

**Maine's Plan
to
End & Prevent Homelessness**

March 11, 2008

Amended November 8, 2011

Introduction

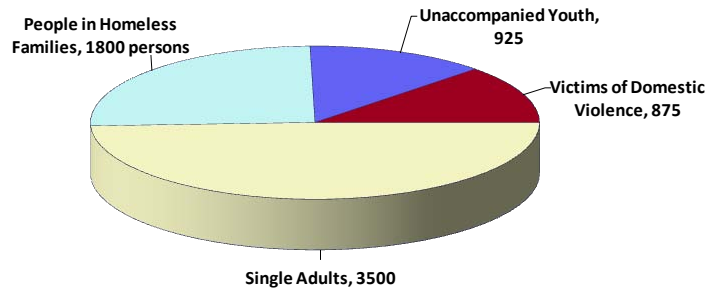
This plan is a work in process designed to continually involve everyone working to end homelessness in Maine. It was created by a diverse group of stakeholders from the Statewide Homeless Council and the three Regional Homeless Councils.

The plan is created as a living document that provides a blueprint for meeting the needs of all populations over the years as we collectively take action steps to end and prevent homelessness. Everyone involved in serving people who are homeless, including those formerly homeless, will be called upon to assess accomplishments, design and amend strategies, and continue to hone the focus of this plan.

The number of people who are homeless in Maine is a moving target. This plan will be in effect until that number reaches zero.

About 7,100 persons of all ages are served each year by emergency homeless shelters. There are many ways to frame the issues. As a strategy to address the unique needs of different populations, the Statewide Homeless Council has delineated five groups of people experiencing homelessness. Goals and strategies for addressing the needs of each of the following groups make up the plan.

- **Single Adults experiencing chronic homelessness**
- **Single Adults experiencing circumstantial homelessness**
- **Families experiencing homelessness**
- **Victims of domestic violence experiencing homelessness**
- **Unaccompanied Youth (ages 12-23) experiencing homelessness**



Along the way to the end goal of permanent housing with an adequate support network, there is a continuum of care involving emergency shelter, outreach, support services to address issues and needs underlying homelessness, transitional and permanent supportive housing when appropriate, and permanent housing that is affordable.

This plan is a statewide effort. Homeless service providers and stakeholders, united and working through each Regional Homeless Council and the Statewide Homeless Council, have committed to work diligently to improve and implement this plan until homelessness is ended in Maine. Every stakeholder is encouraged to provide ongoing ideas and input. The most effective way to provide this input is through the Regional Homeless Councils or by contacting any member of the Statewide Homeless Council.

Homelessness in Maine – The numbers and some estimates of underlying causes

Causes of Homelessness indicated by the data:

- Chronically homeless – Mental illness and substance abuse
- Circumstantially homeless families and individuals – Poverty, substance abuse, and mental illness
- Victims of domestic violence – Consequential poverty, substance abuse, and mental illness
- Youth – Substance abuse along with mental health issues and sexual identity issues

Causal Factors (estimates) →

<u>Population</u>	<u>Number</u>	<u>Primary presentation</u>	<u>Secondary presentation</u>	<u>Tertiary presentation</u>
Single Adults: Chronic	700	Mental Illness: 50%	Substance Abuse: 40%	Dually Diagnosed: 35%
Single Adults: Circumstantial	2800	Poverty: 80%	Substance Abuse: 30%	Mental Illness: 25%
Families	1800 (550-750 households)	Poverty: 90%	Substance Abuse: 10%	Mental Illness: 10%
Domestic Violence	875	(Domestic Violence) Consequential Poverty 90%	Substance Abuse: 25%	Mental Illness: 25%
Unaccompanied Youth	925	Substance Abuse: 40%	Mental Health issues: 25%	Sexual Identity issues: 25%

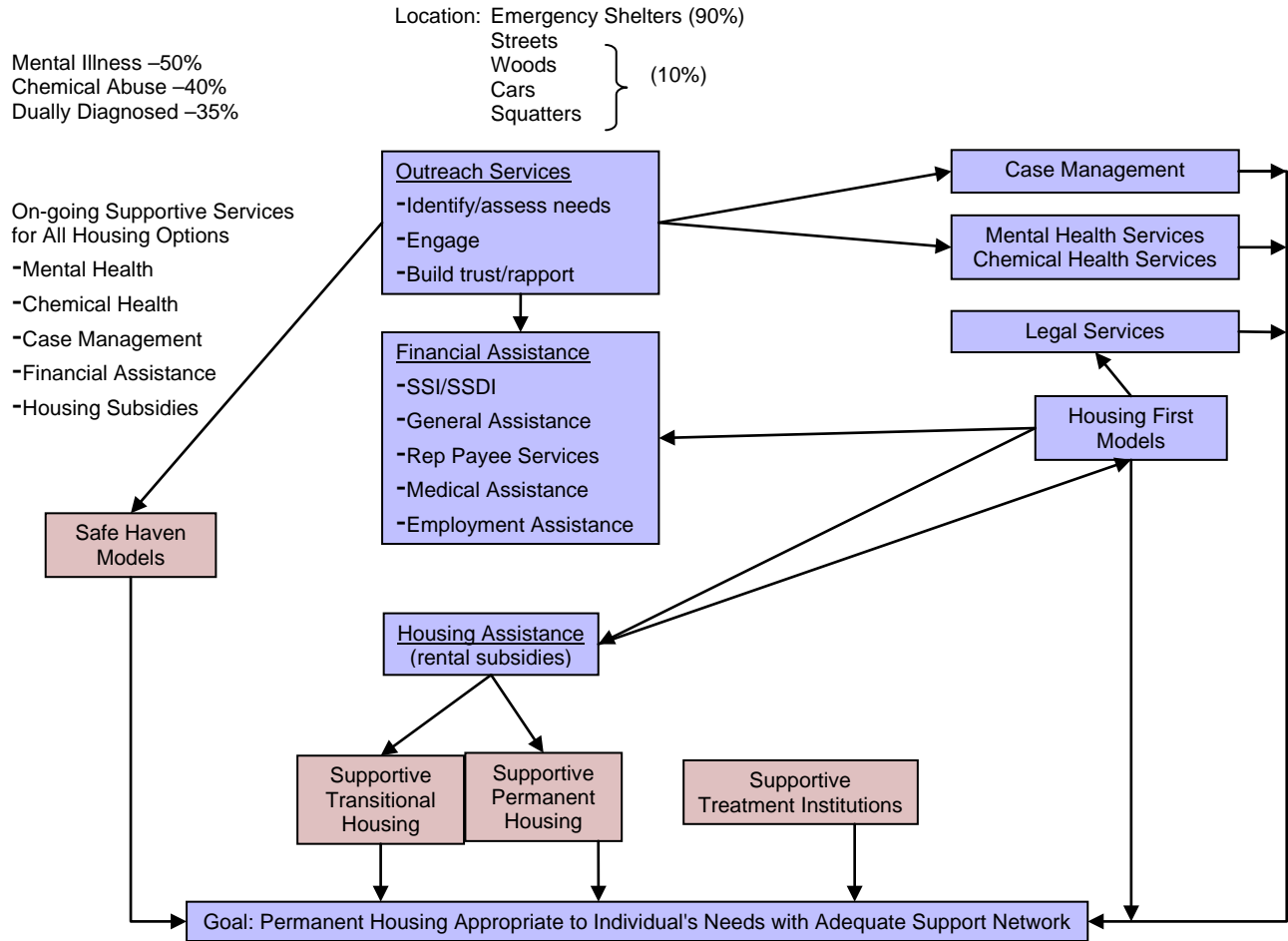
Total number of people experiencing homelessness in Maine each year: 7100

Common Goal:
**Permanent housing appropriate to individual or family needs
 with an adequate support network**

Visual Overview of the Plan

Single Adults Experiencing Homelessness – Chronic (700 Individuals Per Year)

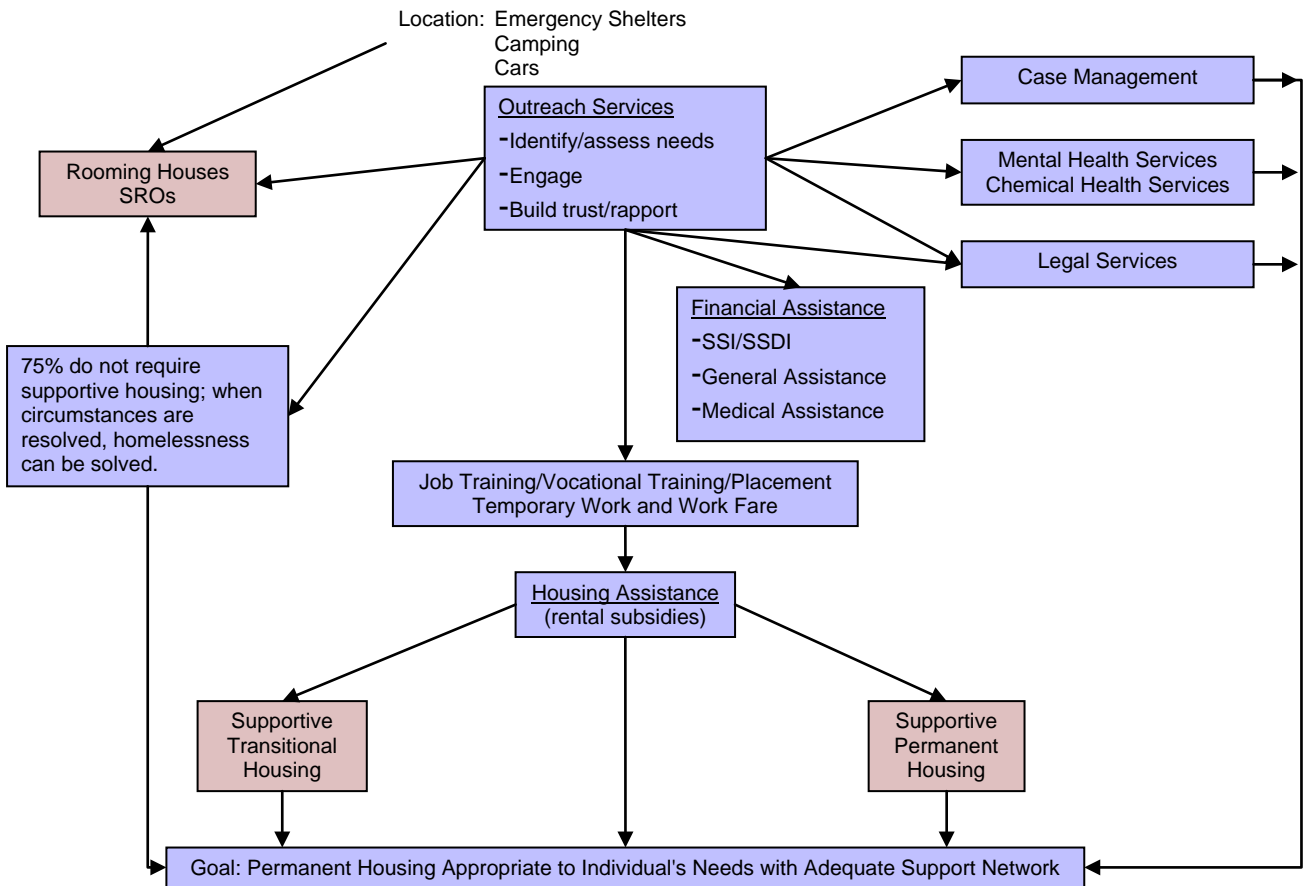
Chronically Homeless – (Unaccompanied individual with disabling condition who has been continually homeless for a year or more, or has had at least four episodes of homelessness in the past three years.)



Visual Overview of the Plan

Single Adults Experiencing Homelessness – Circumstantial (2800 Individuals Per Year)

Circumstantial Homelessness – Usually temporary, often caused by poverty, mental health or substance abuse issues, a medical crisis, or incarceration.



Visual Overview of the Plan

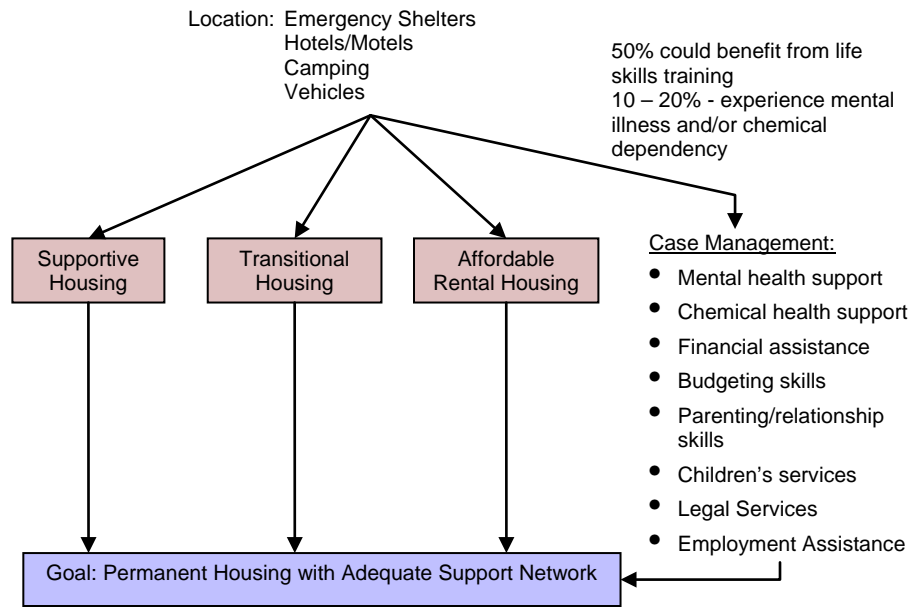
Families Experiencing Homelessness (550 – 750 Households Per Year)

Subsets:

- 2nd Immigrant Refugees (language barriers, cultural differences, large-sized families)
- Rural Families (isolated, not part of shelter system, substandard living/squatting conditions, invisible, self reliance, distrust)

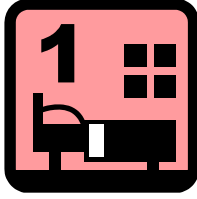
Underlying Issues:

- Poverty
- Poor rental histories
- Various levels of dysfunction
- Mental health issues
- Chemical dependency
- Criminal histories
- Skill Voids
- Lack of employment



Housing Subsidies Necessary For Transition from Shelters to All Kinds of Housing

Single Adults and Families



Goal I: Emergency shelters and outreach programs will provide safety and engagement/support that allows rapid re-housing with adequate support for success.

Strategies and Action Steps:

A. Ensure that case management and support services are quickly and adequately in place to provide support for clinical and non-clinical needs.

- Each shelter will provide the Statewide Homeless Council with a description of how case management and support services are in place, or a description of what is needed in order to ensure that services are in place.
- All publicly funded homeless service providers that enter data in the Homeless Management Information System (HMIS) will track linkages to mainstream resources, income, and referrals to the Maine Department of Education homeless liaisons. Reports on these performance measures will be submitted to the Continuums of Care (CoC), Regional Homeless Councils (RHC), and SHC on a quarterly basis to track outcomes.
- Each shelter will educate the appropriate Regional Homeless Council members about how it provides case management and support services, including an assessment of what works well and what doesn't work as well as the shelter would like. A review of RHC minutes will demonstrate that this occurred on an annual basis.
- Take all steps possible to protect the continued availability of Targeted Case Management services currently allowed in Section 13 of the MaineCare rules.
- Each Homelessness Prevention and Rapid Re-Housing Program (HPRP) sub-grantee will educate the appropriate RHC about how it provides case management and support services as well as community linkages. A review of the RHC minutes will demonstrate that this has occurred by all sub-grantees on an annual basis.

B. Determine there is an adequate network of emergency shelters

meeting needs appropriate to geographic locations, and that shelters work as an integrated system so no individual goes without a place to stay in an emergency, and that no one is sent from location to location without assurance of a placement.

- Each Regional Homeless Council will create a resource that shows physical locations of all emergency shelters and services provided, indicating the interconnections between shelters and proactive referral strategies, and describing emergency overflow plans.
- Create an electronic vacancy list of shelter beds that is kept updated through HMIS, and made available to all shelters and CoC providers. Require all publicly funded shelters to participate by 1-1-2012.

C. Ensure shelter staff members and other homeless service providers have knowledge of addiction and mental illness disorders, acquired brain injury, and the dynamics of domestic violence and sexual assault, including the skills necessary to either make appropriate referrals or to provide services.

- The Statewide Homeless Council will gather training materials, best practices and other resources, and use these resources to develop and deliver statewide or regional trainings for shelter best practices.
- Best practice workshops on the topics will be available at an annual Ending and Preventing Homelessness Conference that will have two tracks – one on Housing and one on Services.

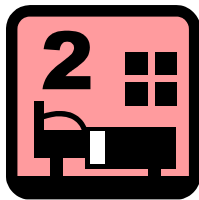
D. Ensure shelter staff members are skilled at engaging clients and in providing support for finding housing, securing rental subsidies and security deposits, and networking with General Assistance, social services, employment services, etc. to assure rapid re-housing and support for stability and success in housing.

- The Statewide Homeless Council will gather training materials, best practices and other resources, and use these resources to develop and deliver statewide or regional trainings for shelter best practices.

Single Adults and Families

- Best practice workshops on the topics will be available at an annual Ending and Preventing Homelessness Conference that will have two tracks – one on Housing and one on Services.

E. Join with other advocacy groups (such as Maine Equal Justice Partners, Maine Council of Churches, Pine Tree Legal Association, Maine Welfare Directors, etc.) to protect the continued availability of General Assistance and work toward its uniform administration statewide.



Goal II: Ensure an adequate supply of appropriate housing and rental subsidies to allow rapid re-housing and stability.

stability.

Strategies and Action Steps

A. Educate Maine Congressional Delegation about the critical need for housing subsidy and for affordable and supportive housing development, and encourage them to support all legislation seeking to increase the supply of subsidy and its availability for project basing.

- The SHC will meet regularly with all members of the Congressional delegation to provide education and advocacy about the needs of people experiencing homelessness. (on-going)
- The SHC will provide regular updates to the RHCs and CoCs regarding issues, legislation, and call to action opportunities with the Congressional Delegation.
- The RHCs and CoCs will interact frequently with all members of the Congressional Delegation.
- The SHC will coordinate all activities with other groups as appropriate, including those by the Maine Affordable Housing Coalition, the Maine Coalition for Housing and Quality Services, Maine People's Alliance, the National Alliance to End Homelessness, the Corporation for Supportive Housing, and others located in Appendix B, "Collaborative Partners."

B. Educate members of the Maine State Legislature about the importance of a major bond issue for affordable/supportive housing development and full reinstatement of the Maine Housing share of the Real Estate Transfer Tax (StateHOME funds).

- The SHC will meet regularly with Legislative leadership to provide education and advocacy about the affordable housing and rental subsidy needs of people experiencing homelessness.
- The SHC will provide regular updates to the RHCs and CoCs regarding issues, legislation, and call to action opportunities with the Maine State Legislature.
- The RHCs and CoCs will interact frequently with the Maine State Legislature.
- The SHC will coordinate all activities with other groups as appropriate, including the Maine Affordable Housing Coalition, the Maine Coalition for Housing and Quality Services, Maine People's Alliance, and others listed in Appendix B, "Collaborative Partners."

C. Educate local policy makers to include exemptions that will facilitate the development of supportive housing, i.e. zoning requirements for parking spaces for people unlikely to drive, density requirements, etc.

- The SHC will develop a white paper outlining the steps local policy makers can take to end and prevent homelessness, and seek to present information about the paper in a workshop at the annual Maine Municipal Association Convention (Spring 2012), as well as making it available for other interested parties.

D. Increase public awareness relative to what can be done to end and prevent homelessness.

- The SHC will ensure that, at least quarterly, there is some significant media coverage that educates the public about homelessness.
- Homeless service providers will offer information and education about homelessness to a variety of community groups.

Single Adults and Families

E. Advocate that MaineHousing devote adequate development capital and project-based rental subsidies to ensure rapid development of supportive housing units each year.

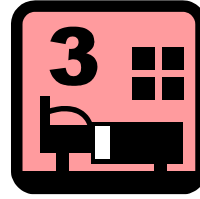
- Use data collected annually by CoCs to determine the number of supportive housing units that need to be developed in order to meet the need of families, individuals and youth experiencing homelessness.

F. Ensure that the Department of Health & Human Services devotes the resources necessary to provide services in supportive housing.

- Poll homeless service providers and supportive housing residents to determine that appropriate support services are being provided in current supportive housing units.
- Based on data from the HMIS and other sources, determine the resources needed to provide services in supportive housing already in operation and housing to be developed by MaineHousing each year, and then work with DHHS and the Legislature to ensure these services are and remain available.

G. Ensure that all available resources are maximized or utilized to their full potential.

- Ensure that existing supportive housing projects have the resources necessary to remain in service.
- Request that when MaineHousing allocates flexible resources to homeless supportive housing development, that any remaining portion of the allocation is used for activities outlined in this Plan.
- Request that CoCs maximize and utilize McKinney-Vento development capital funds to the full potential in order to match any leveraged funds.



Goal III: Ensure that physical health, mental health, and chemical health needs are met to allow long-term stability and success.

Strategies and Action Steps:

A. Ensure that people who are homeless are adequately assessed and treated/supported for physical, mental and chemical health, and that any symptoms of health issues are removed as barriers to successful permanent housing.

- The DHHS Office of Adult Mental Health will provide consistent leadership to each of the RHCs.
- MaineHousing will develop opportunities with new resources for one or more pilot projects to evaluate the impact of strong linkages between homeless service providers and Federally Qualified Health Centers in order to ensure that health services are delivered to homeless populations.
- DHHS will develop regional strategies for dealing with people experiencing homelessness prior to discharge from hospitals and crisis stabilization units, using the Discharge Planning Guidelines previously adopted by the SHC and approved by DHHS.

B. Engage all DHHS offices in serving people who are homeless from emergency through stability.

- The DHHS Office of Adult Mental Health will meet quarterly, or as needed, with representatives from the SHC and RHCs to learn about the service needs of homeless populations and to develop strategies for meeting these needs.
- The SHC will make itself available to provide in-serving training on homelessness through the DHHS Staff Education and Training Unit. This training will explain the unique characteristics of people who are homeless, describe the service delivery system that is in place, outline barriers to gaining quick and efficient access to services, and suggest strategies designed to better accommodate the needs of persons who are homeless.

Single Adults and Families

- Ensure that clinicians and/or clinical teams are working with the shelters that have the highest percentage of adults experiencing serious and persistent mental illness, and that DHHS staff is connecting with people experiencing homelessness all along the continuum of care from shelter to stability.
- The SHC will work with DHHS to assess the adequacy of existing statutes and practices related to guardianship and acquired brain injury with the goal of ensuring all people who experience homelessness and who have acquired brain injury, or who require guardianship, achieve stability.

C. Ensure that an adequate continuum exists for an individual to achieve detoxification, move through halfway or other transitional housing, and into permanent housing without losing sobriety or sober placement options (i.e. the person does not need to return to a shelter serving individuals who are using substances). Ensure that an adequate continuum exists for full family support when there is a chemical health issue.

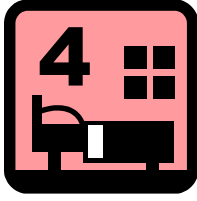
- DHHS will provide for adequate staff experienced in the treatment of chemical dependency and chemical abuse to connect with people experiencing homelessness.
- MaineHousing will partner with the Office of Substance Abuse to create a rental subsidy that will support housing for this population.
- The SHC will challenge the Office of Substance Abuse to increase the supply of detoxification and halfway house placement options until it is commensurate with need.
- The SHC will challenge DHHS to find a way to serve this population when they lack health insurance.
- The SHC will challenge MaineHousing and the CoCs to create transitional or permanent supportive housing for this population until it is commensurate with need across the entire state.
- The SHC will ensure that each part of the continuum is adequate for families as well as individuals

D. Ensure that the strategic plans of all appropriate state agencies include clear goals and strategies directed toward ending and preventing

homelessness, and that these strategies are in sync with this plan.

- The SHC will review copies of strategic plans from the Department of Corrections, the Department of Education, the Department of Health and Human Services, the Department of Public Safety, the Department of Labor, and Togus Veterans Administration Medical Center, and provide suggestions for goals and strategies related to homelessness.

Single Adults and Families



Goal IV: Ensure that issues underlying homelessness are addressed and that linkage to an effective, on-going support system is securely in place.

Strategies and Action Steps

A. Entire continuum of care from shelter to stability will treat people with dignity and respect, and promote healthy self esteem and confidence, based on the assumption that given appropriate support, people will strive to achieve stability (wellness or strength-based model).

- The SHC and/or RHCs will sponsor an annual one-day workshop for sharing best practices for customer service and effectively engaging populations experiencing homelessness.

B. Ensure that services such as case management that are provided by shelter staff or by others in the community are adequately available to promote stable housing placements and permanence beyond shelter.

- Each shelter will provide a description to the SHC that outlines how case management or support services are provided, and how these services will support a person from emergency shelter through successful transition into stability in the community.
- The SHC will work with DHHS and MaineHousing to see that funding for services and housing is designed to ensure appropriate service provision from entry into shelter to stability in the community.

C. Ensure an array of wraparound services is in place to prevent recidivism and promote stability. Examples of wraparound services include employment search, budgeting/money management skills training, representative payee services,

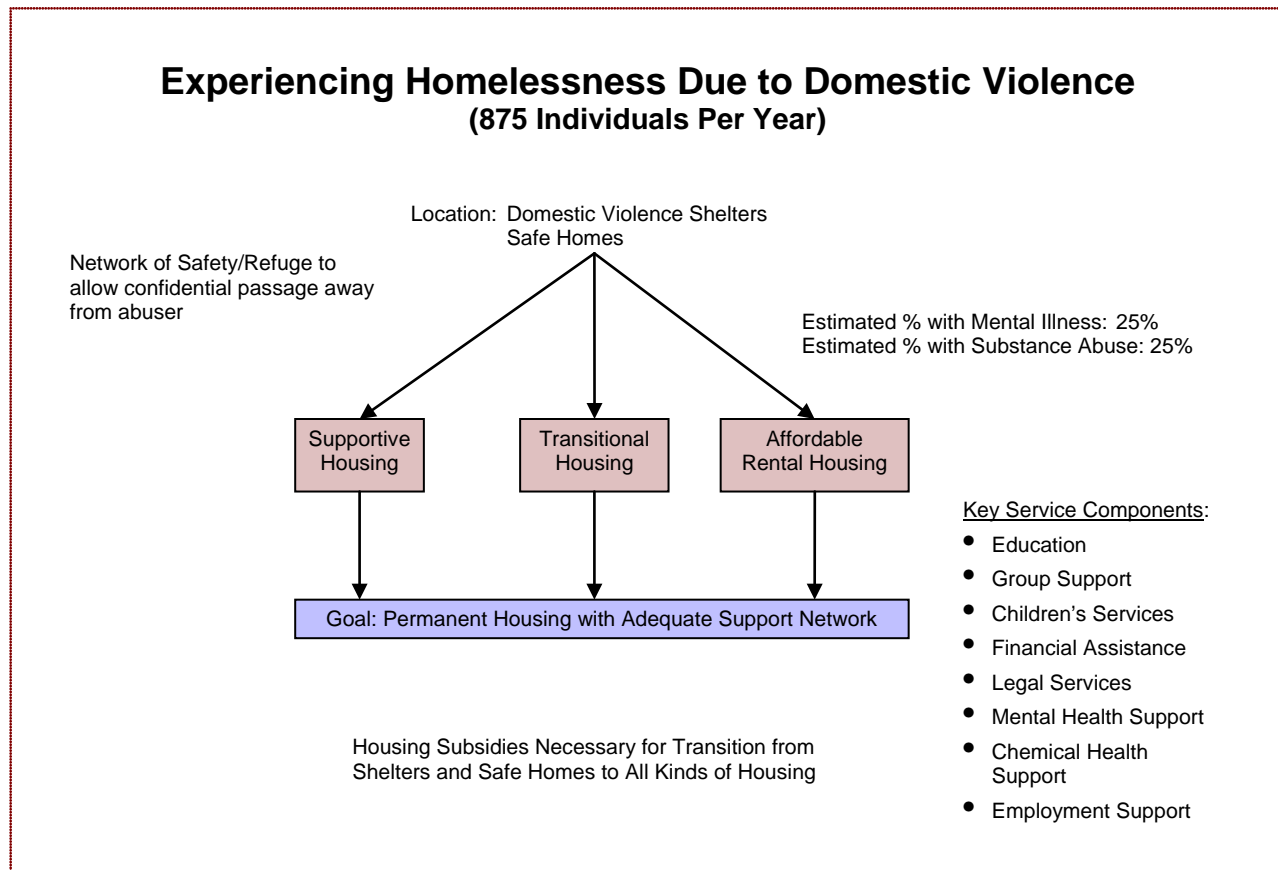
access to social security disability, and transportation.

- The SHC will ask DHHS to provide annual education to each RHC relative to wraparound services available through DHHS, including specific information about which populations are eligible for these services.
- The Statewide and Regional Homeless Councils will provide information to DHHS about the necessity for representative payee services and how these services can prevent and end homelessness, and will seek funding for such services.

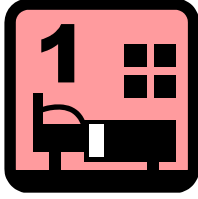
D. Engage traditionally non-homeless service providers to provide comprehensive homeless prevention and stability-promoting services in the community.

- The SHC will develop a broad list of traditionally non-homeless service providers who could be mobilized to promote prevention and stability around homelessness.
- The SHC will encourage HPRP providers that were traditionally non-homeless service providers to continue the essence of this effort and to continue their collaboration.

Visual Overview of the Plan



Domestic Violence Victims Experiencing Homelessness

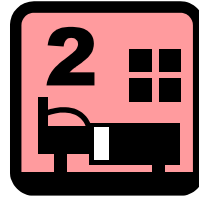


Goal I: Ensure that there is a network of safety/refuge to allow confidential passage away from the abuser,

and engagement and support to allow rapid re-housing with adequate support for success.

Strategies and Action Steps:

- A. Determine there is an adequate network of emergency shelters and safe homes meeting needs appropriate to geographic locations, and that shelters work as an integrated system so no family or individual goes without a safe place to stay in an emergency.
- B. Ensure shelter staff members are skilled at engagement, housing location, subsidy, security deposits, networking with General Assistance, social services, employment services, etc. to assure rapid re-housing and support for stability and success in housing.
- C. Ensure shelter staff members have skills and knowledge of addiction, mental illness disorders, and acquired brain injury.
- D. Ensure that support services are quickly and adequately in place.



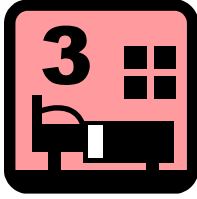
Goal II: Ensure an adequate supply of appropriate housing rental subsidies and relocation resources

to allow rapid re-housing and stability.

Strategies:

- A. Educate Maine Congressional Delegation about the critical need for housing subsidy and for affordable and supportive housing development, and encourage them to support all legislation seeking to increase the supply of subsidy and its availability for project basing.
- B. Educate the Maine State Legislature about the importance of a major bond issue for affordable/supportive housing development and full reinstatement of the MaineHousing share of the Real Estate Transfer Tax (State HOME Funds).
- C. Educate local policy makers to include exemptions that will facilitate the development of supportive housing, i.e. zoning requirements for parking spaces for people unlikely to drive, density requirements, etc.
- D. Ensure that MaineHousing devotes adequate development capital and project-based rental subsidies to ensure rapid development of and access to affordable rental and supportive housing.
- E. Ensure that the Department of Health and Human Services devotes the resources necessary to provide services in supportive housing for victims of domestic violence experiencing homelessness.

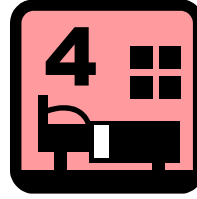
Domestic Violence Victims Experiencing Homelessness



Goal III: Ensure that homeless DV victims' needs are met to allow long-term safety, stability and success.

Strategies:

- A. Ensure that people who are homeless because of domestic violence are adequately supported around physical health, mental health, and chemical health, and that these health issues are removed as barriers to successful permanent housing.
- B. Engage all state departments and offices (such as public safety, the judiciary, public health, mental health, substance abuse, etc.) in effectively responding to homeless victims of domestic violence from emergency through safety and stability.
- C. Ensure that all the strategic plans or all appropriate state agencies include clear goals and strategies directed toward ending and preventing homelessness for victims of domestic violence and that these strategies are in sync with this plan.
- D. Ensure that MaineHousing supports Maine Coalition to End Domestic Violence (MCEDV) strategic plans to increase safety for victims.



Goal IV: Ensure that issues underlying homelessness caused by domestic violence are addressed and that linkage to an effective, on-going system of safety planning and support services is securely in place.

Strategies:

- A. Entire continuum of care from shelter to stability will treat people with dignity and respect, and promote healthy self esteem and confidence, based on the assumption that given appropriate support, people will strive to achieve stability (wellness or strength-based model).
- B. Ensure that adequate safety planning and support services are available to ensure stable housing placements and permanence beyond shelter.
- C. Engage other homeless and traditionally non-homeless service providers in a coordinated community response to domestic violence that effectively increases safety for homeless victims.

Visual Overview of the Plan

Unaccompanied Youth Experiencing Homelessness (925 Individuals Per Year)

Location: Emergency Shelters
Living on Streets

DHHS Is Critical to Solving Youth Homelessness and Establishing Effective Public Policies

Subsets:

- Teen Parents
- GLBT Youth
- Pre-Morbid for Mental Illness/Substance Abuse
- Involved with Criminal Justice System
- Gang-involved Youth

Supportive Transitional Housing

Bridge Programs

Family Reunification

Key Service Components

- Mobile crisis outreach
- Family outreach to prevent out of home placements
- Case Management
- Mental health support
- Substance abuse support
- Sexual identity support
- Physical/sexual abuse treatment/recovery
- Independent living skills
- Financial assistance

- Time Out/Brief
- Leads to Family Reunification or Foster Care Placement

Goal: Family Reunification with Support Services, whenever possible
Supportive Transitional Housing, when necessary

Unaccompanied Youth Experiencing Homelessness

Ages 12 through 23

This plan targets youth who are not at home with parents or guardians, many of whom cannot return to a stable family living situation. The choice of a broad age range reflects a recognition that there are both younger teens less than 18 who may be eligible for DHHS Children's Services and those that are older who are served by DHHS Adult Services if eligible for any state services.

The broad age space of 12 to 24 is intentional so that the plan can be all encompassing. This includes young adolescents, older adolescents, and young adults. Each of the groups within this span have different needs, and accordingly, services should be tailored to each group based upon their developmental stages and age.

This decision to broaden the age of youth beyond 21 to 24 reflects current thinking in the field about the importance of recognizing the increasing difficulty of transitioning to adulthood for these youth and the fact that many youth in their early 20's are often best served by a youth development model. Strategies will need to be developed to best serve these young adults.

The plan acknowledges that many youth will have a life-long connection to their natural families and the importance of family within

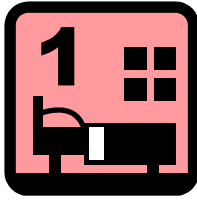
the context of their homelessness. Whenever possible, family reunification will be explored as one of the first options to resolve a youth's homeless situation. The options of family reunification, housing support, and independent living are all needed for all youth. For many homeless youth, working on developing the supports and skills needed to live as independent adults is the most common goal.

The plan supports the important principle that the State maintains responsibility for all younger adolescents who are out of the home, while at the same time recognizing that programs designed specifically for the homeless segment of this population are necessary. Maine Departments of Health and Human Services, Corrections, and Education need fiscal and service delivery plans that meet the needs of homeless youth with emphasis on the role of DHHS in protecting the safety of adolescents under 18.

The Maine Runaway and Homeless Youth Act created a clear plan for services that meet the needs of all youth experiencing homelessness and to encourage all state agencies to participate in developing a meaningful plan to meet these needs.

Unaccompanied Youth Experiencing Homelessness

Ages 12 through 23



GOAL I:
Unaccompanied youth will be assured of services from emergency through stability. These can include, but are not limited to, a lasting connection to loving families, caring adults, and supportive peers; a safe place to live; and the youth's possession of skills and resources necessary for a life of physical and mental well being, continuous asset building and dignity.

Strategies and Action Steps:

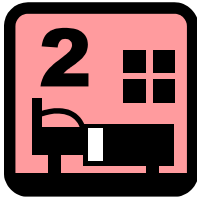
- A. Determine there is an adequate statewide continuum of services, including family reunification, emergency shelters, street outreach, transitional living, foster care placements, group care, and permanent housing.**
- Continue to work on developing accurate data about the number of runaway and homeless youth in Maine.
 - Review and change, as needed, DHHS placement policies to meet the needs of youth who are homeless based on status and need.
 - Develop emergency placement system for youth existing criminal justice, child welfare, mental health placements or living situations.
 - Explore adding host homes to RHYA as a model for providing emergency shelter in rural areas.
 - Ensure adequate funding for youth programs through the Maine RHYA.
- B. Ensure staff members are skilled at positive youth development, best practices for working with unaccompanied youth, and possess cultural competency for working with a diverse population.**
- Homeless youth service providers will develop plans for sharing expertise and

developing a statewide training strategy through local, regional, and national training options.

- C. Ensure that youth are supported in meeting their developmental needs through connection and reconnection with their families, development of a natural support network, and/or are adequately taught independent living skills necessary for success and stability in the community.**
- D. Determine that DHHS licensing regulations meet the needs of all the youth populations being served by DHHS.**
- E. Provide a continuum of age appropriate services to youth that address their distinct developmental needs and that keep youth of all ages appropriately housed.**
- F. Ensure that state agencies provide services that meet state and federal mandates for youth based on need, regardless of budgetary restrictions.**
- G. Create a more consistent process for communication and involvement of youth service providers in statewide planning.**

Unaccompanied Youth Experiencing Homelessness

Ages 12 through 23

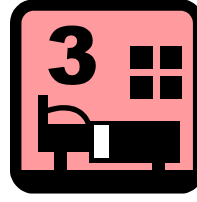


GOAL II: Ensure there is safe and appropriate housing and rental subsidies for families and youth

to allow rapid re-housing and stability into adulthood.

Strategies and Action Steps:

- A. Educate Maine Congressional delegation about the critical need for housing subsidy and for affordable and supportive housing development, and encourage them to support all legislation seeking to increase the supply of subsidy as well as its availability for project basing.
- B. Educate Maine Congressional delegation about the need to support the reauthorization of the Runaway & Homeless Youth Act, and passing the Place to Call Home Act.
- C. Advocate that MaineHousing and all other Public Housing Authorities devote adequate development capital and project-based rental subsidies to ensure rapid development of affordable rental and supportive housing units each year.
- D. Ensure that any state homeless youth legislation provides the resources necessary to provide supportive services for housing developed for unaccompanied youth.
- E. Create a system of complementary funding sources for affordable housing that does not jeopardize existing funding.
- F. Increase public awareness about youth homelessness and what can be done to prevent and end it.



GOAL III: Ensure that physical health, mental health, and chemical health needs are met to allow long-

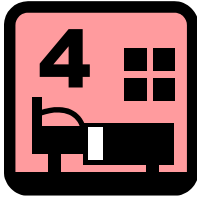
term stability and success.

Strategies and Action Steps:

- A. Ensure that unaccompanied youth are adequately assessed and treated/supported around physical health, mental health, and chemical health.
- B. Respond to the unique issues of a diverse youth population including, but not limited to, African Americans, Native Americans, pregnant and parenting youth, GLBTQ youth, and youth who have aged out of foster care.
- C. Engage appropriate state and local agencies to provide needed health and human services from emergency through stability for those youth under the age of 18 and those youth ages 18 through 23.
- D. Ensure that the strategic plans of all appropriate state agencies include clear goals and strategies directed toward ending and preventing unaccompanied youth homelessness, and that these strategies are in sync with this plan.

Unaccompanied Youth Experiencing Homelessness

Ages 12 through 23



GOAL IV: Ensure that issues underlying youth homelessness are addressed and that linkages to an effective, on-going support system are securely in place.

Strategies and Action Steps:

- A. Homeless Youth providers will coordinate with DHHS and other groups to improve the housing and support status of youth leaving foster care in Maine.**
 - A group from the youth provider group will reach out to DHHS, the Muskie Center, and other organizations working on foster care issues (2012).
- B. Schools, DHHS Social Service and Entitlement Programs will become better at identifying youth at risk for homelessness.**
 - The youth provider group will work with Statewide and local homeless coordinators from education and school districts to improve outreach and identification (2012).
- C. Prevention services for families at risk will be adequate to increase successful prevention of throwaways and runaways.**
- D. Substance abuse and mental health intervention for parents as well as children will be adequate to meet the needs of families at risk.**

Definitions

Homeless: A person is considered homeless who lacks a fixed, regular, and adequate nighttime residence; **and** whose primary nighttime residence is a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); an institution that provides a temporary residence for individuals intended to be institutionalized; or a place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Chronic Homelessness is long-term or repeated homelessness accompanied by a disability. The federal government's definition of chronic homelessness includes unaccompanied homeless individuals with a

disabling condition (substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability) who have been homeless either continuously for one whole year, or four or more times in the past three years.

Region I – A geographic area comprised of Cumberland and York counties.

Region II – A geographic area comprised on Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset and Waldo counties.

Region III – A geographic area comprised on Penobscot, Piscataquis, Aroostook, Washington and Hancock counties.

Maine's Plan to End & Prevent Homelessness

Appendix A – Accomplishments

Single Adults and Families

Goal I: Emergency shelters and outreach programs will provide safety and engagement/support that allows rapid re-housing with adequate support for success.

- A. Ensure that case management and support services are quickly and adequately in place to provide support for clinical and non-clinical needs.**
 - Expand the availability of Targeted Case Management, as outlined in Section 13 of the MaineCare rules, to the entire state.
- H. Change the General Assistance statute so that every municipality must provide its 24-hour emergency number to 2-1-1 Maine.**

Goal III: Ensure that physical health, mental health, and chemical health needs are met to allow long-term stability and success.

- F. Amend state statute so that the DHHS Commissioner and the DOC Commissioner, or their designees, become voting members of the Statewide Homeless Council.**
- G. Amend state statute so that the Statewide Homeless Council is advisory to DHHS and DOC as well as the Governor, Legislature, and MaineHousing.**

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Appendix B – Collaborative Partners

Maine Affordable Housing Coalition

Maine Coalition for Housing and Quality Services

Maine People's Alliance

National Alliance to End Homelessness

Corporation for Supportive Housing

Maine Equal Justice Partners

Maine Council of Churches

Pine Tree Legal Association

Maine Welfare Directors

Homeless Voices for Justice