

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms to the application. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): ME-502 - Portland CoC

CoC Lead Agency Name: City of Portland Health and Human Services,
Social Services Division

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

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Emergency Shelter Assessment Committee (ESAC)

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

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

Specify "other" legal status:

ESAC was formed in 1987 by the City of Portland and United Way to plan and advocate for homeless people. In 1996 the Portland City Council voted to authorize ESAC to serve as the lead planning body for the Portland CoC. Thus, while it does not have formal legal status, it was officially appointed to serve in this role and is widely recognized as the legitimate (and highly qualified and successful) lead planning body for all homeless continuum of care matters.

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 69%

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

Elected:

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

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

From its inception ESAC's membership has included organizations whose primary mission is assisting people who are homeless, as well as those offering programs for which homeless people are eligible. Membership includes Executive Directors as well as senior program personnel, ensuring that decisionmakers are at the table. The combination of volunteers and assigned personnel has worked well, and ESAC has been a highly effective and well-respected planning and advocacy collaborative.

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

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

Specify "other" process(es):

ESAC has three co-chairs that include one representative from the local government sector, one from the nonprofit sector, and one that is a person who is homeless or was formerly homeless. Elections take place annually.

If administrative funds were made available to the CoC, will the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring? Explain (limit to 750 characters):

Currently the City of Portland, working collaboratively with ESAC, serves as the CoC applicant and staffs the year-round planning process. Depending on the amount of administrative funding, and the extent of the required activities, the City of Portland could conceivably expand its role to include more project oversight and monitoring.

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

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
ESAC CoC Committee	Membership includes organizations receiving funding under CoC, as well as other interested people. Role is reviewing CoC guidelines, & helping to prepare Portland CoC submission to HUD.	Monthly or more
CoC Prioritizing Subcommittee	Members cannot include representatives of organizations receiving CoC funding. This group reviews and scores new and renewal applications for the Portland CoC, and ranks new applications.	semi-annually (twice a year)
CoC Mainstream Resources Subcommittee	Members are drawn from the ESAC CoC Committee. Plans and implements training on Mainstream Resources. Trainings may be coordinated with other Maine CoCs.	Monthly or more
CoC PIT Committee	The CoC PIT Committee worked closely with MaineHousing, the MBOS, and the GPCOC to plan and implement the statewide PIT. Members also helped prepare & train Portland CoC staff to conduct the PIT. Follow up meetings were held with the Portland CoC and MaineHousing to review PIT data and plan for the next year's survey. The group consisted of advocates, consumers, ESAC members and shelter providers.	Bi-monthly
Region 1/Statewide Homeless Council	ESAC and CoC members attend and are members of the Region 1 Homeless Council and participate in meeting to discuss homeless issues in the York & Cumberland County Region. Jon Bradley, CoC Co-Chair is the Region 1 Homeless Council Chair. ESAC/CoC also participates in the Statewide Homeless Council meetings. Mark Swann Preble Street represents Region 1 - Portland at these meeting. Doug Gardner, City of Portland Health & Human Service Department Head attends and participates in all Statewide Homeless Council meetings. The Region 1 & Statewide Homeless Councils work to implement and update Maine's 10 Year Plan to End Homelessness.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters):

The CoC Prioritizing Subcommittee only meets a couple of times during the annual submission process in order to review, score, and rank applications. Except for the permanent housing bonus, all applications for the past decade have been on going renewals.

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization type	Organization Role	Subpopulations
Maine State Housing Authority (MaineHousing)	Public Sector	State g...	Primary Decision Making Group, Lead agency for 10-year pl...	Seriously Me...
Maine Dept. of Health & Human Services	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Career Center	Public Sector	Local w...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Se...
Veteran's Administration	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans
City of Portland Health & Human Services Depart...	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
City of Portland Health & Human Services Dept.	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
City of Portland Health & Human Services Dept.,	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
City of Portland Health & Human Services Dept; ...	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
City of Portland HHS Dept; Public Health Division	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Ab...
City of Portland HHS Dept; Public Health Divis...	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
City of Portland HHS Dept., Social Services Div...	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
City of Portland, Community & Neighborhood Serv...	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Portland Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Westbrook Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Portland Public Schools	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
City of Portland Midtown Community Policing	Public Sector	Law enf...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Training Resource Center	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans

2-1-1 Maine	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Bayside Neighborhood Association	Private Sector	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Caring Unlimited	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domesti c Vio...
Catholic Charities Maine	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Community Housing of Maine	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Day One	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substan ce Abuse
Family Crisis Services	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domesti c Vio...
Frannie Peabody Center	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	HIV/AIDS
Maine Equal Justice	Private Sector	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
MAPS Step Up! Shelter Services	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
McAuley Residence	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substan ce Abuse
Milestone Foundation, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
People's Regional Opportunity Program	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Pine Tree Legal Assistance, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
LearningWorks	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Preble Street	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Preble Street Homeless Voices for Justice	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Serenity House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse

Shalom House	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
United Way of Greater Portland	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
Volunteers of America	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Youth Alternatives Ingraham	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
YMCA of Greater Portland	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Wayside Soup Kitchen	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Immanuel Baptist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Luke's Weekend Soup Kitchen	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Amistad	Private Sector	Funder...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Avesta Housing	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Spring Harbor Hospital	Private Sector	Hospita..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Maine Medical Center	Private Sector	Hospita..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Mercy Hospital	Private Sector	Hospita..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Donna Yellen	Individual	Formerl..	Attend Consolidated Plan planning meetings during past 12...	NONE
Atlantic Pest Control	Private Sector	Businesses	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Center for the Prevention of Hate Violence	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Maine Affordable Housing Coalition	Private Sector	Other	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Creative Housing Alliance for Maine People	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

Amy Regan	Individual	Homeless	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Office of US Senator Susan Collins	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Sweetser	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Dee Clark	Individual	Formerl..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Cumberland County	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Town of Freeport	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
The Salvation Army	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Southern Maine Agency on Aging	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans
Tedford Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans, Su...
City of South Portland, General Assistance Program	Public Sector	Local g...	Committee/Sub-committee/Work Group, None	NONE
Office of Representative Peter Stuckey	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	NONE
Home Support Warehouse	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Laurie Diggins	Individual	Homeless	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Rose Strout	Individual	Homeless	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Thomas Ptacek	Individual	Formerl..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
City of Westbrook, General Assistance Program	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.

- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Maine State Housing Authority (MaineHousing)

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, None
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: Maine Dept. of Health & Human Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Career Center

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local workforce investment act boards
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Employment
(select all that apply)

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 - Services provided, if applicable

Name of organization or individual: Veteran's Administration

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Healthcare, Mental health, Alcohol/Drug Abuse
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: City of Portland Health & Human Services Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Portland Health & Human Services Dept.:
Social Services Division

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-
(select all that apply) committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Rental Assistance, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Portland Health & Human Services Dept., Social Services Division; Oxford Street Shelter

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Transportation
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Portland Health & Human Services Dept; Social Services Division; Family Shelter

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Transportation
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Portland HHS Dept; Public Health Division

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Portland HHS Dept; Public Health Division; Healthcare for the Homeless

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Healthcare, Mental health, Alcohol/Drug Abuse, HIV/AIDS
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Portland HHS Dept., Social Services Div.; Refugee Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Portland, Community & Neighborhood Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Portland Housing Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.

- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Westbrook Housing Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Portland Public Schools

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Portland Midtown Community Policing

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Law Enforcement
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Training Resource Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: 2-1-1 Maine

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Bayside Neighborhood Association

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Caring Unlimited

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Legal Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Catholic Charities Maine

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Mental health
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Housing of Maine

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Day One

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Alcohol/Drug Abuse
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Family Crisis Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Life Skills, Legal Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Frannie Peabody Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: HIV/AIDS, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Maine Equal Justice

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: MAPS Step Up! Shelter Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: McAuley Residence

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Alcohol/Drug Abuse, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Milestone Foundation, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Alcohol/Drug Abuse
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: People's Regional Opportunity Program

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Pine Tree Legal Assistance, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Legal Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: LearningWorks

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Preble Street

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Preble Street Homeless Voices for Justice

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Serenity House

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Life Skills, Alcohol/Drug Abuse
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Shalom House

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Mental health, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: United Way of Greater Portland

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Volunteers of America

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Youth Alternatives Ingraham

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Mental health, Alcohol/Drug Abuse, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: YMCA of Greater Portland

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Wayside Soup Kitchen

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Immanuel Baptist Church

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. Luke's Weekend Soup Kitchen

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Amistad

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Life Skills, Mental health
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Avesta Housing

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Spring Harbor Hospital

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Mental health
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Maine Medical Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Healthcare, Mental health, Alcohol/Drug Abuse
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mercy Hospital

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Healthcare, Mental health, Alcohol/Drug Abuse
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Donna Yellen

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Formerly Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Atlantic Pest Control

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Center for the Prevention of Hate Violence

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Maine Affordable Housing Coalition

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Creative Housing Alliance for Maine People

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Amy Regan

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Office of US Senator Susan Collins

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Sweetser

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Mental health
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Dee Clark

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Formerly Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Cumberland County

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Utilities Assistance, Mental health, Rental Assistance, Alcohol/Drug Abuse, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Town of Freeport

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Utilities Assistance, Prescription Assistance, Mental health, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The Salvation Army

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Life Skills
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Southern Maine Agency on Aging

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Tedford Housing

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of South Portland, General Assistance Program

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Utilities Assistance, Mortgage Assistance, Prescription Assistance, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Office of Representative Peter Stuckey

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Home Support Warehouse

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Laurie Diggins

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Rose Strout

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Thomas Ptacek

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Formerly Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Westbrook, General Assistance Program

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Utilities Assistance, Prescription Assistance, Rental Assistance
(select all that apply)

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

Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods:
(select all that apply)

- f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s):
(select all that apply)

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

Voting/Decision-Making Method(s):
(select all that apply)

- a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote

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

No

If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters):

Not applicable.

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

There was no change planned in the number of year-round emergency beds and none occurred. However, the Portland CoC has experienced a large increase in the number of homeless women, men, and families. At night individuals sleep on mats on the Preble Street dayroom floor; families are given motel vouchers. There were 35 fewer overflow beds in use the night of the 2011 PIT- however, this is a reflection of utilization that night, not availability.

HPRP Beds: Not Applicable

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters):

No change

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

The 2011 eHIC incorrectly lists Avesta (Florence House) as having 15 Safe Haven beds. These were converted to PSH beds in the 2009 submission, and they should have been listed as such as in the 2011 eHIC. This will be corrected in the 2012 eHIC.

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

Maine DHHS continues to maintain the BRAP Waitlist Protocol, which prioritizes these TH vouchers for Priority 1 (dedicated to applicants leaving a State Institution or private psychiatric hospital bed within the last 6 months). This limits the number of available vouchers for Priority 2 (applicants with MI who are homeless as defined by HUD). The drop from 118 to 96 beds reflects this change.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

There was an overall increase of 31 beds from 2010 to 2011. This is due to the 2 CH beds from the 2010 bonus, as well as from normal fluctuation within the Maine DHHS S+C grants due to factors such as household composition changes.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

**Did the CoC submit the HIC data in HDX by
May 31, 2011?** Yes

**If no, briefly explain why the HIC data was not
submitted
by May 31, 2011 (limit 750 characters).**

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

**Indicate the steps taken to ensure the
accuracy of the data collected and included in
the housing inventory count:
(select all that apply)** Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

**Indicate the type of data or method(s) used to
determine unmet need:
(select all that apply):** Unsheltered count, HUD unmet need formula, HMIS data, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

Not applicable.

**If more than one method was selected, describe how these methods were
used together (limit 750 characters):**

For ES, TH, & PSH, utilization rates were compared on the night of the PIT. For each housing type the CoC Committee estimated the percentage of occupants (or unsheltered homeless) who needed that housing type vs. another. For example, the Committee estimated that 20% of the occupants of the Oxford St. Adult Shelter needed PSH rather than ES. Estimates of housing need were compared to bed availability on the night of the PIT. The committee also used HMIS data to see whether the PIT occupancy rates were an anomaly or consistent with year-round experience. For example, a recent upsurge in homeless women (avg. 15/night) suggests we need more shelter beds for women; this occurred after the PIT and is not captured by it.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Select the HMIS implementation coverage area:	Statewide
Select the CoC(s) covered by the HMIS: (select all that apply)	ME-502 - Portland CoC, ME-501 - Bangor/Penobscot County Coc, ME-500 - Maine Balance of State CoC
Is the HMIS Lead Agency the same as the CoC Lead Agency?	No
Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?	Yes
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems LLC
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	03/02/2004
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Lack of MOU between CoC and HMIS administering agency
If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).	N/A

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

The CoC understands the importance of HMIS in terms of HUD grant compliance, data quality monitoring, CoC planning efforts, AHAR submission and APR reporting, but there is no formal Governance Agreement in place between the CoC and the HMIS lead agency. The CoC and the HMIS lead agency will work collaboratively to develop a written Governance Agreement that identifies the various entities that will contribute to the success of the HMIS implementation and outlines the roles and responsibilities of each entity.

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

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name Maine State Housing Authority
Street Address 1 353 Water Street
Street Address 2
City Augusta
State Maine
Zip Code 04330
Format: xxxxx or xxxxx-xxxx
Organization Type State or Local Government
If "Other" please specify N/A
Is this organization the HMIS Lead Agency in more than one CoC? Yes

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

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

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

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

N/A

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

For additional instructions, refer to the Exhibit 1 Detailed Instructions, which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2011.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	2%
* Date of Birth	5%	0%
* Ethnicity	1%	5%
* Race	1%	5%
* Gender	0%	0%
* Veteran Status	6%	3%
* Disabling Condition	11%	9%
* Residence Prior to Program Entry	20%	5%
* Zip Code of Last Permanent Address	3%	25%
* Name	0%	0%

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

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

By March 2011 the batch data warehousing process was eliminated in Maine; all providers now record all data directly in HMIS (ServicePoint), which gives them access to self service reports 24/7. HMIS provides data quality reports all users can run against their own program(s), such as completeness and quality reports for all Universal Data Elements, Income, Non-Cash Benefits, and if children are connected to their local McKinney-Vento school liaison. Program level reports verify household configurations, count unique clients and total bednights in a given time period, & HUD reports like the CoC APR, HPRP QPR/APR are available. HMIS develops custom reports too, like the employment report counting the # of job training services delivered.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

Maine's HMIS data quality policy is: "To be able to provide accurate timely information, data must be regularly, completely & accurately entered into the Maine HMIS." Data entry must happen on a weekly basis, & HMIS users are responsible for the accuracy, correctness & timeliness of their own data. Maine's ESG programs have used HMIS for years. In 2011 ESG implemented a quarterly certification report verifying that client counts, bednights and UDEs are complete & accurate for the quarter. Exec Directors must sign the report before they receive quarterly ESG reimbursements. The CoC plans to ask all TH and PSH providers to similarly certify data completeness & quality, using self service HMIS reports submitted quarterly to the data committee.

- Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)** 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
- Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)** 2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans

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

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	At least Monthly
Point-in-time count of sheltered persons:	At least Quarterly
Point-in-time count of unsheltered persons:	At least Annually
Measuring the performance of participating housing and service providers:	At least Monthly
Using data for program management:	At least Monthly
Integration of HMIS data with data from mainstream resources:	At least Quarterly

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

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

* Unique user name and password	At least Monthly
* Secure location for equipment	At least Monthly
* Locking screen savers	At least Monthly
* Virus protection with auto update	At least Monthly
* Individual or network firewalls	At least Monthly
* Restrictions on access to HMIS via public forums	At least Monthly
* Compliance with HMIS Policy and Procedures manual	At least Monthly
* Validation of off-site storage of HMIS data	At least Monthly

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards? At least Monthly

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

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

If 'Yes' indicate date of last review or update by CoC: 03/27/2009

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Monthly
* Using HMIS data for assessing program performance	At least Quarterly
* Basic computer skills training	At least Quarterly
* HMIS software training	At least Monthly

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

Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

How frequently does the CoC conduct a point-in-time count? annually (every year)

***Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/26/2011

If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011? No

Did the CoC submit the point-in-time count data in HDX by May 31, 2011? Yes

If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters). N/A

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/25/2012

Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 100%
Transitional Housing: 100%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

The increase in shelter usage is due to several factors. 1) The economy (increase in unemployment, especially among lower wage workers). Shelter occupancy rates are very high, requiring almost daily use of overflow shelters/emergency vouchers for motels. 2) Lack of available apartments (increase in foreclosures and economic uncertainty has softened the home purchase market, rental vacancies have decreased, and rents are increasing making it more difficult to find units which lengthens shelter stays. However, there were fewer unsheltered homeless adults on PIT night due to improved outreach from the HOME Team in Portland. This is a mobile team led by the Milestone Foundation that focuses on engaging CH with SAMH issues who have a history of disruptive public behavior and high use of emergency services. The team seeks to get them into ES or PSH. This has been successful and there were fewer living in the woods.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

Describe the methods used by the CoC, as indicated by the above selected method(s), to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters):

All providers of homeless housing and services collect client level data via individual client interviews on the night of the PIT. All HMIS-participating non-DV programs record that data in HMIS, and pursuant to a review of data quality PIT data comes directly from HMIS records. For the 2011 PIT, HMIS data was used for 31 of 33 non-DV programs (ES, SH, TH, PSH & SSO) in the CoC, so HMIS data directly accounted for 94% of the non-DV PIT count. Programs not using HMIS, including all VAWA providers, submit paper surveys. Paper-participating programs receive two types of forms: Individual Surveys collecting detailed data on those clients willing to be interviewed, and a Summary Count that reports from the program's point of view the total number of clients the program served on the PIT. Individual Surveys contain enough data to create the same unique identifier for each client that would be used if they were entered into the HMIS system. Central Staff enter data from the paper forms into a non-HMIS data warehouse, which calculates unduplicated counts across facilities based on the unique identifiers. Official PIT counts use the aggregated unduplicated counts from the data warehouse, including subpopulation counts. If there is a discrepancy between individual survey counts and summary counts, the PIT reports the higher number.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons and, with the exception of chronically homeless and veterans, optional for unsheltered persons. Sheltered chronically homeless persons are those living in emergency shelters only.

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

	HMIS	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
	Sample strategy:	
	Provider expertise:	<input type="checkbox"/>
	Interviews:	<input type="checkbox"/>
	Non-HMIS client level information:	<input checked="" type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

If Other, specify:

None.

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

PIT homeless subpopulation data comes from one of two sources: 1) HMIS or 2) paper surveys for non-HMIS-participating agencies, including VAWA providers. The HMIS Lead Agency combines de-identified client data from both HMIS and non-HMIS sources in a data warehouse. The warehouse uses a unique identifier for each client, which is created using data elements common to both HMIS and the paper survey process described in section 2I above, in order to calculate unduplicated counts across programs. The CoC reports the count of unduplicated clients for each subpopulation category as calculated directly from the data warehouse.

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

**Indicate the method(s) used to verify the data quality of sheltered homeless persons:
(select all that apply)**

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

If Other, specify:

Not applicable.

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

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

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response is to indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

PIT homeless subpopulation data comes from one of two sources: 1) HMIS or 2) paper surveys for non-HMIS-participating agencies, including VAWA providers. The HMIS Lead Agency combines de-identified client data from both HMIS and non-HMIS sources in a data warehouse. The warehouse uses a unique identifier for each client, which is created using data elements common to both HMIS and the paper survey process described in section 2I above, in order to calculate unduplicated counts across programs. The CoC reports the count of unduplicated clients for each subpopulation category as calculated directly from the data warehouse.

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

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the method(s) used during the most recent point-in-time count of unsheltered homeless persons: (select all that apply)

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

If Other, specify:

The CoC sent additional individual survey forms to area shelters, encouraging them to conduct local street outreach in order to contact unsheltered persons where they know they commonly congregate. The CoC also sent both individual survey and summary count forms to service only and outreach programs such as soup kitchens, hospitals and municipalities with social service departments.

Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).

Individual Surveys collect detailed data on those clients willing to be interviewed, and a Summary Count reports (from the program's point of view) the total number of clients the program served on the PIT. Individual Surveys contain enough data to create the same unique identifier for each client that would be used if they were entered into the HMIS system. Additionally Individual Survey forms collect enough data to determine if a person served by a services only or outreach program is sheltered or unsheltered on the night of the PIT. Central Staff enter data from the forms into a non-HMIS data warehouse, which calculates unduplicated counts across programs based on the unique identifiers, and breaks down the counts by sheltered/unsheltered status. A pre-printed location ID on each additional form enables geographic tracking of which area the survey form covers when they are returned.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

Unsheltered persons were identified through outreach to known locations on the night of the PIT. Improved outreach year-round by the HOME Team has resulted in better engagement of CH individuals, so fewer people are living unsheltered.

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count: (select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
"Blitz" Count:	<input type="checkbox"/>
Unique Identifier:	<input checked="" type="checkbox"/>
Survey Question:	<input checked="" type="checkbox"/>
Enumerator Observation:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

The CoC sent additional individual survey forms to area shelters, encouraging them to conduct local street outreach in order to contact unsheltered persons where they know they commonly congregate. The CoC also sent both individual survey and summary count forms to service only and outreach programs such as soup kitchens, hospitals and municipalities with social service departments.

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

Individual Surveys collect detailed data on those clients willing to be interviewed, and a Summary Count reports (from the program's point of view) the total number of clients the program served on the PIT. Individual Surveys contain enough data to create the same unique identifier for each client that would be used if they were entered into the HMIS system. Additionally Individual Survey forms collect enough data to determine if a person served by a services only or outreach program is sheltered or unsheltered on the night of the PIT. Central Staff enter data from the forms into a non-HMIS data warehouse, which calculates unduplicated counts across programs based on the unique identifiers, and breaks down the counts by sheltered/unsheltered status. A pre-printed location ID on each additional form enables geographic tracking of which area the survey form covers when they are returned.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

Portland has not found any unsheltered homeless households with dependent children in the last 3 PIT counts. Year-round, outreach is conducted to places where homeless individuals reside. The Portland City Council has a policy of providing shelter to every homeless person in Portland. The CoC works closely with law enforcement, hotlines, and service providers so that homeless families are immediately referred to Portland's General Assistance office or (after hours) directly to the Family Shelter so that they can be sheltered. If there are no shelter beds they are provided with a voucher to stay at a motel.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

The Portland CoC conducts outreach weekly to unsheltered homeless. The City purchased a 4x4 vehicle so outreach can continue in the winter months. This outreach is done by staff from the City of Portland Oxford Street Shelter for Men, The Preble Street Women's Shelter and the Preble Street Homeless Voices for Justice (HVJ). The Portland Police Department, Parks and Rec., Public Works, and MedCu also watch for evidence of homeless camps and refer them to the outreach team when they are found. Only 2 unsheltered homeless people were found in the 2011 PIT; Maine winters are very cold and sub-freezing temperatures drive most homeless people to the shelters. The mobile HOME team has successfully engaged some previously unsheltered homeless individuals and encouraged them to move to ES, TH or PSH, which also reduced the count.

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

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

- How many permanent housing beds are currently in place for chronically homeless persons?** 99
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 100
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 111
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 130

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

The CoC approved Maine DHHS' proposal to use the housing bonus for 3 S+C slots for CH individuals. These will be based at Serenity House, a substance abuse treatment program in Portland. Avesta Housing will be developing an 18-unit project in Portland for homeless individuals. While none of these units will be dedicated to CH, CH can live there, and the availability of these beds may help to reduce the number of people who meet the CH in the future. The ESAC CoC Committee reviewed how CoC resources are allocated to help end CH, and concluded that there were no changes that should be made. To better understand the magnitude of the problem, the City of Portland Family Shelter will monitor HMIS data to determine the number of families meeting the CH definition.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

Maine DHHS is proposing to use the housing bonus for 3 S+C slots for CH individuals. These will be project-based at Serenity House, a SA treatment program in Portland. Avesta Housing is developing an 18-unit project in Portland for homeless individuals. While none will be dedicated to CH, CH can live there, and this project may help to reduce the number of people who meet the CH criteria in the future. The ESAC CoC Committee reviewed how CoC resources are allocated to help end CH, and concluded that there were no changes that should be made. To better understand the magnitude of the problem, the City of Portland Family Shelter will monitor HMIS data to determine the number of families meeting the CH definition. To help this, the Portland CoC recently voted to form a new group the "Data Group". The group will review HMIS data on a monthly basis for all Portland CoC HMIS participants. Among other duties, this group will analyze data for trends and measurement of progress towards goals.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects (SHP-PH or S+C) for which an APR was required should indicate this by entering "0" in the numeric fields and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 89

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 85

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 86

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 86

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

The City of Portland is hiring now for a new position at its Oxford St. adult shelter that will follow-up with private landlords who have rented to CH to help preserve tenancies. This is a 1-year pilot to see if that can improve retention rates. Preble Street and the City of Portland are starting to implement a 2-year grant that will use a rapid re-housing model to work with homeless veterans and their families to prevent and end their homelessness. In October 2011 these two partners received an award of \$100,000 from MaineHousing's Stable Lives program, which will allow them to hire 2 case managers to work with 75 homeless families and follow them for 12 months to help them stay housed. Catholic Charities Maine and the City of Portland Refugee Services will implement a \$150,000 federal ORR grant to provide services to unanticipated arrival refugees, many of whom are homeless on arrival, to help them find and keep housing.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

ESAC and the CoC Committee will regularly review and analyze data (PIT, monthly utilization, HMIS, APR) to track performance on this goal. The YI-sponsored Community Partnership for Protecting Children will continue working with ESAC and the public schools to help strengthen supports for families that can help preserve tenancies. The City of Portland, Catholic Charities and the City of Portland Refugee Services will continue to apply for federal ORR grants to help support unanticipated arrival refugees, and b2 visitors seeking citizenship, to help them obtain and retain housing.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 63

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 70

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 72

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 75

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

Staff at YI's TH programs will work with residents to secure PH/PSH at time of discharge, starting at admission. Staff will help residents apply immediately for housing subsidies & mainstream resources that facilitate obtaining and sustaining PH. The Portland CoC will work with MaineHousing on implementing and monitoring STEP, a new short-term TH subsidy. Dues to high rental costs, low incomes, and scarce PH subsidies the 3-6 months STEP is available may not be long enough for recipients to find PH. YI will work with Mercy Hospital and the Maine Office of Substance Abuse to expand permanent housing options for substance abusing populations. Shalom House requires BRAP recipients to apply for S8 and to maintain their wait list status in order to continue receiving BRAP assistance.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters):

YI will lead a planning effort with an ESAC ad hoc committee to design a better bridge to PH for TH residents. The group will explore new housing models and new community partnerships, including strategies for moving people to market rate housing. This will incorporate work YI has been doing with Mercy Hospital through a SAMHSA grant to look at treatment and housing models for individuals with co-occurring disorders. The City of Portland will review HMIS data for the TH programs within the Portland CoC, including length of stay, and success at connecting to mainstream resources, to help identify where improvements need to be made. YI will work with Maine DHHS and the Centers for Medicare & Medicaid Services to negotiate changes to our PNMI structure, which will affect reimbursement for service delivery at YI's and other residential programs.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more. CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 17

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 20

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 25

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 30

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

The City of Portland Employment Services will monitor the effectiveness of a dedicated phoneline with voice-mailbox that homeless individuals can give to employers that does not get answered by the homeless shelters or the City of Portland. Not being identified as homeless may increase the numbers who become employed. The City of Portland and Catholic Charities will implement a two-year, \$300,000 federal ORR grant aimed at helping refugees prepare for, obtain, and retain employment. The City of Portland Refugee Services is working with Adult Education to create on the job training opportunities for asylum seekers so they can be trained to work as interpreters, working as volunteers and gaining valuable experience until they get their work permits.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit to 1000 characters):

The Mainstream Resources committee will lead the CoC in planning strategies for increasing employment, linking this to housing permanency. Shalom House will lead a planning effort to improve S+C recipients' awareness of and access to employment opportunities, and of how employment will (or will not) affect their benefits. The City of Portland and its partners will continue applying for grants to help refugees and asylees prepare for, obtain, and retain employment.

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

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 89

In 12 months, what will be the total number of homeless households with children? 89

In 5 years, what will be the total number of homeless households with children? 80

In 10 years, what will be the total number of homeless households with children? 70

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters):

Due to the economy the City of Portland Family Shelter has been full for 8 months and motel rooms are being used as overflow. The loss of federal HPRP funds will further erode progress towards this goal. We are also seeing high numbers of asylum seekers who cannot work until their cases are heard, and who have to live in the shelters until this occurs. The City of Portland has developed a volunteer interpreter program for asylum seekers so they can learn work skills that will help them become employed once their asylee status is approved. The City of Portland and Preble Street received \$100,000 from MaineHousing under the Stable Lives program, which will hire 2 case managers to work with 75 homeless families and follow them for 12 months to help them stay housed. This will help to reduce recidivism for these families, and help to reduce the numbers of families who meet CH criteria.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters):

High rents in Portland (need \$2,150 in gross income to rent a 3BR unit) mean that we need more affordable housing and S8 vouchers. ESAC will advocate for additional S8 Vouchers, and work with local developers to create more affordable housing. About 30 percent of Portland's homeless families each year are refugees who are unanticipated arrivals from other US cities. The City of Portland Refugee Services (RS) will apply for state and federal grants to help move refugees as rapidly as possible into PH, working closely with Catholic Charities, landlords, and housing providers. RS will also implement an ORR grant to help refugees obtain and retain employment. YI's Community Partnerships for Protecting Children (CPPC) will help redefine the role of community and schools in supporting families, helping to prevent homelessness. MaineHousing is engaging shelters and service providers in a discussion on how to reallocate ESG funding.

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs (SHP, S+C, SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, emergency homeless shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from system of care are not routinely discharged into homelessness.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each system of care identified below describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).

Foster Care (Youth Aging Out):

WHAT: In 2003 Maine DHHS adopted new policies emphasizing family reunification & kinship care, using residential care placements for medical need only. Maine policies and procedures for helping youth transition safely from foster care to independence include 1)V.D-7. Relative Placement and Kinship Care Including Fictive Kin; 2)IX.A. Permanency Guardianship; 3)V.K. Education Beyond High School; 4)VL-1. Extension/Termination of Care at Age 18; and 5)V. T. Maine Title IV-E Independent Living Program. Transition planning protocols were developed with input from public & private child welfare agencies & the Statewide Homeless Council, & are aligned with federal HHS guidelines for R&HY programs. A newly revised section of the Maine Plan to End & Prevent Homelessness is dedicated to Youth. **WHERE:** Youth discharged to independence are helped with S8 subsidies & other mainstream resources; those requiring ongoing support are transitioned to Adult Services. **WHO:** Every effort is made to discharge youth from foster care to their families, kinship care, or another committed, caring adult. Transition planning begins at age 15 with the youth & the family team (including family/kin, friends, & youth serving orgs.) & focuses on permanency, well-being, & safety. The Portland CoC uses High Fidelity Wraparound, Community Partnerships for Protecting Children, and other community resources to support at-risk children & families, helping to prevent foster care placement and homelessness.

Health Care:

WHAT: The Statewide Homeless Council (SHC) (membership includes all 3 of Maine's CoCs) worked with hospitals on Guidelines governing discharge of homeless people with health issues from hospitals. Guidelines were approved in 2009 by the SHC and the Maine Dept. of Health & Human Services (MDHHS). The Guidelines instruct hospitals to begin the discharge planning process on admission. Patients are to be discharged with appropriate clothing & with a plan for accessing required medications/supplies. The Region 1 (Southern Maine) Homeless Council will lead a review of the Guidelines in the next year to ensure they are still in use and relevant. **WHERE:** Patients are to be discharged to family, friends, to TH, or to their own apartment. Discharges to shelters and McKinney-funded housing are to be avoided. Patients may be discharged to other TH or PH programs. If patients were documented as homeless before entering the hospital and were there 90 days or less they may be discharged to S+C or SHP housing. **WHO:** Maine DHHS funds most case managers who assist with discharge planning & transition to the community. Each Maine hospital or community discharge location must designate a management team member to oversee ongoing compliance with the Guidelines.

Mental Health:

WHAT: Riverview & Dorothea Dix, Maine's 2 publicly-funded mental health hospitals have adopted a discharge planning process that begins at admission & is pursued during the hospital stay to connect clients back to housing and community supports. Staff from both facilities participated in SOAR Training held in 2011 to connect patients with SSI/SSDI and other mainstream benefits as part of their standard discharge planning. **WHERE:** Placement options include residential treatment facilities, permanent housing, BRAP TH rental vouchers, other community living arrangements, or returning home to friends or family. Neither institution supports or advocates for discharge to homelessness or to an emergency shelter. **WHO:** The treatment team includes the client, community support providers, family and friends, & other natural supports. The team works with the client to identify housing & services which will support ongoing recovery once discharged.

Corrections:

WHAT: An MOA signed in 2005 by MaineHousing, the Maine Dept. of Corrections, & the Maine Re-Entry Network remains in effect. The MOA enhances access to non-McKinney-funded housing & services to currently or formerly incarcerated offenders ages 18+ to prevent release of prisoners to shelters or the streets. It details the responsibility of the Reentry Specialists working with offenders in pre-release planning. WHERE: Inmates are released to non-McKinney funded private rentals or family/friends with the help of the contracts described here. WHO: The ME Dept. of Corrections (DOC) has a contract with Volunteers of America (VOA) to provide security deposit & 1st month's rent to women offenders ages 18+. DOC also contracts with VOA to provide housing and services for other released prisoners statewide (men & women). VOA works with them to ensure that they have secured housing prior to their release. Maine DHHS provides Intensive Case Managers to assist with pre-release planning for inmates with mental illness. Prisoners are not to be discharged to the streets or shelters. The Portland CoC has an MOA with the Long Creek YDC (juvenile detention), the Portland Police Dept., & the Cumberland County Jail, requiring them to avoid releasing prisoners directly to emergency shelters & to work cooperatively with Portland CoC service providers to develop housing & support plans prior to release.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

Portland's 5 year Consolidated Plan covers 2010-2015. It includes the following strategic goals:

- 1) Create new PH beds for chronically homeless persons.
- 2) Increase percentage of homeless persons staying in PH over 6 months to 71.5%
- 3) Increase percentage of homeless persons moving from TH to PH to 61%
- 4) Increase percentage of homeless persons becoming employed to at least 19%
- 5) Decrease the number of homeless families with children.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

The City of Portland received a direct allocation of \$876,120 in HPRP stimulus funds which supported the hiring of 3 case managers at City of Portland SSD & 3 Housing Counselors at Preble Street. No funds were allocated for client financial assistance. Funds were used for Case Management, including: Housing search & placement assistance; security deposits; connection to mainstream resources; coordination of services; on-going support to maintain housing. Also, engagement & stabilization services were provided to clients who were CH with apparent or diagnosed mental illness or co-occurring disorder. Eligible assistance included security deposits, rent, utility payment or utility debt. In addition, MaineHousing contracted with the City of Portland for two HPRP programs funded through the state allocation to administer the Cumberland County HPRP security deposit program (total for two years = \$297,728) and the Engagement & Stabilization Program for chronic homeless individuals (total 901,332). These funds were used for client rents, security deposits, utilities, moving costs, etc. Eligibility limited to those <50% Area Median Income, who were currently homeless or within 2 weeks of homelessness, and who have no other permanent housing options available. The City of Portland staffs the Portland CoC and submits Exhibit 1, and has worked closely with ESAC in planning & implementing HPRP.

Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The state DECD received Maine's NSP allocation, and awarded \$1.25 million to Portland, which was used for single family homes. A portion of the 25% VLI set-aside was used to create housing for homeless people, although not in Portland. The City of Portland received \$1.7 million in NSP funds which have been allocated to renovate the Adams School into 16 condos. This is a home ownership project for 120% of area median income. The VA Maine Healthcare system partners with the Portland Housing Authority for administering 35 of those vouchers. Currently all of the Vouchers have been allocated, and work continues to reissue vouchers as Vets graduate or leave the HUD VASH program. VA Maine-HUD VASH will continue to participate in the Regional 1 CoC meetings and the local homeless coalitions (ESAC) in Portland. Other VA services now available in the Portland CoC are described in the section on homeless services for vets, below. Portland's CDBG-R program was not used to assist persons who are homeless or at risk of homelessness; however, a representative from the Community Development Office attends all ESAC meetings, & closely coordinates with the Portland CoC on the Consolidated Plan & Action Plans.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If yes, please describe the established policies that are in currently in place.

Approved 3-17-11. Homeless children entering an ES in Portland must be connected directly to the Homeless Liaison (HL) for enrollment in school. The HL must be notified even for children already enrolled in Portland schools. Both the HL and the Portland Schools' Multi-Lingual Center must be contacted when a homeless refugee family enters an ES in Portland (if the child is already enrolled in a Portland school, only the HL needs to be notified.) All new refugee children must have language and academic testing prior to enrolling in school. Unaccompanied homeless youth who enter an ES in Portland or access Teen Center services should be connected directly to Portland Public Schools' Street Academy, which will assess youth's educational needs. The Street Academy will navigate enrollment process with student, connecting with the HL and Transportation Director as needed. All ES in the Portland CoC are required to enter into the HMIS whether the child(ren) were connected to the HL.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

The Portland Public Schools' School Liaison attends ESAC meetings. Homeless service providers attend quarterly educational liaison meetings organized by MaineHousing with Maine Dept. of Education Homeless Liaisons. MaineHousing has helped to facilitate regular meetings and trainings between educational agencies and providers to improve planning and coordination- a recent one was scheduled 9-29-11 in Augusta and was attended by CoC members. Portland CoC has had strong cooperation with school departments in Portland and surrounding towns re: enrollment and providing transportation to children living in emergency shelters or transitional housing. The Family Shelter staff and caseworkers for refugees work with parents and the Multi-Lingual Center in the Portland Public Schools to screen and enroll newly arrived refugee children who are living in the shelter. All homeless parents/guardians with school aged children who are in ES or TH are informed of their rights to enroll their children in school.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

The Portland CoC is relatively small and has limited options for emergency shelter and transitional housing. There is one 77-bed family shelter, one DV shelter (12 beds), and one 8-bed shelter for women with crisis pregnancies. Due to eligibility criteria, and very limited vacancies, homeless families may have only one option for ES. There are 3 small transitional programs (Bell St., 22 Park Ave, and Step Up), as well as a limited number of TH vouchers for families with an adult member who has a MI. Again, limited vacancies limit choice, but when possible every effort is made to honor the family's desire regarding placement near a school and neighborhood. Family Shelter staff will continue working with adjacent cities So. Portland and Westbrook to quickly identify housing that can help homeless families from those cities move back to be closer to those schools (these cities have no shelters). When placement near preferred schools is not possible, Case Managers work with schools to arrange transportation from ES or TH to the schools, including to Head Start and other early childhood programs. Portland Adult Ed also offers the Street Academy for homeless youth at the Preble Street Teen Center, at which unaccompanied youth not willing to enroll in school can make progress towards a GED or diploma.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

VVA has placed a 1 FTE staff at the Oxford Street Adult Shelter, where an estimated 20% of clients are vets. She helps them establish eligibility, enroll in and access benefits. This has greatly expedited this process as previously vets had to drive 1 hour north to Augusta to enroll. The local VA CBOC now has an Outreach Coordinator (OC) whose role is to reach out to homeless shelters (including DV shelters) and help to connect vets to services. The OC does bi-weekly presentations at the Oxford Street Adult Shelter about VA services In Portland, mental health services are delivered to vets at the Portland Mental Health Outpatient Clinic, less than a half-mile from the Oxford St. Shelter. The Portland CoC helps promote the Stand Down, which was held in Augusta in October 2011. The Portland CoC makes every effort to partner with providers and MaineHousing to apply for and utilize VASH vouchers; currently there are 35 in use in Portland. Preble Street and the City of Portland are starting to implement a 2-year SSVF grant that will use a rapid re-housing model to work with homeless veterans and their families to prevent and end their homelessness. Also, VA Homeless Services completed its annual CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) survey, which was distributed to Vets and collaborating service providers. This and ongoing data collection on CH Veterans will show the need for future allocation of HUD VASH vouchers.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters):

Preble Street Teen Center (PSTC) is the service hub for homeless and runaway youth in Portland. Its day shelter provides warmth and safety, nutritious meals, clothing, & crisis intervention, and help achieving stability and independence. PSTC assists youth with 1) Street outreach to encourage youth to leave the streets and to be safe; 2) Basic shelter services that provide a safe alternative to the streets; 3) Transition back to their homes or another safe living situation, including residential care and independent living; 4) Casework services to help youth identify and achieve their goals for health care, employment, mental health and/or substance abuse counseling, legal assistance, housing, etc. Due to increasing demand for its beds (resulting in turning kids away), as well as the inadequate programming space, PSTC is planning to relocate and expand the Lighthouse Youth (night) Shelter. A new building is under contract and funding for this is progressing well, with completion planned for 1-1-12. The new Light House Adolescent Shelter will increase capacity from 16 to 24 beds, and increase the hours of teen services to 24 hours per day. Currently the Light House Shelter and Teen Center are closed during these hours. Preble Street will also add programs for transgender youth/ LGTB and increase the number of beds for males.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in Fy2011 into a new project. New reallocated permanent housing projects may apply under SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two, or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? Yes

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	99	Beds	99	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	85	%	89	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	70	%	63	%
Increase the percentage of homeless persons employed at exit to at least 20%	20	%	17	%
Decrease the number of homeless households with children.	74	Households	89	H o u s e h o l d s

**Did the CoC submit an Exhibit 1 application in Yes
FY2010?**

If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

The Portland CoC did not achieve our employment target in the last year. This reflects the worsening economy; people with little employment history, who may need extra support on the worksite, are the last hired and the first to be laid off. The recession, along with high numbers of secondary migrant refugees and asylum seekers moving to Portland, has sharply increased homeless families. Without income or employment, often without work history and with limited English, they have to stay at the shelter until they can find employment or another place to stay. Loss of HPRP will add to family homelessness. High rental housing costs, low incomes, & scarce rental subsidies makes it hard to move people from TH to PH. The Maine legislature reduced funding for SA services in the last year, reducing housing and treatment resources for homeless people with SA issues.

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2009, FY2010, and FY2011.

Year	Number of CH Persons	Number of PH beds for the CH
2009	30	3
2010	44	54
2011	98	99

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2010 and January 31, 2011.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$102,720				
Total	\$102,720	\$0	\$0	\$0	\$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

The 2011 e-HIC chart was in error- the 15 Florence House beds listed as Safe Haven are PSH. Also, 2 Maine 9 beds should be CH. State budget cuts have led to reductions in mental health & substance abuse treatment & case management, contributing to longer and/or repeated homeless episodes.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as: $c+d, \text{ divided by } a+b, \text{ multiplied by } 100.$ the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	37
b. Number of participants who did not leave the project(s)	255
c. Number of participants who exited after staying 6 months or longer	33
d. Number of participants who did not exit after staying 6 months or longer	226
e. Number of participants who did not exit and were enrolled for less than 6 months	29
TOTAL PH (%)	89

Instructions:

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have SHP-TH projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	143
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	90
TOTAL TH (%)	63

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

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for question 11 on the most recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 1,345

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	181	13	%
SSDI	104	8	%
Social Security	7	1	%
General Public Assistance	254	19	%
TANF	308	23	%
SCHIP	0	0	%
Veterans Benefits	9	1	%
Employment Income	221	16	%
Unemployment Benefits	20	1	%
Veterans Health Care	3	0	%
Medicaid	615	46	%
Food Stamps	678	50	%
Other (Please specify below)	44	3	%
State Child Support Payment; Women, Infants, Children (WIC)			
No Financial Resources	347	26	%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

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

Instructions:

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

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

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

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

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

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

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

The Portland CoC MainStream Resource Committee conducts annual site visits to monitor project applicants. This visit includes a review of the mainstream process. At site visits feedback is provided to programs on how to improve homeless clients' access to Mainstream resources. Utilization of Mainstream Resources is also a scoring criterion for renewal projects applying for COC project funding.

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

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

Mainstream Resources Planning meeting were held on the following dates 1/12/2011, 3/23/2011, 7/20/2011, and 8/24/2011. Trainings were held on the following dates covering the following topics: 2/9/2011 SSI/SSDI application process - 22 attendees; 3/9/2011 Stability Through Engagement Program (STEP) - 23 attendees; 4/27/2011 Pine Tree Legal Fair Housing Law - 26 attendees; 8/31/2011 Cummunity Work Incentives (clients who receive SSI and/or SSDI) - 9 attendees.

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

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. quarterly (once each quarter)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

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

not applicable

Has the CoC participated in SOAR training? Yes

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

September 13 and 14, 2011

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Case managers have copies of the mainstream resource application and they help clients complete it. When necessary, they accompany clients to the mainstream resource office and help them complete the application there.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Providers' staff follow-up as part of regular meetings with clients. Providers ask to see verification that the application was completed and submitted. They assist homeless clients with obtaining required documentation, including identification (in response to new federal identification requirements) or other documentation that will demonstrate their eligibility for benefits. Where necessary they will call on consumers' behalf or support them in following up themselves on their Mainstream Resources applications. State funded programs such General Assistance and some rental assistance programs require application to Mainstream Resources in order to continue receiving benefits, so this is taken very seriously.	

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting the CoC Project Listing, CoCs should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Bell Street Trans...	2011-10-07 09:40:...	1 Year	LearningW orks	70,652	Renewal Project	SHP	TH	F
Job Training Fund	2011-10-13 08:44:...	1 Year	City of Portland	15,443	Renewal Project	SHP	SSO	F
Employment Assist...	2011-10-17 12:00:...	1 Year	City of Portland	70,016	Renewal Project	SHP	SSO	F
Morrison Place	2011-10-16 20:56:...	1 Year	Youth Alternative ...	82,356	Renewal Project	SHP	TH	F
Portland Collabor...	2011-10-13 08:24:...	1 Year	City of Portland	158,125	Renewal Project	SHP	SSO	F
Portland 12	2011-10-18 13:07:...	5 Years	State of Maine, D...	98,460	New Project	S+C	TRA	P1
MAPS/StepUP!	2011-10-11 12:09:...	1 Year	MAPS/StepUP!	71,355	Renewal Project	SHP	TH	F
22 Park Avenue Yo...	2011-10-16 21:24:...	1 Year	Youth Alternative ...	126,936	Renewal Project	SHP	TH	F
Logan Place	2011-10-14 15:38:...	1 Year	Avesta Housing De...	304,266	Renewal Project	SHP	PH	F
Portland 13-11	2011-10-14 15:10:...	1 Year	State of Maine, D...	208,860	Renewal Project	S+C	TRA	U
MaineStay	2011-10-16 22:03:...	1 Year	Youth Alternative ...	307,099	Renewal Project	SHP	TH	F
Portland 10-11	2011-10-14 15:10:...	1 Year	State of Maine, D...	1,753,272	Renewal Project	S+C	TRA	U

City of Portland ...	2011-09- 23 10:25:...	1 Year	Maine State Housi...	27,969	Renewal Project	SHP	HMIS	F
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Budget Summary

FPRN	\$1,234,217
Permanent Housing Bonus	\$98,460
SPC Renewal	\$1,962,132
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	ME-502 Certificat...	09/29/2011

Attachment Details

Document Description: ME-502 Certification of Consistency with the Consolidated Plan