**Statewide Homeless Council**

**March 28, 2017**

**9:30 AM to 2:00 PM**

**Location: MaineHousing 353 Water Street Augusta Maine State Housing Authority**

**MaineHousing Conference Room, behind Reception Desk**

**SHC meets regularly the second Tuesday of each month**

**Attendees:** Cullen Ryan (CHOM), Donna Kelley (KBH), William Higgins (HVJ), Boyd Kronholm (BAHS), Jenny Stasio (FCS), Jon Bradley (Preble Street), Dave McClusky (CCM), Elizabeth Szatkowski (TOA), Josh D’Alessio (PCHC)

**Guests:** Cindy Namer (MaineHousing),Arwen Agee (VA), Ginny Dill (Shalom House), Melanie LaMore Gagnon (Safe Voices), Mike Merrill (VOA), Mary Beth Twomey (TOA), Mary Francis Bartlett (City of Augusta), Brian Bouthot (VOA), Dan Brennan (MaineHousing)

**Minutes:** Scott Tibbitts (MaineHousing)

**Minutes from the February 14,** **2017** meeting were reviewed and accepted as submitted.

**Policy Committee:** (please see Policy Committee notes, attached, for full details)

**Federal:** The attempt to ‘Repeal and Replace’ the Affordable Care Act did not go forward. The Administration will now try to do something about Tax Reform. The President’s proposed budget includes 13.2% overall cuts to HUD programs, including FedHOME, HCV, Public Housing and others. A Bill put forward by Senators Collins and Reed would eliminate the ‘sunset’ on funding for the Interagency Council on Homelessness.

**State**: There was a lot of testimony in opposition to the proposed cuts to TANF and other safety net programs at the hearing on the 21st and 22nd. There was some good news – State HOME is fully funded and the $2.5M for shelters is intact. BRAP was flat funded. And there is proposed Act to End Homelessness by Providing Support Services, specifically to support 30 new housing units in Portland. There is also an Emergency Bill regarding $15M for Senior Housing that was approved by the voters, as well as another for an additional $50 M for Senior Housing. Also several Bill related to hunger and food insecurity.

**CoC Updates:** MCOC has sent an Appeal Letter to HUD regarding inconsistencies in the NOFA scores. Voted to move forward with the Merger with PCOC. PCOC also voted to move forward with the Merger. PCOC has set up an Ad Hoc Committee to discuss Coordinated Entry in Portland, and they are still working to organize a Family Forum. The City Budget did not approve $51,000 of CDBG funding for City staff to continue to provide Housing Assistance and Placement as part of their LTS initiative. There is an effort to find other sources of funding to continue the work.

**Regional Homeless Council Updates:** Region 1 met in York County for the first time in a while and it went very well. They are discussing Re-entry and Discharge Planning with DOC. Region 2 reviewed their recent training on Subsidy Programs and ideas for future trainings. Region 3 has invited their 6 PHA’s to their May meeting to discuss inventories, availability, and prioritization. They are also preparing to expand the Coordinated Entry Pilot to Penobscot County soon, then to all of Region 3.

**Long Term Stayers Updates:** Numbers continue to decrease. In Portland, their 1st list is down from 70 to just 4 people; their second list is down from 72 to 17; their 3rd list from 34 to 10, and their 4th list, which they just started, from 30 to 28 already. Many of the “Long Term Stayers” on this new list have been homeless less than 6 months. Bangor is moving toward a LTS approach more like Portland’s now, especially in regard to those who are not utilizing shelters. They are creating new connections with local law enforcement, hospitals, and other agencies. The Bangor # has gone up by 3 due to some LTS’s who had STEP vouchers not being able to maintain housing once their time in the program ended.

**DHHS Updates:** Still no PATH Contract in place – it is at the Governor’s Office. Subcontracts cannot be finalized until the primary contract with KBH is in place, but the existing provider agencies have so far continued to provide services. Data Sharing Agreements are in place.

It seems increasingly difficult to get any sort of response from DHHS lately. Preble Street is trying to put together a SAMHSA Grant but they need DHHS input and not have not heard anything back, and DHHS is not even attending SHC consistently. This has been a problem off and on for years. Do we need to set up a smaller, shorter, regular meeting with DHHS in order for providers to have access? Or is there a better way for groups or provider to contact them? Some DHHS staff do attend some Regional meetings, but they not be the best conduit for policy related information.

**MaineHousing Updates:** Cindy provided a handout of 2016 Annual HMIS Emergency Shelter Data (attached).

-Numbers are down, overall, with two notable exceptions. Chronically Homeless Families have gone up, and the number of Long Term Stayers at BOL has gone up, but that is due to their Veteran’s only facility have several clients with extended stays – they are not designed to operate like a typical emergency shelter.

-Some members questioned why the numbers in Portland seemed so small – there are more than 80 people on the waitlist for Preble Street’s new housing program. They might not all be counted as LTS’s, but many would.

-This report is based on Shelter data in HMIS so if their data is not being entered, for whatever reason, they would not show up in this report. If there are other sources of data that need to be considered, that needs to be brought to SHC.

-We’ve done a great job reducing the number of LTS’s, but we need to be careful not to overstate our success. It makes it appear the problem has been solved and people don’t need to worry about it anymore, but we still have work to do.

-We also need to be clear about exactly what such numbers mean and we need to put them in context.

-In regard to the Statewide figures, the report shows 20% of the homeless population is in Somerset County, and only 7% is in York County? The numbers in York have not changed much, but there are now two very large shelters in Somerset County. They do not participate in SHC or CoC meetings, so they are off the radar, but they provided data.

-The Veteran numbers seem to have gone up significantly. When the veteran questions changed in HMIS, the reports were not pulling the numbers in the same way. The % of the decrease is accurate, but the overall total is larger than what we have been looking at, and really has been larger all along since this change, but is decreasing.

[More MaineHousing Updates appear later in these minutes.]

**The Maine Plan To End Veteran Homeless:** Adria was not able to attend today but did send along some information. She met with the Governor and he was very supportive. He even agreed to an increase in her budget. He wants regular updates and wants to create a ‘Homeless Czar’. We will need more information about that.

**The Maine Plan To End and Prevent Homeless:** The revision committee has gone through the entire plan, consolidated the Goals and Steps sections, which eliminated about 6 pages of repetition, and they will bring a draft to the next SHC for review and comment.

**Press Release Topics:** In January SHC did a press release on the Point-in-Time Count. We should do another in April. In Portland right now the biggest issue is the opioid crisis and how it relates to homelessness. This is a growing issue in other parts of the state as well.

- PCHC data shows the number of women self reporting Substance Abuse as opioid use is now higher than alcohol, and men are now at 50/50.

-For older populations alcohol is still the biggest issue but shelters are seeing more and more young people with opioid addiction. Programs need to adapt to this change.

-The cost to hospitals and public health systems should also be looked at. What is the cost for treating an overdose victim? What about people who get infections from dirty needles – that’s up to six weeks of treatment, and if they are homeless, there is no place to discharge them to that can help ensure follow up.

-If they had MaineCare that might help, but if they are ‘Single Able Bodied Adults’ they cannot get it.

-59.6% of people who are homeless AND have a diagnosed substance use disorder have no insurance. Among the general homeless population that is only 50%.

-The article needs to be clear that the homeless provider network does not have the resources to solve this crisis, nor should they be the only or the primary entities responsible, but that is where the crisis is largely playing out. Housing is one part of the solution, but treatment is the key, and that is lacking even more than housing right now.

**Populations:**

**Veterans:** HUD VASH has issued 100% of their Maine vouchers, and continues to prioritize Chronically Homeless Veterans. The Cabin in the Woods project is moving forward again. New GDP applications are due next week – SHC support letters are ready to be signed!

-Preble Street sent an email to DC expressing concern about GDP and other veteran housing programs – there are about 10 Veterans on their Long Term Stayer list who have been through 2 or more housing programs that failed to become the long term solutions they were intended to be. They want to try a new approach and were surprised that the nation head of the VASH program responded.

-Phil Allen is now providing TA on Veteran Homelessness on a national level – it is not uncommon for communities to have a small group of CH veterans that are difficult to engage and house. We really something new for these folks.

**Age 55+:** Cullen read a list of Dates of Birth of homeless clients who have passed away in the last year. Many were in their 60’s or 50’s, some even in their 40’s. CHOM has been housing CH and LTS, many 55+, for many years and 7 have died in housing since 2013.

**Youth:** There is a Homeless Youth Forum and Strategic Planning Session May 12, 2017 at the Augusta Armory. A mass email went out with an RSVP – you must register!

-There is an new head of the McKinny-Vento School Liaison program in Maine: Gayle Erdhiem [gayle.erdheim@maine.gov](mailto:gayle.erdheim@maine.gov) .

-Muskie is doing work on Juvenile Corrections.

-Preble is preparing their 2nd year Youth Report.

- The Youth Provider Group, via MCOC, is preparing to submit their application for Phase II of the Rural Youth Peer Network grant.

**DV:** Preparing training on the new VAWA regulations. MaineHousing has drafted an “Emergency Transfer Plan” for DV clients who need to move due to an ongoing threat. It’s not about the move, there needs to be notifications, plans, and reports to HUD. The draft is being reviewed by the DV providers.

**Families:** Number are up. Portland is still planning to put together a Forum on Family Homelessness. With the expansion of the Coordinated Entry Pilot into Penobscot County, Family data will be collected. With no general family shelters in the area, GA offices will likely be the primary resource for families, and they have been very receptive to participation.

-When CPS gets involved now, if they remove a child from a household, the household can lose MaineCare. They used to allow that parents with a reunification plan could continue to get MaineCare, or reapply for it, but now they cannot, even though many of the plans require the parents to get medical or psychiatric evaluations or treatment in order to comply, which is very expensive without MaineCare or other proper insurance. This has lead to many parents not only losing their children, but in some cases becoming homeless because they cannot get the help they need. Some DV shelters have seen a drop in the number of children in shelter because DHHS appears to be taking kids faster when a mother reports domestic abuse, or has to flee to a shelter, and again, the mother loses MaineCare and cannot access services. It was also stated that CPS workers are now requiring in their plans that parents must take specific medications, even though they are not qualified to make such medical determinations, and when the Doctor does not agree to prescribe that specific medication, the parent is deemed not in compliance.

-On a related note, MaineCare has asked for changes to KeyPro, where they enter their client plans, which are then uploaded to a system called HIN (Health Info Net). These client plans often have to include very detailed and specific information about DV, SA, MH, Medical info, etc. and all the changes are supposed to happen by April 24th. It is not clear who will have access to this information once it is in HIN the threshold for access to HIN seems to be very low – just about anyone can seen this and there is little or no accountability. The State seems to be putting the onus on the provider as far as what they enter, but they still require that the plans be comprehensive.

-Cullen said he would contact Jim Martin to address all of these issues.

**More MaineHousing Updates:** Dan Brennan said MaineHousing is almost ready to issue the RFP for the Housing Trust Fund, but they seem to have hit a snag in regard to attaching Project Based Vouchers, related to the ‘Mandatory Services’. He will keep SHC posted. The HCV department id working with HUD to determine the potential number of vouchers that will be available in the new budget – this number is always in flux, but would drop significantly if the proposed budget goes through. This might result in a freeze on issuing new HCV’s so MaineHousing is not overextended. The President’s proposed budget also includes cuts to Fed HOME, which funds the STEP Program, and other cuts that would impact MaineHousing.

-On the bright side, the new TBRA program awarded through the most recent Continuum of Care application may be available very soon – Cindy is working with Lynn Morrow to move this along quickly.

-John Gallagher and Peter Merrill were in DC recently, and Dan is going tomorrow, to advocate on behalf of the threatened programs that serve so many people in Maine.

**Other Business:** As mentioned earlier, Preble Street is working on a **SAMHSA Grant** due April 24th. They plan to tie Medication Assisted Treatment with their Housing First units so people who are frequent users of shelter, police, ambulance, ER, etc. and are not yet in recovery will have access to housing and supports with daily dosing treatment. There is currently very little data or other examples of this nationally. Potentially, 30 to 40 people would be served over the next 5 years. They are collaborating with MaineMed for the treatment portion, but compliance with either of the two elements – treatment and housing – would not be directly dependent on each other.

-Pathways Philadelphia appears to be the only place with an ACT Team that specifically target opioid users.

-The Harm Reduction Model works well for some drugs, but not so well with opioids where there is much more of a Russian Roulette element. Unlike chronic alcohol abuse where it may take years for the damage to kill someone, with opioids, the next time could be the last.

-Preble Street is training staff on the use of Narcan. They need to do something, and feel they are being realistic about the potential impact and success rate this may have.

-PCHC is also pursuing this SAMHSA Grant, with a different approach, and asked if SHC would be willing to review their proposal to ensure it is in line with the State Plan.

**HVJ is organizing a Rally** to protest proposed cuts to safety net programs. Also, there is a Housing Summit in Lewiston Auburn on April 8th. Fliers are posted with details for both events.

**Next Agenda:** In addition to regular standing items:

-Parents with Children removed by DHHS losing MaineCare and thereby ability to comply with reunification plans.

-Inviting the Governor to SHC meeting.

-PIT data

2017 Goals – work harder to interface with RHCs, more direct reporting mechanisms.

**Next Meeting:** April 11, 2017 from 9:30 to 2:00 at MaineHousing.

**Policy/Advocacy Update – 3/7/2017**

**Federal Legislation Update:**

**FY2017 Appropriations – Continuing Resolution (CR) –**Congress passed a short-term CR on 12/9, signed by the President on 12/10. **The CR maintains the FY17 spending cap of $1.07 trillion and keeps the federal government funded through April 28, 2017**. To fit under mandated spending caps, the CR includes an across-the-board cut of 0.19% to funding levels for defense and non-defense programs. Now lawmakers must negotiate another budget deal - either a full-year CR or final spending bills - to keep the government operating until 9/30/17. Some conservative members of Congress are urging their leadership to enact cuts to federal spending levels in any final bill.

**Every State Will Likely Lose Housing Vouchers If Congress Doesn’t Boost Funding for 2017 –** Under a continuing resolution that freezes voucher funding for all of 2017 at last year’s level, for example, vouchers for more than 100,000 families would be unfunded, a loss of assistance that would be greater than what the 2013 sequestration cuts caused.

**Impact of Fiscal Year 2017 Funding Proposals on the Number of Households Using Housing Vouchers, completed by CBPP:**

| **State** | **Number of households using housing vouchers, 2016** | **Number of housing vouchers cut under Senate bill, 2017** | **Number of housing vouchers cut under continuing resolution for 2017\*** |
| --- | --- | --- | --- |
| **ME** | **11,818** | **-142** | **-579** |

**Budget Relief Should Go Equally to Defense and Non-Defense –** The House may soon consider a bill to fund the Defense Department for the rest of fiscal year 2017, and the bill may give defense some relief from the sequestration budget cuts without doing the same for non-defense programs. CBPP explains that to do so would be to break an essential principle of parity that Congress has adhered to since the passage of the Budget Control Act of 2011. This principle has played a key role in mitigating budget cuts to housing assistance and community development programs.

**President Trump’s Budget:** In advance of the President’s speech on 2/28 to a joint session of Congress, the White House released information about the Administration’s plan to increase defense funding in FY2018 by $54 billion and offset that increase with equal cuts to non-defense discretionary (NDD) programs.  According to the CPBB, the cuts in NDD programs such as low-income housing compared to 2017 alone will likely be significantly larger than the 11 percent overall funding reduction (see <http://www.cbpp.org/blog/trump-plans-big-cut-in-domestic-programs> for more information).  It is vital to remember that the President’s budget proposal is only the start of the FY18 appropriations process.  Congress makes the final decisions, which likely won’t occur until the fall.  Initial Congressional responses to the Administration’s news indicate substantial bipartisan opposition to the depth of NDD cuts.

**The Affordable Care Act (ACA):** The House Republican health plan unveiled on 3/6 would shift an estimated $370 billion in Medicaid costs to states over the next ten years, according to CBPP. This would effectively end the ACA Medicaid expansion for 11 million people while also harming tens of millions of additional seniors, people with disabilities, and children and parents who rely on Medicaid today. The House Energy and Commerce Committee is scheduled to consider this legislation. The plan would:

* **End the Medicaid expansion.** Starting in 2020, states would receive only the regular federal Medicaid matching rate — on average, 57 percent of Medicaid costs, with states covering the other 43 percent — for any new enrollees under the expansion instead of the ACA’s matching rate of 90 percent. This means that expansion states would have to pay 2.8 to 5 times more in terms of their own costs. While states could still get the expansion matching rate for beneficiaries who were enrolled before the end of 2019 and stayed enrolled without a break in coverage, the large majority of beneficiaries now on Medicaid under the expansion would likely fall off the program after two years, with further continued declines after that. Thus, within just a few years, the overwhelming share of Medicaid expansion spending would eventually be subject to the regular matching rate. To maintain the expansion as it’s now operating in the expansion states, we estimate that these states would have to increase their share of costs by about *$253 billion* over ten years. (This figure includes the added effect of applying a per capita cap — as described below — to the Medicaid expansion.)
* **Convert Medicaid to a per capita cap.** The House proposal would cap federal funding on a per-beneficiary basis for virtually all of Medicaid (including the Medicaid expansion) starting in 2020. The caps would be based on states’ per-beneficiary spending in fiscal year 2016 and would rise annually to match growth in the medical care component of the Consumer Price Index (M-CPI). States would get less federal funding than under current law, with the cuts growing each year. CBPP estimates that this provision would cut federal Medicaid spending by an additional $116 billion over the next decade.

**Legislation from Senators Bill Cassidy and Susan Collins to replace the Affordable Care Act (ACA) would rely heavily on a new type of Health Savings Accounts (HSAs).** According to CBPP, these HSAs would do little to help people with low- to moderate-incomes afford adequate health insurance while greatly expanding tax-sheltering opportunities for high-income people. HSAs disproportionately benefit high-income households because they don’t restrict eligibility by income and provide the largest tax breaks to households high on the income scale. This new legislation would convert current HSAs into “Roth HSAs” – so-called because they’d resemble Roth Individual Retirement Accounts.

**Senate Democrats Unveil Comprehensive Infrastructure Plan, Affordable Housing Included:** Senate Democrats unveiled their infrastructure plan: A Blueprint to Rebuild America’s Infrastructure. The $1 trillion plan aims to create over 15 million jobs, and addresses issues including broadband internet, downtown revitalization, water and sewer, schools, roads and bridges, and also includes investments for public and affordable housing.

**H.R. 948: The Common Sense Housing Investment Act, to help end homelessness and housing poverty through comprehensive tax reform. – *New.*** According to the NLIHC the [*Common Sense Housing Investment Act*](http://cqrcengage.com/nlihc/app/thru?ep=AAAAC2Flc0NpcGhlcjAxBuGrlqP3Tp_K3rEdOWjgZeJ_hryGlWg6W1-Ie7x-bYwgcrCzEvvjb3EyWJGKtkq4DRQja4hjOcWqz23UlCVubtpNTPbYa70emTvSF167-1pXOTkBF64RLMTUxap557_93WQOGSGjLVaPdtfEZaxL3FiKksM3qt8yiGwSRimIg3UbuvAzrzb7xo0bboFv55pXZbMPQ9mQpjGZJEkn-8nCj9CVpJTW5ZcspS596EsAZ6s&lp=0) calls for modest reforms to the mortgage interest deduction, a $70 billion tax write-off that largely benefits America's highest-income households, and reinvests the significant savings into providing affordable housing for people with the greatest needs. The bill would boost funding for the Housing Trust Fund, the Low Income Housing Tax Credit, public housing, and rental assistance solutions-without adding any costs to the federal government.

The reforms are simple and bipartisan. First, the bill reduces the size of a mortgage eligible for the tax break from $1 million to the first $500,000-impacting fewer than 6% of homeowners. Second, the bill converts the mortgage interest deduction into a tax credit. This would allow 15 million more low and moderate income homeowners who currently do not benefit from the mortgage interest deduction to get a much-needed tax break.

The United for Homes campaign-including more than 2,300 national, state, and local organizations and elected officials in all 435 congressional districts-strongly endorses H.R 948. For more information on the Common Sense Housing Investment Act: [http://nlihc.org/sites/default/files/UFH\_Factsheet\_Common-Sense.pdf](http://cqrcengage.com/nlihc/app/thru?ep=AAAAC2Flc0NpcGhlcjAxmgMn4GSJEf4x8l4GpmT11ZpXxwanuXNqwRhTLiFbwASnJlvEjhyEwbAt_2QXi_NfN50jIjANf27GwDTecYXBhPz4Y3iQSGrhYJ7-SUNx2H7bZ5q8oEbIngNJ4Pho9zA9bEFVlxa_DDpJvmTzHhPQhkvrlN9M7HG490nUcwNbznca75_XHKgND7QRh6mEBSgT&lp=0)

**H.R. 6378: To amend the Public Health Service Act to revise the amount of minimum allotments under the Projects for Assistance in Transition from Homelessness Program. *– No new action/update.*** Sponsor: Rep. Peter Welch [D-VT], co-sponsor Rep. Cramer, Kevin [R-ND].

**H.R. 4888: Ending Homelessness Act of 2016** – ***No new action/update.***Introduced on 3/23 by House Financial Services Committee Ranking Member Maxine Waters (D-CA).

**S.993/H.R.1854, The Comprehensive Justice and Mental Health Act – *No new action/update.*** Introduced by Senators Franken (D-MN) - Cornyn (R-TX) and Representatives Collins (R-GA)-Scott (D-VA).

**State Legislation Update:**

* **Governor LePage released his 2017-2018 Biennial Budget late on Friday, January 6, 2016**. **The budget targets many areas of DHHS’ spending, with a stated goal of “stabilizing DHHS.” – *Public hearings on the biennial budget will be held between 2/6 and 3/8. The full Biennial Budget schedule can be found online:*** [***http://legislature.maine.gov/uploads/originals/detailed-biennial-ph-schedule-blocks.pdf***](http://legislature.maine.gov/uploads/originals/detailed-biennial-ph-schedule-blocks.pdf)

**Areas of interest include:**

* + Eliminating eligibility of "able-bodied parents" with earnings over 40% of the Federal Poverty Level from Medicaid. – The Public Hearing for this portion was held on 2/21; budget block work sessions began the week of 2/27.
  + Eliminating eligibility of 19 & 20 year-olds from MaineCare. – The Public Hearing for this portion of the budget was held on 2/21; budget block work sessions began the week of 2/27.
  + Eliminating the General Assistance Program. (Part ZZZ). The Public Hearing for this portion of the budget was held on 2/22; budget block work sessions began the week of 2/27.
  + Reducing the maximum lifetime cap for TANF, from 60 to 36 months. (PART FFFF). The Public Hearing for this portion of the budget was held on 2/22; budget block work sessions began the week of 2/27.
  + Repealing the provision that requires DHHS to provide a food supplement program for non-citizens, who would otherwise be eligible for SNAP benefits but for their immigration status. (Part KKKK). The Public Hearing for this portion of the budget is 2/22; budget block work sessions began the week of 2/27.
  + Repealing the provision that requires DHHS to provide supplemental security income for non-citizens, who would otherwise be eligible for Supplemental Security Income but for their immigration status. (Part KKKK). The Public Hearing for this portion of the budget was held on 2/22; budget block work sessions began the week of 2/27.
  + Repealing the provision that requires DHHS to provide a financial assistance to non-citizens, who would otherwise be eligible for TANF benefits but for their immigration status. (Part KKKK). The Public Hearing for this portion of the budget was held on 2/22; budget block work sessions began the week of 2/27.

Bills of note:

* **LD 136**, **An Act Regarding the Eviction Process**, sponsored by Sen. Scott Cyrway (R-Kennebec), would expand the causes for a 7-day notice of termination of tenancy listed in 14 MRSA §6002 to include the following three additional reasons:
  + The tenant or the tenant's guest or invitee is the perpetrator of violence, a threat of violence or sexual assault against another tenant, a tenant's guest, the landlord or the landlord's employee or agent;
  + The person occupying the premises is not an authorized occupant of the premises; or
  + The tenant provided false information on the tenant's rental application.
* **LD 33**, **An Act To Adjust the Lifetime Limit for the Receipt of TANF Benefits**, sponsored by Sen. Eric Brakey (R-Androscoggin), would change the lifetime limit on receiving Temporary Assistance for Needy Families benefits from 60 months to 36 months.
* **LD 36**, **An Act To Create a 9-month Time Limit on General Assistance Benefits for Certain Persons**, also sponsored by Sen. Brakey, would limit the general assistance benefits for a person without dependents and who is capable of working to a maximum of 275 days every 5 years.
* **HHS Committee Report back on the Rate Study for Sections 13, 17, 28, and 65 – Thursday 2/9, 1:00pm, HHS Committee Room, Room 209 of the Cross office building –** A rate study for the majority of community mental health services has been released after a year of study/input from agencies. If these the rates are “final” many agencies will stop providing services like medication management, case management, community integration and others.

2016 Homeless Statistics – HMIS Emergency Shelter Data

|  |  |  |
| --- | --- | --- |
|  | **Unique Clients** | **Bed Nights** |
| 2016 | 6,304 | 327,346 |
| 2015 | 7,020 | 347,512 |

|  |  |
| --- | --- |
| **In 2016, we had ……..** | **In 2016 Point in Time, we had…….** |
| * 11% fewer homeless clients | * 66% Individuals |
| * Utilizing 6% fewer shelter beds | * 33% Families |
|  |  7% Youth 18-24 |
|  | * <1% Unaccompanied Youth under 18 |

# Statewide Percentages by County (with all other counties <1%)

|  |  |  |  |
| --- | --- | --- | --- |
| Androscoggin | 5% | Knox/Waldo | 5% |
| Sagadahoc | 3% | Oxford | 2% |
| Cumberland | 26% | Penobscot | 11% |
| Hancock | 3% | Somerset | 20% |
| Kennebec | 5% | York | 7% |

**Veterans’ Data – Self Reported in Shelters**

**In 2016, we had ……..**

* 359 Total Homeless Veterans
* A 27% decrease since 2014

|  |  |
| --- | --- |
| **Age Breakdown** | **Gender Breakdown** |
| 18-30: 31 (9%) | Male: 330 (92%) |
| 31-45: 84 (23%) | Female: 27 (8%) |
| 46-64: 206 (57%) | Transgender: 2 (<1%) |
| 65+: 37 (10%) |  |

265 (74%) homeless veterans report to have a disability of long duration 76 (21%) homeless veterans report to be chronically homeless

# Long Term Stayers in Emergency Shelters (>180 days in 12 months)

“Long Term Stayers” (LTS) are defined as people staying over 180 cumulative days in shelters (or outdoors) within a 365 day period (not necessarily consecutive).

This definition was created by Maine’s Statewide Homeless Council because HUD’s Chronic Homelessness definition did not work well in rural areas of Maine where single adults tend to bounce from shelter to shelter so that their lengths of stay in any one shelter do not meet the HUD definition of chronically homeless. (Chronically homeless were difficult to find. LTS have been far easier to find, and upon investigation 100% have also met the definition of chronic homelessness). Chronically homeless (and LTS) have tended to be almost exclusively single adults.

Efforts began across the state in 2013 to prioritize the LTS population. In July 2013, when the LTS were first counted, there were 262 single adults that met the criteria. The single adult LTS population found in 2013 included a significant portion that had been homeless for years and even decades. Focused efforts from providers, shelter staff, DHHS and MaineHousing with a variety of initiatives and pilot programs have resulted in a significant decrease in the single adult LTS population. Since 2015, families have now entered the group of LTS, and their stays have edged over 11 months.

# Statewide LTS Statistics

|  |  |
| --- | --- |
| **LTS Remaining in Shelters as of** | |
| December 31, 2016 | June 30, 2016 |
| **77**\* | **108** |
| A decrease of 31 (29%) individuals since June 30, 2016 | |

\*The 77 LTS individuals include 17 veterans that are housed at a veteran’s specific emergency shelter and program sponsored by the Veterans Administration (VA). Because of the nature of this VA program these LTS are not part of the current LTS Initiative, which emphasizes the Continuum of Care (CoC) Ending Homelessness Prioritization Chart.

|  |  |  |  |
| --- | --- | --- | --- |
|  | As of Dec 31, 2016 | As of Jun 30, 2016 | Change |
| Single Individuals | 43\* | 91 | -48 (-53%) |
| People within homeless families | 34 | 17 | +17 (+50%) |
| \* Includes 17 LTS housed at a veterans only shelter | |  |  |

# Urban Shelter LTS Statistics

* 18 (23%) of LTS are in Portland (16%) and Bangor (7%).
* As of Dec 31, 60 (78%) of the State’s LTS clients reside in urban shelters:

|  |  |  |
| --- | --- | --- |
|  | As of Dec 31, 2016 | As of Jun 30, 2016 |
| Augusta | 22\* | 13 |
| Bangor | 6 | 10 |
| Brunswick | 17 | 2 |
| Portland | 12 | 55 |
| Waterville | 3 | 0 |
| \* Includes 17 LTS housed at a veterans only shelter | | |

# Rural Shelter LTS Statistics

* As of Dec 31st, 17 (22%) LTS reside in rural shelters. Rural shelters are defined as any program based in a community which is not listed as urban (Augusta, Bangor, Brunswick, Lewiston, Portland, and Waterville). Unlike urban shelters, all rural shelters serve families, and none serve single adults exclusively.
* LTS numbers in rural programs are on the rise while LTS numbers in urban shelters are decreasing. This can be attributed almost entirely to an increase in lengths of stays for families.