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 e-snaps help desk.

CoC Name and Number (From CoC Registration):	ME-502 - Portland CoC
CoC Lead Organization 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 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) 90%

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

Elected:	
Assigned:	X

Volunteer:	X
Appointed:	
Other:	

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:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

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, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 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.

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 submisison 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
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.	Bi-monthly
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.

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, Attend 10-year planning me...	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, Attend 10-year planning me...	Veterans
City of Portland Health & Human Services Depart...	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
City of Portland Health & Human Services Dept.:...	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
City of Portland Health & Human Services Dept.,...	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
City of Portland Health & Human Services Dept; ...	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	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, Attend 10-year planning me...	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, Attend 10-year planning me...	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, Attend 10-year planning me...	NONE
Training Resource Center	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Veterans

2-1-1 Maine	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Bayside Neighborhood Association	Private Sector	Other	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Caring Unlimited	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Catholic Charities Maine	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Community Housing of Maine	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Day One	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
Family Crisis Services	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Frannie Peabody Center	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	HIV/AIDS
Maine Equal Justice	Private Sector	Other	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...	Substance Abuse
Milestone Foundation, Inc.	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
People's Regional Opportunity Program	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	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, Attend 10-year planning me...	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, Attend 10-year planning me...	NONE
Serenity House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance 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, Committee/Sub-committee/Wo...	NONE
Volunteers of America	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Youth Alternatives Ingraham	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	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, Attend 10-year planning me...	NONE
Maine Medical Center	Private Sector	Hospita...	Primary Decision Making Group, Attend 10-year planning me...	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...	Attend 10-year planning meetings during past 12 months, C...	NONE

Amy Regan	Individual	Homeles...	Attend 10-year planning meetings during past 12 months, C...	NONE
Office of US Senator Susan Collins	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Sweetser	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	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...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...

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

Instructions:

The CoC solicitation of projects and project selection 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 all new and renewal project(s) performance, effectiveness, and quality. 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, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

Not applicable.

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

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

No change in the number of beds. The Utilization Rate for MAPS My Choice is over 100% due to use of cribs. The Utilization Rate for Preble Women¿s Shelter is over 100% due to use of overflow beds.

Safe Haven: Yes

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

Florence House, which will open Feb. '10, was originally planned to have 15 Safe Haven beds and these were listed as such on the 2008 e-HIC. As per HUD's instructions, this year Avesta has elected to designate these 15 beds as PSH which better fits the need. This move will eliminate Portland CoC's Safe Haven beds. The PSH beds will continue to be reserved for CH persons.

Transitional Housing: No

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

No change in the number of beds. The Utilization Rate for LearningWorks' Bell St. is over 100% - there were 3 infants, who required cribs. The Utilization Rate for Youth Alternatives Ingraham's 22 Park Ave. is also over 100% due to the use of cribs.

Permanent Housing: Yes

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

As described above, the 15 SH beds at Florence House have been re-designated as PSH, adding 15 PSH beds for CH. Also, Maine DHHS was awarded 2 new S+C slots for CH in the 2008 round, which have been added to the e-HIC as Portland 6.

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

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

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	eHIC_2009_ME-502,...	11/16/2009

Attachment Details

Document Description: eHIC_2009_ME-502, 11-16-09- the e-HIC chart for the Portland CoC.

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

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-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 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/28/2009
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	HMIS plus housing inventory survey
Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (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 considered whether the PIT occupancy rates were an anomaly or consistent with year-round experience (using HMIS data). This approach found that Portland had sufficient ES & TH beds, but lacked PSH.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type:	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
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	Yes

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

Is the HMIS Lead Organization the same as CoC Lead Organization?	No
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
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	No or low participation by non-HUD funded providers

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).

Not applicable

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 State of Maine HMIS system covers all three CoCs in Maine, including the Portland CoC. The Portland CoC has achieved a high participation rate for all types of housing (Emergency, Transitional and PSH), but there is still a small handful of non-HUD funded providers who do not supply data to the HMIS system. The Portland CoC works with non-HUD funded providers to encourage them all to participate to the fullest extent possible in HMIS data collection activities. Support from the MaineHousing HMIS staff has helped bring new providers into HMIS, but not all providers are participating at this time.

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

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 (MaineHousing)
Street Address 1	353 Water Street
Street Address 2	
City	Augusta
State	Maine
Zip Code **Format: xxxxx or xxxxx-xxxx**	04330
Organization Type	State or Local Government
If "Other" please specify	Not applicable.
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

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

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

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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.

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**	Housing type does not exist in CoC
*** Transitional Housing (TH) Beds**	86%+
*** Permanent Housing (PH) Beds**	86%+

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

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

Not applicable, ES coverage is 100%, TH coverage is 89.1% and PSH coverage is 91.8%.

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

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

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

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

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	7%
* Date of Birth	0%	0%
* Ethnicity	3%	0%
* Race	3%	0%
* Gender	0%	0%
* Veteran Status	3%	4%
* Disabling Condition	4%	16%
* Residence Prior to Program Entry	15%	5%
* Zip Code of Last Permanent Address	4%	27%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4?	Yes
Did the CoC or subset of CoC participate in AHAR 5?	Yes
How frequently does the CoC review the quality of client level data?	Monthly
How frequently does the CoC review the quality of program level data?	Monthly

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

The statewide HMIS offers self service data quality reports 24/7 in the Advanced Reporting Tool for providers who use ServicePoint. Providers who send their data to HMIS via the batch upload process do not have access at this time to a self-service tool that is as robust as ServicePoint, but data quality reports are generated from the batch database on a monthly basis and shared with providers who submitted the data to allow them to monitor and improve their data quality.

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

The Maine HMIS quality control policy reads "To be able to provide accurate timely information, data must be regularly, completely, and accurately entered into the Maine HMIS system." Data entry is expected to take place at minimum on a weekly basis, and HMIS users at participating agencies are responsible for the accuracy, correctness, and timeliness of their data entry. A report is run weekly to check that exit dates are not recorded as being prior to entry dates, and a report is run at the Emergency Shelter level to identify long-term stayers in emergency shelter. Providers are also encouraged to self-monitor their data by spot checking their online reports against their paper intake records at least quarterly.

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

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

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

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

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

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

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

How often does the CoC assess compliance with HMIS Data and Technical Standards?	Monthly
How often does the CoC aggregate data to a central location (HMIS database or analytical database)?	Monthly
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	03/27/2009
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

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

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Monthly
Basic computer skills training	Annually
HMIS software training	Monthly

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

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

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

Households with	Dependent Children			
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Number of Households	16	72	0	88
Number of Persons (adults and children)	48	205	0	253

Households without	Dependent Children			
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Number of Households	225	172	4	401
Number of Persons (adults and unaccompanied youth)	225	187	4	416

All Households/	All Persons			
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Total Households	241	244	4	489
Total Persons	273	392	4	669

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

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	108	2	110
*** Severely Mentally Ill**	194	0	194
*** Chronic Substance Abuse**	79	0	79
*** Veterans**	39	1	40
*** Persons with HIV/AIDS**	0	0	0
*** Victims of Domestic Violence**	50		50
*** Unaccompanied Youth (under 18)**	12		12

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

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

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

How frequently does the CoC conduct a point-in-time count?	Annually
Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)	01/27/2010

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

Emergency shelter providers:	100%
Transitional housing providers:	100%

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

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

Each shelter and transitional facility in the Portland CoC received two types of survey forms. Individual surveys collected detailed information from those clients willing to participate, and a "summary count" form allowed each facility to report on the total number of clients served on the night of the PIT. 100% of the emergency shelters and transitional housing facilities returned both surveys. Detailed data was extracted from HMIS for the larger TH voucher-based programs (BRAP and RAC+). Staff at a central processing center entered data into a database that allowed for deduplication across facilities based on unique client identifiers. Where a discrepancy existed between individual survey counts and shelter-reported counts, the higher of the two numbers was used.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

There were just 3 more families in shelter the night of the 2009 PIT compared to 2008 (16 vs. 13). This is only a slight increase, but it presaged a trend towards higher family shelter usage in the months following. This was due in part to an increase in secondary migrant refugee families. A total of 200 Iraqi refugees moved to Portland from their host cities in Feb. & March 2009 as ¿unanticipated arrivals¿ to Portland; all of these families stayed in the shelter until permanent housing could be found. In addition, the poor economy has resulted in additional homelessness among families who suffered job losses. The Family Shelter has seen high occupancy rates since the January 2009, and has had to resort to its overflow plan (use of motel vouchers) in order to keep families sheltered. There was a reduction in individuals and families in TH; this is almost entirely due to funding reductions in RAC+ and BRAP, which are state-funded TH-TBRA programs. We have seen demand for these vouchers remain strong; many of the recipients will transition within the 2 year period to Section 8, S+C, or other PSH.

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

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	
Non-HMIS client level information:	X
None:	
Other:	X

If Other, specify:

Total counts from the individual surveys (at the client level) and count forms (at the provider level) were compared, and a percentage was calculated reflecting a factor to be used when calculating the subpopulations based on % coverage reported. For example, if a CoC reported 1000 individual clients surveyed on the night of the PIT but 1250 total persons counted on the provider count forms, an adjustment factor of 125% (1250/1000, or total reported/total individuals surveyed) was applied to the subpopulation data that was calculated from the individual survey forms. Therefore, if the CoC identified 20 Veterans on individual surveys, the adjusted number of Veterans reported was 25 (20 * 125%).

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

Client level information was collected via individual client interviews conducted by ES and TH providers on the night of the PIT count. The only two exceptions to this method were the large, voucher-based TH programs, BRAP and RAC+, for which client level data was extracted directly from HMIS records. Subpopulation numbers reported in 2J above are the raw counts from the data from the surveys and HMIS, aggregated and de-duplicated, and multiplied by the appropriate factor as described above under 'other' methodology.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

There was a big increase in CH from 2008 to 2009. We believe this is due to the Preble Street (PS) Women's Shelter, which provides a safe space for women to be off the street. PS staff has worked hard to engage these women, and regularly sees between 40-50 or more using the shelter. This expedites documentation of CH. Many of these women will move into Florence House when it opens 2/15/09. Unfortunately, FH will open just after the 2010 PIT, so we may see continued high CH numbers at that PIT, but should see reductions in 2011. The number of chronic substance abusers dropped by about 24% (104 to 79); we are not sure why this was so. DV victims declined by about 15%. However, the DV shelter population is pretty variable and we see no factors contributing to this. The other big change is in the number of unaccompanied youth, which rose from 1 in 2008 to 12 in 2009. We are concerned about a trend towards higher usage of the Preble Street Youth Shelter. State budget cuts have led to program cuts in youth serving organizations, and the number of homeless youth is rising as a result.

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

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

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

Instructions:	
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

Not applicable.

Describe the non-HMIS de-duplication techniques, if selected (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.

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

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

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

Public places count:	X
Public places count with interviews:	
Service-based count:	X
HMIS:	X
Other:	X

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 individuals where they knew they commonly congregate. Survey forms were also sent to service only and outreach programs such as soup kitchens, hospitals and municipalities with social service departments. An ID was pre-printed on each additional form sent, so that when they were returned it could be easily identified which area the survey form covered.

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

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

Not applicable.

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

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. 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 people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

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

Training:	X
HMIS:	X
De-duplication techniques:	X
Other:	

If Other, specify:

Not applicable.

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

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

Describe the CoCs efforts to reduce the number of unsheltered homeless household 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 2 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. Unsheltered homeless numbers increases substantially in Portland during the warmer months. Only 4 unsheltered homeless people were found in the 2009 PIT; Maine winters are very cold and sub-freezing temperatures drive most homeless people to the shelters.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

In 2008 the PIT identified 5 unsheltered homeless individuals. The 2009 PIT identified 4 unsheltered homeless people. This is not a significant difference in overall numbers and cannot be attributed to any particular factors. The Portland CoC routinely records fewer unsheltered homeless during the January PIT, but the numbers increase significantly in the warmer summer months. No unsheltered families were found in either the 2008 or 2009 PITs.

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

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

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

Preble Street Resource Center (PSRC) and Avesta will open Florence House by February 2010. This will create 40 new PSH beds for CH women. This project has been in planning for almost 5 years. Construction is well under way and we anticipate no problems with occupancy by Feb.'10. PSRC & Avesta have coordinated closely with a broad range of stakeholders to fund the bricks and mortar as well as the ongoing operating costs. Stakeholders include ESAC (Portland CoC lead planning), Maine DHHS, Maine State Housing Authority, HUD CoC, the City of Portland, CH homeless women, many foundations, & other service providers. LL Bean sponsored a fundraiser for the room furnishings. Most of the prospective occupants already stay in the PSRC Women's Shelter, and are being prepared for the transition to Florence House. If opening is delayed they will continue to be sheltered there until they can move in. We have also applied for 2 new S+C slots for CH using the 2009 CoC Bonus.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

ESAC will continue to monitor shelter utilization, HMIS & PIT data to track need for more CH beds. As the Portland CoC lead planning body ESAC has representation from all key stakeholders, public & private. Data will be tracked by City of Portland staff and discussed at ESAC's monthly meetings. We believe we will need to create additional PSH for CH who are severe substance abusers and who are high users of police and emergency services. We will look to future CoC allocations, the National Housing Trust Fund, SEVRA, working with the Portland Housing Authority to project-base Section 8 Vouchers, the LIHTC, and Maine's recently passed affordable housing bond as a source of funding for future PSH for CH individuals.

How many permanent housing beds do you currently have in place for chronically homeless persons?	53
How many permanent housing beds do you plan to create in the next 12-months?	93

How many permanent housing beds do you plan to create in the next 5-years?	108
How many permanent housing beds do you plan to create in the next 10-years?	138

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

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

We are exceeding HUD's benchmark, so will focus on continuing the strategies that have been successful to date. This includes offering Mainstream Resources & SOARS training for providers to improve their skill at helping consumers apply for assistance that helps them retain housing. We will also provide training around helping consumers access & retain housing subsidies (Sect. 8, S+C, other PSH and PH); helping homeless consumers find apartments & negotiate the lease; & providing follow-up assistance with landlords and (where relevant) subsidy providers to help them retain housing. Key housing subsidy and PSH providers include Shalom House (S+C and PSH), Portland Housing Authority, Avesta, and private landlords. We will also analyze data to determine reasons for consumers remaining in PH for more than 6 mths. and try to bring those lessons learned to any providers performing less well in this objective.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

ESAC will continue to be the forum in which PH tenancy issues are discussed. It includes all key public & private stakeholders with a primary mission of serving the homeless, homeless & formerly homeless consumers, and other interested agencies. When necessary, discussions, training, or TA will be initiated with individual providers or stakeholders in order to improve performance. At this point we are performing well above HUD¿s benchmark on this objective. We will continue the practices we believe are contributing to this success (see above) but regularly review and analyze data (PIT, monthly utilization, HMIS, APR) to track performance. We are being somewhat conservative in our goals for the next 1-5 years, as state budget cuts in response to the recession have resulted in reductions to MaineCare and other programs. These have reduce staffing availability, which may negatively affect achievement of these goals going forward.

What percentage of homeless persons in permanent housing have remained for at least six months?	90
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	90
In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	85
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	87

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

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

Percentages of placement into PH were increased from 53% to 63- very close to HUD's benchmark. Scarce PSH & PH subsidies limit tenant options for leaving TH, especially in BRAP & RAC+ (state-funded TBRA). Virtually all of our TH beds serve persons with disabilities who struggle to find work and hold jobs; they need subsidized housing in Portland¿s high cost market. ESAC, which includes consumers & all private & public stakeholders with a primary/secondary mission of homelessness, will advocate for more Section 8 subsidies through SEVRA, & other affordable housing. For tenants, we will offer 3-4 workshops/year on completing housing subsidy applications, & help them keep their place on PH waiting lists. We will use HPRP to divert people out of shelters and into housing to reduce pressure on ES & TH. BRAP & RAC+ tenants unable to secure PH or PSH will be allowed to remain until they secure a subsidy; however, this will limit TH beds & force longer shelter stays.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Strong performance on Obj.2 shows we do a good job preparing consumers for & supporting them in PH. However, scarce PSH & PH subsidies will continue to challenge achievement of Obj.3 due to Portland¿s high cost of housing. ESAC will advocate for more subsidies, & the development of more PSH & permanent affordable housing through Section 8, S+C, LIHTC, CDBG, the 2009 Maine affordable housing bond, Rural Housing, the National Housing Trust Fund, & other programs. We will gather lessons learned from HPRP & advocate for continued funding of that program once current federal funding ends. We will also continue to help people prepare for & obtain employment that can help them afford PH housing.

What percentage of homeless persons in transitional housing have moved to permanent housing?	63

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 65

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 68

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 70

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

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

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. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

We slightly exceeded HUD's threshold but did not meet our target. Reduced employment opportunities due to the economy & increased numbers of homeless people will challenge our ability to sustain or improve on this performance. Employment staff will continue to conduct outreach to homeless shelters. They will help people identify their skills, match them to jobs, & help them search for, gain & retain employment. They will also link homeless people to the CareerCenter. Employment staff will also continue to offer pre-employment workshops that teach communication skills, organization, time & stress management, positive thinking, career decision-making, & effective job search strategies. Stipended on-the-job training is offered at various municipal sites to gain work experience. Support and follow-up services will be provided to OJT participants. We will also reach out to employers to encourage hiring of homeless people; the CoC employment program will act as a placement service.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

ESAC's membership includes consumers & all private & public stakeholders with a primary/secondary mission of homelessness. We will continue to work with these stakeholders as well as with local employers to expand homeless people's readiness for and access to employment. We will work to get consumers connected to a work appropriate email address and educate them to be careful in their use of social networking sites (avoiding inappropriate behavior). We will also educate employers on the cost-effectiveness of hiring through the CoC funded employment program vs. placing classified ads & screening. However, this goal will continue to be challenging to achieve until the economy improves.

What percentage of persons are employed at program exit? 21

In 12-months, what percentage of persons will be employed at program exit? 21

In 5-years, what percentage of persons will be employed at program exit? 23

In 10-years, what percentage of persons will be employed at program exit? 25

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 is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

Portland is seeing record highs in family homelessness due to the economy, including high numbers of 1st time homeless. High housing prices in Portland mean families need subsidies to afford rents, but there are long waiting lists for all housing subsidies (Sect. 8, S+C, and public housing). We also see a steady influx of secondary migrant refugee families who move here from out of state. ESAC will use the HPRP program (supplemented with CDBG funding) to divert families away from the shelter and into housing, and the RAC+ program to help sheltered families move into TH until a Sect 8 subsidy becomes available. We will place families in unsubsidized rental housing, even though it means paying more than 30% of their incomes for rent, to move them out of the shelter. We will offer workshops on tenant responsibilities to help homeless families retain housing once they get it. ESAC will also advocate with state & federal funding agencies to continue HPRP funding.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

ESAC will urge local, state & federal funding agencies to continue HPRP funding once the federal program ends in order to divert homeless families with children from shelters. We will also advocate for increased subsidies and affordable housing development through Sect. 8 (SEVRA), S+C, LIHTC, CDBG, the Maine affordable housing bond, Rural Housing, the National Housing Trust Fund, and other programs. ESAC is negotiating with Portland Housing Authority to project-base some Sect. 8 vouchers for families with disabilities or other issues that will require long term subsidized housing. ESAC will arrange for developers to get TA on using underutilized programs such as HUD 811 to increase the availability of housing with deep subsidies for families with disabilities.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?	88
In 12-months, what will be the total number of homeless households with children?	88
In 5-years, what will be the total number of homeless households with children?	85

In 10-years, what will be the total number of homeless households with children?	80

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

Maine Dept. of Health & Human Services (Maine DHHS) is the state agency administering foster care. Since 2003 Maine DHHS has implemented new policies that emphasize family reunification & kinship care. These policies reduce the number of children in foster care overall, which in turn has reduced the numbers of youth requiring discharge from foster care. Foster care placement does still occur, however, & the state has developed policies and procedures for helping youth transition safely to independence. The policies include 1)V.D-7. Relative Placement and Kinship Care Including Fictive Kin; 2)IX.A. Permanency Guardianship; 3)V.K. Education Beyond High School; 4)V.L-1. Extension/Termination of Care at Age 18; and 5)V. T. Maine Title IV-E Independent Living Program. The intent is to discharge youth from foster care back to their families or to kinship care. Transition planning, focused on permanency, well-being, and safety begins at age 16 with the youth and the family team (which includes family/kin, friends, and reps. from youth serving orgs. Transition planning protocols were developed with input from public & private child welfare agencies, the Statewide Homeless Council. These protocols are aligned with federal HHS guidelines for runaway and homeless youth programs. Youth are discharged to family/kin, or to independent using Sect. 8 subsidies and other assistance to support independence. Youth requiring ongoing support are transitioned to Adult Services.

Health Care:

The Statewide Homeless Council (membership includes all 3 of Maine's CoCs) worked with hospitals on Guidelines governing discharge of homeless people with health issues from hospitals. Guidelines have been approved by the Statewide Homeless Council and the Maine Dept. of Health & Human Services (Maine DHHS. The State Caregivers Directors and the Maine Hospital Association, whose membership includes hospital CEOs, will review and are expected to approve the Guidelines in late 2009. Maine DHHS funds intensive case managers who assist with discharge planning & transition to the community. 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. Each Maine hospital or community discharge location must designate a management team member to oversee ongoing compliance with the Guidelines. Patients are to be discharged to family, friends, to TH, or to their own apartment. Discharges to shelters are to be avoided. Patients may be discharged to TH such as BRAP & RAC+ (TBRA) or other programs; non-McKinney funded PSH; or PH; as their needs and interests dictate.

Mental Health:

Riverview & Dorothea Dix are Maine's 2 publicly-funded mental health hospitals. Both have adopted a discharge planning policy that begins at admission & is pursued during the hospital stay to connect clients back to community supports. The treatment team includes the client, community support providers, family and friends, & other natural supports. The team works with the client to identify housing & services which will support ongoing recovery once discharged. Placement options include residential treatment facilities, permanent housing, other community living arrangements, or returning home to friends or family. Neither institution supports or advocates for discharge to homelessness or to an emergency shelter. In addition, the Portland CoC has signed a written MOA with Spring Harbor, a private psychiatric hospital, pledging to work together to ensure that hospital patients are not discharged to the streets or shelters. Hospital discharge staff work closely with CoC service providers prior to discharge to develop a housing plan that supports recovery & prevents homelessness. In the MOA Spring Harbor pledges to "Make every effort to avoid discharging consumers directly to emergency shelters, and to work cooperatively with shelters on developing case management plans."

Corrections:

An MOA signed in 2005 by MaineHousing, the Maine Dept. of Corrections, & the Maine Re-Entry Network remains in effect.The MOA enhances housing-related opportunities & services to offenders ages 18+. Reentry Specialists work with offenders during pre-release planning. MaineHousing can offer RAC+ (TBRA) that supports housing tenure until recipients become employed & self-sufficient.Maine DHHS provides Intensive Case Managers who assist with pre-release planning for inmates with mental illness.Prisoners not needing ongoing supports may be released to PH, family, or friends.The ME Dept. of Corrections (DOC) has a contract with Kennebec Behavioral Health (KBH) to provide temporary housing statewide for released women offenders ages 18+.It pays security deposit & 1st month¿s rent.RAC+ supports housing tenure until recipients become self-sufficient.DOC also has a contract with Volunteers of America to provide housing and services for released prisoners statewide.Both KBH & VOA support re-entry for prisoners released from state correctional facilities who are ineligible for HUD-assisted public housing due to their corrections hx.The Portland CoC has an Agreement with the Long Creek Youth Development Center (juvenile detention), the Portland Police Dept., & the Cumberland County Jail.The Agreements require 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 the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, 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 the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

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 2005-2010. It is now being updated. The most recent Action Plan is 2007-2008, and includes the following strategic goals: 1) Create new PH beds for chronically homeless persons. (Goal was 13 in 12 months) 2)Increase percentage of homeless persons staying in PH over 6 months to 71% (Goal was 71% in 12 mths., 80% in 5 years). 3) Increase percentage of homeless persons moving from TH to PH to 61% (Goal was 61% in 12 mths., 70% in 5 years). 4) Increase percentage of homeless persons becoming employed by 11% (Goal was 50% in 12 mths., and 80% in 5 years). 5) Ensure that the CoC has a functional HMIS system (Goal was 70% in 12 mths., and 90% in 5 years).

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 were used to hire HPRP staff for both Social Services and Preble Street. No funds were allocated for client financial assistance. Funds will be 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 are being provided to clients who are CH with apparent or diagnosed mental illness or co-occurring disorder. Eligible assistance may include security deposit, rent, utility payment or utility debt. In addition, MaineHousing contracted with the City of Portland for two HPRP programs funded through the state allocation. We will be administering 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 will be used for client rents, security deposits, utilities, moving costs, etc. Eligibility limited to those

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any 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.To assure compliance with NSP¿s

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	55	**Beds**	55	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	85	**%**	90	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	62	**%**	63	**%**
Increase percentage of homeless persons employed at exit to at least 19%	38	**%**	21	**%**
Decrease the number of homeless households with children.	10	**Households**	88	**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

While we exceeded HUD¿s employment target we did not achieve our employment target in the last year. This reflects the worsening economy, where 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 moving to Portland, has resulted in a dramatic increase in homeless families.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

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 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	30	3
2008	44	54
2009	110	94

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

3

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, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	$19,296				
Total	$19,296	$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):

Preble Street operates a woman¿s night shelter that serves many of the women who will move to Florence House when it opens in February 2010. Providing a safe, supportive place to stay each night has encouraged women to use the shelter nightly when they might previously have been in and out of shelter, couch surfing etc. This makes it easier to document chronic homelessness. State budget cuts have led to program restrictions or eliminations which limit access to mental health treatment, contributing to longer or repeated homeless episodes. Finally, through the use of HMIS and other mechanisms the Portland CoC has improved its ability to track chronic homelessness. There has been no loss of CH beds in the last year.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	50
b. Number of participants who did not leave the project(s)	240
c. Number of participants who exited after staying 6 months or longer	39
d. Number of participants who did not exit after staying 6 months or longer	222
e. Number of participants who did not exit and were enrolled for less than 6 months	18
TOTAL PH (%)	90

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	114
b. Number of participants who moved to PH	72
TOTAL TH (%)	63

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

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 1,109

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	197	18	%
SSDI	130	12	%
Social Security	12	1	%
General Public Assistance	148	13	%
TANF	251	23	%
SCHIP	0	0	%
Veterans Benefits	8	1	%
Employment Income	228	21	%
Unemployment Benefits	7	1	%
Veterans Health Care	3	0	%
Medicaid	379	34	%
Food Stamps	522	47	%
Other (Please specify below)	254	23	%
State Child Support Payment; Women, Infants, Children (WIC)			
No Financial Resources	308	28	%

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been 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 Energy Star initiative go to: http://www.energystar.gov

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

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	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 conducts annual site visits to monitor project applicants. This site visit includes a review of files and the APR. 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 dates were as follows: 10/28/08; 12/15/08; 1/15/09; 2/25/09; 04/13/09; 07/8/09; 09/16/09. Trainings were held on the following dates and topics, with sttrong attendance: 12/10/08 (SOAR)14 attendees; 2/25/09 (Veteran Services) 17 attendees; 7/29/09 (Domestic Violence) 20 attendees; 8/26/09 (Rental Assistance- RAC+, S+C, BRAP) 10 attendees; 9/16/09 (Public Housing and housing for people with AIDS) 11 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

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).

12/10/08. This was a joint training provided by a City of Portland staffperson who helps people apply for SSI/SSDI, and the Public Affairs Specialist for the Portland office of the Social Security Administration. The training was attended by 14 members of the Portland CoC.

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.	

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

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

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

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

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

***1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?** **A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.**	Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? **(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.**	Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?	No
***5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?** **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	No
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	Yes

Part A - Page 2

***7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?**	
***8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?** **Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)**	No
***9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.** **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
***10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?**	Yes
***11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?**	Yes
***12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)**	Yes
The Planning Board and City Council are currently considering a number of revisions to the B-2, B-2b and B-2c zoning text. The most significant change is to increase the residential density of B-2b and B-2 zones in on-peninsula locations. A parking standard of one parking space per dwelling unit has been established for all B-2 zones. In 2003 Portland adopted new provisions in the R6 residential zone to allow development of undersized lots, reduce parking requirements, and allow higher residential density. Also, a new ordinance required developers that destroy or displace existing housing as part of a development proposal to replace lost units or pay in-lieu fees to a city housing fund. In 2004 Portland adopted new zoning provisions allowing certain non-conforming duplex and multi-family units, and changed R3 lot width and lot coverage which allowed additional density and made nonconforming lots available for development. In 2005 changes to R1, R2, & R3 residential accessory dwelling unit provisions allowed for creation of accessory or "in-law" units. In 2006 a new B6 zone created mixed use zoning with higher residential density limits than the zone it replaced.	
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	Yes

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***14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?** **(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)**	No
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?** **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	No
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	No
***17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?**	No
***18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?**	Yes
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	No
***20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?**	Yes

Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
City of Portland ...	2009-11-10 13:39:...	1 Year	Maine State Housi...	27,969	Renewal Project	SHP	HMIS	F
Maine 11-09	2009-11-12 09:32:...	1 Year	State of Maine, D...	191,400	Renewal Project	S+C	TRA	U
Portland Collabor...	2009-11-10 16:42:...	1 Year	City of Portland	158,125	Renewal Project	SHP	SSO	F
Employment Assist...	2009-10-20 13:31:...	1 Year	City of Portland	70,016	Renewal Project	SHP	SSO	F
Maine 9-09	2009-10-13 12:05:...	1 Year	State of Maine, D...	232,164	Renewal Project	S+C	TRA	U
22 Park Avenue	2009-11-13 12:45:...	1 Year	Youth Alternative ...	126,936	Renewal Project	SHP	TH	F
Logan Place	2009-10-23 13:01:...	1 Year	Avesta Housing De...	304,266	Renewal Project	SHP	PH	F
StepUP!	2009-10-21 16:45:...	1 Year	MAPS/StepUP!	71,355	Renewal Project	SHP	TH	F
Morrison Place (f...	2009-11-12 12:37:...	1 Year	Youth Alternative ...	82,356	Renewal Project	SHP	TH	F
City 09	2009-10-13 10:33:...	1 Year	State of Maine, D...	1,175,640	Renewal Project	S+C	TRA	U
Portland 7	2009-11-12 09:16:...	5 Years	State of Maine, D...	96,480	New Project	S+C	TRA	P1
Job Training Fund	2009-10-19 08:40:...	1 Year	City of Portland	15,443	Renewal Project	SHP	SSO	F
MaineStay	2009-10-24 12:10:...	1 Year	Youth Alternative ...	307,099	Renewal Project	SHP	TH	F

C13-09	2009-10-13 10:25:...	1 Year	State of Maine, D...	194,160	Renewal Project	S+C	TRA	U
Bell Street Trans...	2009-10-27 14:07:...	1 Year	LearningWorks	70,652	Renewal Project	SHP	TH	F

Budget Summary

FPRN	$1,234,217
Permanent Housing Bonus	$96,480
SPC Renewal	$1,793,364
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Me-502 Certificat...	10/20/2009

Attachment Details

Document Description: Me-502 Certificates of Consistency with the Consolidated Plan 2009