corporation for Supportive Housing and a Policy Academy to hire a facilitator skilled in helping states implement formal discharge policies. In the winter 2006-2007 Maine held its first discharge planning summit attended by all the hospitals in the state, Federally Qualified Health centers, as well as some shelter operators and service providers (60 people). This group identified areas that required clarification. Summit participants came up with a proposal to Maine's Statewide Homeless Council (SHC) to create a discharge planning workgroup which included 16-20 people, including advocates. The SHC incorporated the work into their homelessness prevention plan. The Discharge Planning Workgroup (the committee of the SHC) has met once, and is planning a final draft by fall of 2007, with discharge policy finalized and implemented in January 2008.

#### Mental Health:

Through its Consent Decree and other mechanisms Maine DHHS has implemented a policy stating that state psychiatric hospitals (publicly funded institutions) will work with the consumer, community agency, hospital, and regional Adult MH team to locate an appropriate community placement. Immediately following admission a discharge team at each hospital begins working with local providers in the area of the state to which the individual wants to live. The teams identify transitional or permanent housing that is not McKinney-Vento funded, such as private housing (family or a private landlord), or Public Housing. RAC+ or BRAP provide tenant-based rental assistance on a transitional basis. BRAP bridges people to more permanent subsidies such as Section 8 or public housing, while RAC+ is a 24-month service-enriched transitional program that can serve individuals or families. From RAC+ recipients may transition to private unsubsidized housing, or to permanent subsidies such as Section 8 or Public Housing. Maine DHHS regional housing coordinators attend Maine BOSCOC meetings, as well as discharge planning meetings at state psychiatric hospitals, to ensure that this policy is understood and adhered to.

See Health Care, above, for further information about Maine's statewide discharge planning policy initiative targeting Maine's private hospitals.

#### **Corrections:\***

Improved pre-release planning and protocols have been implemented through the Maine Reentry Network, a two-pronged initiative that has operated since 2003 in six Maine counties. **Direct service** is provided to males ages 16-25, and to women of all ages, who are from or returning to one of the six counties. The second focus, **interagency infrastructure improvement**, is informed by and enhances the direct service program component. A team of state leaders works collaboratively to resolve systemic issues that are barriers to optimal success of people transitioning from state incarceration.

Systemic enhancements accomplished through the Maine Re-Entry Network include:

1) RAC+ (24-month transitional housing using service-enriched tenant-based rental assistance) and other creative models of housing;

2) Early referrals for MaineCare (Medicaid) and SSI/SSDI with cross training for staffs, including medical records staffs to enhance eligibility determination;

3) Enhanced employment linkages and opportunities (including employment interviews via video-conference);

4) Vocational programming more closely tied to WIA high growth/high demand industries;

5) Mental health community linkages coordinated with DHHS;

6) Development of statewide network of community substance abuse providers trained to provide evidence-based models such as DSAT;

7) Joint, interagency grants and other resource development proposals;

8) Joint legislative endeavors;

9) Referrals and close interaction with the Victim Services Office, including offering wraparound planning for the victims.

The statewide approach to working with hospitals and FQHCs provides an effective model for corrections. A summit is planned for the spring 2007 which will replicate the process with the state's local, state, and federal correctional facilities. Following the summit a smaller workgroup will meet to reach agreement on the details of the pre-release planning process. The intent is to have the new policy adopted and implemented in the winter of 2008. This process will extend the discharge policy statewide.

In addition, Maine DHHS assigns Intensive Case Managers (ICMs) to incarcerated MH consumers to help them with re-entry planning. The ICMs help consumers apply for community support services (if desired), as well as housing.

Finally, in June 2007 the Maine legislature passed LD 1371, "Resolve, To Study the Impact of Social Services and Corrections Policies on Homeless People in Maine." This bill charges the Maine Statewide Homeless Council with leading the study to look at the connections between shelters, social services, and corrections, and requires it to report to the Joint Standing Committee on Health and Human Services by January 15, 2008.

\*Please note that "corrections" category refers to local jails and state or federal prisons.

## **P: CoC Coordination Chart**

1. Consolidated Plan Coordination	YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?		
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	$\square$	
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	$\square$	
2. Jurisdictional 10-year Plan Coordination		
a. Is there one or more formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography that are separate from the CoC 10-year plan? (If No, you may skip to Question 3a.)		
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?		
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	$\square$	
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	$\square$	
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).		2
3. Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	$\square$	

# **CoC 2007 Funding Priorities**

## **Q: CoC Project Priorities Chart**

HUD-defined CoC Name:* Maine Balance of State CoC								500			
(1)	(2)	(3)	(4) (5)		(3) (4)		(6)		(7) Program and Component Type		
SF-424 Applicant Name	Project Sponsor	Project	Priority	Requested Project	Term	SHP	SHP	S+C	SRO		
(Please Remove Examples)	Name	Name	Prio	Amount	Te	New	Renewal	New	New		
State of Maine Department of Heath and Human Services		Maine XVII Chronic	1	\$280,920	5	-	-	TRA	-		
Kennebec Valley Mental Health Center	Kennebec Valley Mental Health Center	Mid-Maine Supported Housing (ME01B500004)	2	\$32,839	1	-	РН	-	-		
Community Housing of Maine, Inc	Community Housing of Maine, Inc	Permanent Housing for Homeless Veterans with Disabilities (ME01B500009)	3	\$19, 635	1	-	РН	-	-		
New Beginnings, Inc.	New Beginnings, Inc.	New Beginnings Transitional Living Program (ME01B600005)	4	\$167,117	1	-	TH	-	-		
Counseling Services, Inc.	Counseling Services, Inc.	Woodbridge Group Home (ME01B600003)	5	\$64,410	1	-	РН	-	-		
Maine State Housing Authority	Maine State Housing Authority	State of Maine HMIS (ME01B600008)	6	\$154,959	1	-	HMIS	-	-		
Maine State Housing Authority	Maine State Housing Authority	State of Maine HMIS II (ME01B600013)	7	\$66,431	1	-	HMIS	-	-		
Tedford Housing	Tedford Housing	19 Pleasant Street Supportive Housing Program (ME01B100002)	8	\$6,825	1	-	РН	-	-		
York County Shelter Programs, Inc.	York County Shelter Programs, Inc.	Smith Transitional Housing (ME01B500003)	9	\$111,128	1	-	TH	-	-		
Battered Women's Project	Battered Women's Project	Transitional Housing (ME01B600007)	10	\$27,252	1	-	TH	-	-		
York County Shelter Programs, Inc.	York County Shelter Programs, Inc.	Brand New Day (ME01B400010)	11	\$33,238	1	-	PH	-	-		
York County Shelter Programs, Inc.	York County Shelter Programs, Inc.	Within Transitional Housing (ME01B500002)	12	\$99,175	1	-	TH	-	-		

State of Maine Department of Heath and Human Services	State of Maine Department of Heath and Human Services	Maine XVI	\$909,960	5	-	-	TRA	-	
York County Shelter Programs, Inc.	York County Shelte Programs, Inc.	r Within Family Welcome Center	14	\$199,100	2	TH	-	-	-
(8) Subto	tal: Requested A Compe			\$ 2,172,989					
(9) Shelter Plus C						S+C C	ompon	ent Ty	pe
State of Maine Department of Heath and Human Services	State of Maine Department of Heath and Human Services	Lewiston 2-07 (ME01C600014)	15	\$61,152	1		TRA	L	
State of Maine Department of Heath and Human Services	State of Maine Department of Heath and Human Services	Lewiston 1-07 (ME01C600015)	16	\$90,432	1		TRA	L	
State of Maine Department of Heath and Human Services	State of Maine Department of Heath and Human Services	Maine 1-07 (ME01C600017)	17	\$1,163,712	1		TRA	L	
State of Maine Department of Heath and Human Services	State of Maine Department of Heath and Human Services	Maine 2 State 07 (ME01C600018)	18	\$878,205	1		TRA	L	
State of Maine Department of Heath and Human Services	tate of MaineState of MaineDepartment ofDepartment ofIeath and HumanHeath and Human						TRA	L	
State of Maine Department of Heath and Human Services	\$376,236	1		TRA	1				
(10) S	ubtotal: Request S+C Ret	\$ 2,758,779							
(11	) Total CoC Req (li	\$ 4,935,050							

### **R:** CoC Pro Rata Need (PRN) Reallocation Chart (Only for Eligible Hold Harmless CoCs)

This does not apply to the Maine BOSCOC

<b>1a. Will your CoC be using the PRN reallocation process?</b> Yes No								
	<b>1b. If Yes</b> , explain the open decision making process the CoC used to reduce and/or eliminate							
projects (use no mo	re than one-h	nalf page).						
<b>2. Enter</b> the total 1							mple:	\$
renewal in 2007, w	hich amount	you have <u>ver</u>	ified wit	<u>th your fiel</u>	d office	\$53	0,000	
3. Starting with the	e total entered	d above for qu	uestion 2	2, subtract t	he	Exc	mple:	\$
amount your CoC p	proposes to us	se for new per	rmanent	housing pr	oject,	\$39	0,000	
and enter the remain	ning amount:							
(In this example, th	e amount pro	posed for nev	v PH pr	oject is \$14	0,000)			
4. Enter the Reduc	ed or Elimi	nated Grant(	(s) in the	e 2007 Con	npetitior	1		
(1)	(2)	(3)		(4)	(5)			(6)
<b>Expiring Grants</b>	Program	Component	Annua	l Renewal	Redu	ced	Reta	ined Amount
	Code		An	nount	Amou	ınt	from l	<b>Existing Grant</b>
	(	7) TOTAL:						
5. Newly Proposed	5. Newly Proposed Permanent Housing Projects in the 2007 Competition*							
(8)								
2007 Project Priority Number Program Code Component Transferred Amounts								
(12) TOTAL:								

\*No project listed here can be a #1 priority Samaritan Bonus project

# **S: CoC Project Leveraging Summary Chart**

Name of Continuum	Total Value of Written Commitment
Maine Balance of State Continuum of Care	\$11,415,089

# **T: CoC Current Funding and Renewal Projections Chart**

Supportive	Hous	ing Prog	ram (SH	P) Pr	ojects	:							
Type of	Housin	a	All SHP F Request Current Y	ed	<b>Renewal Projections</b>								
			2007		2	2008 2009		9	2010		2011	2012	
Transitional I	Housing	(TH) \$	603,772		\$474,6	72	\$474,672		\$474,672	\$	474,672	\$474	4,672
Safe Havens-	TH												
Permanent H	ousing (	PH) \$	156,947		\$204,5	574	\$232,307		\$232,307	\$	232,307	\$232	2,307
Safe Havens-	PH												
SSO													
HMIS		\$	221,390		\$221,3	90	\$221,390		\$221,390	\$	221,390	\$22	1,390
Totals		\$	982,109		\$900,6	36	\$928,369		\$928,369	\$	928,369	\$92	8,369
Shelter Plu Number of S+C	All S Re	S+C Funds equested erent Year	s					Renewa	al Projections		2011		2012
Bedrooms		2007		2008			2009		2010	2011			2012
	Units	\$	Units		\$	Units	\$	Units	\$	Units	\$	Units	\$
SRO	10	\$74,160	) 10	\$74	4,160	10	\$74,160	10	\$74,160	10	\$74,160	10	\$74,160
0	11	\$108,90	0 7	\$6	9,300	7	\$69,300	7	\$69,300	7	\$69,300	11	\$108,900
1	280	\$2,788,80	00 277	\$2,7	\$2,758,920		\$2,888,400	305	\$3,037,800	330	\$3,286,800	362	\$3,605,520
2	61	\$728,34	0 66	\$78	\$788,040		\$871,620	81	\$967,140	81	\$967,140	81	\$967,140
3	42	\$730,29	6 42	\$73	\$730,296		\$765,072	44	\$765,072	44	\$765,072	44	\$765,072
4	0		0		\$0	0	\$0	0	\$0	0	\$0	0	\$0
5	0		0		\$0	0	\$0	0	\$0	0	\$0	0	\$0
Totals	404	\$4,430,49	96 402	\$4,4	20,716	424	\$4,668,552	447	\$4,913,472	472	\$5,162,472	508	\$5,520,792

## **Part IV: CoC Performance**

## **U: CoC Achievements Chart**

2006 Objectives to End Chronic Homelessness and Move Families <i>and</i> Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
	a. Implement S+C project (2005) by February 2007	3 units completed
1. Create new PH beds for chronically homeless persons.	b. Implement Shaker Hill Housing by April 2007 (from 2005 Samaritan Initiative)	(8 units) - Pending; needs final Planning Board approval and final construction budget to HUD. Anticipate by summer 2007.
	c. Implement new Sponsor-based S+C YCS project	(8 units) - Need to execute contract with HUD. Implementation projected in OctNov., 2007
	a. Maintain an overall 80% retention rate for all existing BOSCOC PH projects	75% in 2007
2. Increase percentage of	b. Identify & provide TA to any BOSCOC PH projects not meeting the 71% benchmark	This occurred through the Monitoring and Evaluation process
homeless persons staying in PH over 6 months to 71%.	c. Continue to include project performance on housing retention as a significant portion of the PH renewal application's scoring criteria	This occurred through the Monitoring and Evaluation process
	d. Organize and facilitate APR & HMIS trainings with existing PH programs to ensure proper tracking	This occurred through the Monitoring and Evaluation process
	a. Maintain overall 61% placement rate for all BOSCOC TH projects	1
3. Increase percentage of	b. Identify and provide TA to TH projects not meeting the 61% benchmark	This occurred through the Monitoring and Evaluation process
homeless persons moving from TH to PH to 61.5%.	c. Continue to include project performance on movement to PH as a significant portion of the PH renewal application's scoring criteria	This occurred through the Monitoring and Evaluation process
	d. Organize and facilitate APR & HMIS trainings with existing TH programs to ensure proper tracking	This occurred through the Monitoring and Evaluation process

4. Increase percentage of homeless persons becoming employed by 18%.	<ul> <li>a. Access specialized TA &amp; training in order to develop a cross-system plan to improve coordination between homeless providers, Workforce Investment, and SSA</li> <li>b. Include project performance on employment placement as a CoC scoring criterion</li> <li>c. Identify and provide TA to projects not meeting the 18% benchmark</li> <li>d. Improve overall job placement rate in M-V projects</li> </ul>	BOSCOC was not able to implement this goal in the last 12 months Achieved 9.9%. Projects not meeting this benchmark were provided with T & TA through the Monitoring and Evaluation process
	<ul> <li>a. Prioritize BOSCOC projects for HMIS implementation by having 75% of BOSCOC SHP &amp; S+C projects actively participating in HMIS.</li> <li>b. Develop and execute MOUs between BOSCOC and McKinney-Vento projects clearly defining expectations around HMIS participation.</li> </ul>	50% of S+C tenants participating, trending higher 100% of agreements signed by 4-30-07
	c. Provide regularly scheduled reports to the BOSCOC on the progress of implementation.	Regular progress reports provided as planned. Two participation reports provided; these will be regular ongoing item on BOSCOC meetings agendas.
	d. Develop and disseminate standard reports for BOSCOC to use in decisionmaking.	10 standard reports developed, additional 10 planned for coming year
5. Ensure that the CoC has a	e. Include project performance on HMIS participation within the McKinney-Vento renewal applications' scoring criteria.	100% participation from renewal applications
functional HMIS system.	f. USE HMIS system to conduct PIT count (shelter and inventory) for the BOSCOC.	Statewide collaboration across CoCs tried to integrate PIT data with HMIS. Not yet able to collect PIT data through HMIS, but training & outreach resulted in better participation, better quality data
	g. Continue to work with all McKinney-Vento projects to overcome participation	Negotiations ongoing with DV shelters to aggregate their data (avoiding use of unique identifiers); youth programs now participating
	h. Provide HMIS training to homeless providers.	Training provided year- round, as well as additional ServicePoint licenses

# Briefly explain the reasons for not meeting one or more of your proposed measurable achievements.

Employment is a tough goal for us due to high percentage of S+C participants on SSI/SSDI, seasonal employment, and relatively small numbers in some projects that skews percentages. Also, there appears to be significant confusion among providers re: the amount SSI/SSDI recipients can work without jeopardizing benefits; we will address this through training in the coming year.

# **OPTIONAL:** If desired, you may use this space to describe your CoC's most significant accomplishments over the past 12 months.

1) With funding from the Corporation for Supportive Housing have almost completed Phase 1 (Portland), and have begun Phase 2 (York County), of original research documenting the cost-effectiveness of permanent supportive housing. The study's initial results are very positive which should help make the case for additional funding for this purpose.

2) Have been awarded a 1-year pilot grant under the newly organized Cumberland County CDBG entitlement area to help homeless people who migrate to Portland from other towns in Cumberland County to return to their home towns (if they wish) with the services and supports (including General Assistance) they need to stay permanently housed (to begin after 7-1-07).

3) A number of people from the BOSCOC have attended Mainstream Resource trainings organized by the Portland CoC, expanding their capacity to help homeless clients use these resources.

4) SOAR training was provided in Maine to improve access to SSI and SSDI.

5) BOSCOC Community Engagement Committee helped organize and support National Homeless Marathon.

#### V: CoC Chronic Homeless (CH) Progress Chart

	permanent housing beds designated for the chronically homeless in your CoC for each year.						
Year         Number of CH Persons         Number of PH beds for the CH							
2005	36	0					
2006	34	12					
2007	35	30*					

**1.** Enter the total number of chronically homeless persons in your CoC and the total number of

#### Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007:

A major focus during this year's PIT survey statewide was to strengthen outreach to identify unsheltered and CH individuals. The PIT survey was also redesigned from previous years to facilitate identification of CH.

\* During the Shelter Plus Care Application renewal process, 14 existing Shelter Plus Care vouchers were permanently dedicated to serving chronically homeless persons.

2. Indicate the number of <b>new</b> PH beds in place and made available for occupancy
for the chronically homeless between February 1, 2006 and January 31, 2007:

3. Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2006 and January 31, 2007.

	Public/Government					
Cost Type	HUD McKinney- Vento	Other Federal	State	Local	Private	
Development	\$ -	\$ -	\$ -	\$ -	\$ -	
Operations	\$ 26,364	\$ -	\$ -	\$ -	\$ -	
TOTAL	\$ 26,364	\$ -	\$ -	\$ -	\$ -	

4.

# W: CoC Housing Performance Chart

1. Participants in Permanent Housing (PH)				
☐ No applicable PH renewals are on the CoC Project Priorities Chart				
$\boxed{\frac{\text{All PH}}{\text{below}}}$ PH renewal projects with APRs submitted are included in calculating the response	APR S Data			
a. Number of participants who exited PH project(s)—APR Question 12(a)	128			
b. Number of participants who did <b>not leave</b> the project(s)—APR Question 12(b)	408			
c. Number who <b>exited</b> after staying 7 months or longer in PH—APR Question 12(a)	106			
d. Number who did <b>not leave</b> after staying 7 months or longer in PH—APR question 12(b	298			
e. Percentage of all participants in PH projects staying 7 months or longer				
(c. + d. divided by a. + b., multiplied by $100 = e.$ )				
2. Participants in Transitional Housing (TH)				
No applicable TH renewals are on the CoC Project Priorities Chart	APR			
All TH renewal projects with APRs submitted are included in calculating the response	s Data			
below	Data			
a. Number of participants who exited TH project(s)—including unknown destination	124			
b. Number of participants who moved to PH	99			
c. Percent of participants in TH projects who moved to PH	79.8%			
(b. divided by a., multiplied by $100 = c$ .)	17.070			

## X: Mainstream Programs and Employment Project Performance Chart

	No applicable renewal projects for the Mainstream Programs and Employment Chart are included in the CoC Priorities Chart.
$\square$	All renewal projects on the CoC Priorities Chart that are not exempted from reporting in the APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
252	a. SSI	65	25.7%
252	b. SSDI	51	20.2%
252	c. Social Security	6	2.3%
252	d. General Public Assistance	0	0.0%
252	e. TANF	47	18.6%
252	f. SCHIP	0	0.0%
252	g. Veterans Benefits	3	1.1%
252	h. Employment Income	25	9.9%
252	i. Unemployment Benefits	1	0.3%
252	j. Veterans Health Care	1	0.3%
252	k. Medicaid	210	83.3%
252	1. Food Stamps	198	78.5%
252	m. Other – Medicare	7	2.7%
252	m. Other – Child Support	10	3.9%
252	m. Other – Alimony	1	0.3%
252	m. Other – State Supplemental	22	8.7%
252	m. Other – Trust	1	0.3%
252	m. Other - Settlement	1	0.3%
252	n. No Financial Resources	21	8.3%

## Y: Enrollment and Participation in Mainstream Programs Chart

	ck those activities implemented by <b>a majority</b> of your CoC's homeless assistance providers eck all that apply):
	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
$\boxtimes$	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
$\boxtimes$	The CoC has an active planning committee that meets at least three times a year to improve CoC-wide participation in mainstream programs.
$\boxtimes$	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
$\boxtimes$	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
$\boxtimes$	The CoC or any of its projects has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
$\boxtimes$	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
$\boxtimes$	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
$\boxtimes$	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

## Z: Unexecuted Grants Awarded Prior to the 2006 CoC Competition Chart

Project Number	Applicant Name	Project Name	Grant Amount
Not applicable			
		Total:	

AA: CoC Participation in Energy Star Chart
Have you notified CoC members of the Energy Star initiative? Xes INO
Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: <u>55*</u> %
*The eight (8) tenant-based Shelter Plus Care projects on the CoC Priority Chart are unable to guarantee this; tenants rent from private landlords and we cannot stipulate this as part of the rental contract. Tedford Housing will replace the appliances acquired as part of the 19 Pleasant St. SHP with Energy Star products as part of routine replacement.

AB:	Section 3 Employment Policy Chart			
		YES	NO	
1.	Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	$\square$		
2.	If you answered yes to Question 1: Is the project requesting \$200,000 or more?		$\boxtimes$	
3.	3. If you answered yes to Question 2: <i>Not applicable</i> What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? Check all that apply:			
	The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.			
	The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.			
	The project will notify any area Youthbuild programs of job opportunities.			
	If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"** in all solicitations and contracts.			
	The project has hired low- or very low-income persons.			