**Statewide Homeless Council**

**October 10, 2017**

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

**Location: MaineHousing, 353 Water Street Augusta, Maine**

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

**Attendees:** Cullen Ryan (CHOM), Donna Kelley (KBH), Josh D’Alessio (PCHC), Dan Brennan (MaineHousing), Rob Parritt (City of Portland), Elizabeth Szatkowski (Opportunity Alliance), Melanie LaMore Gagnon (Safe Voices), Julie Roberts (Maine Bureau of Veteran’s Affairs), David McClusky (Community Care), Arron Dombroski (MBVA),

**Guests:** Ginny Dill (Shalom House), Alley Smith (Veterans, Inc.), Chris Bicknell (New Beginnings), Allison Gallagher (MaineHousing), Cameron Brown (Citizen), Joe McNally (Milestone), Mary Frances Bartlett (City of Augusta), Donna Yellen (Preble Street), Cindy Namer (MaineHousing), Leah Bruns (MaineHousing), Craig Phillips (Tedford Housing), Shannon Flood (Next Step), Mike Merrill (VOA)

**Minutes:** Scott Tibbitts (MaineHousing)

**Minutes** of September 12, 2017. Need to review and vote next time.

**Policy Committee:** (see Policy Committee notes posted on [www.mainehomelessplanning.org](http://www.mainehomelessplanning.org) for full details)

**Federal:**  The Continuing Resolution continues. Both the Senate and the House have versions of a new THUD budget. The Senate versions looks okay, but the House version has deep cuts to important programs.

**MOTION:** SHC send a letter to our Senators to thank for their opposition to changes to the ACA and thanking Senator Collins for her efforts to stabilize the health insurance markets. **2nd and PASSED.**

**State:** Some Bills still pending till they return to session. 1115 Waiver comment deadline ended. SHC comments were submitted.

**Continuum Updates:** MCOC submitted our first application as One Continuum for the whole state. The entire group worked very well together and felt it was a strong application. The CoC Board had a NOFA debrief to discuss what worked and what didn’t. There are some areas we need to improve on. The Board also discussed the possibility of changing Collaborative Applicants, but voted to stay with MaineHousing.

**Regional Homeless Council Updates:** The basics of the Coordinated Entry process have been presented to all RHC’s. We will have something in place by the deadline.

-Some Shelter ED’s indicated they are not getting all the information or reports they should. They were surprised by some of the information presented at our recent Press Conference and did not feel that it accurately reflected what they are seeing day to day. It was noted that the source was HMIS data and by supplying it, the shelters are the key players in the accuracy of this data. If there is a problem with the data, they need to work with the HMIS Team to fix it, but if what they are talking about is something they are not collecting any data on, like people turned away, how can we meaningfully report on it? Maybe Coordinated Entry can help with this? It was suggested that SHC send out information like what was discussed at the Press Conference to the Shelter Director’s ahead of time to get their feedback. The SHC instead suggested Shelter ED’s be a more active part of the SHC. It was also suggested the Shelter Director group have regular SHC and MCOC updates at their meetings, and vice versa, so that all the state communicates as a whole, rather than in silos.

-It’s not always just a matter of shelters not entering the data, or not entering data correctly. We need to run the reports and review them to make sure they are accurate, and to do that we need a regular feedback loop.

-R3 is sending a letter to all shelters and programs in R3 to let them know about all the regular meetings and the importance of attending, keeping up with the information, and being part of the discussion. Some EDs do not attend, or send staff to attend, but then the information does not get conveyed back at the agency.

-PCHC and BAHS discussed their ‘Suspended Lists’. These are not big, but they felt it was important to compare and get a better sense of the numbers. They also discussed how best to outreach to those on the lists to try to help them – or in some cases let them know they are no longer suspended.

-Shaw House thinks they cannot participate in Coordinated Entry. Josh will meet with them to find out why.

-R2 had presentations on CE and from Maine Equal Justice Partners.

-R1 also had a CE Presentation, and also talked about what they can do to keep everyone better informed.

- The Shelter Director’s group – “The Maine Shelter Network” – is still developing and does need to work on communication and information sharing.

**Prioritization:** A new draft of the Prioritization Chart was developed for inclusion in the MCOC Application that includes clarifying language around ESHAP and VI-SPDATs, and some updated numbers. Typically this would have come to SHC first, but given the NOFA deadline, it was approved at the CoC, and we would now like the SHC to approve it. **MOTION** that SHC adopt the newly updated Prioritization Chart. 2nded.

-Discussion: The VI-SPDAT is really only available at shelters so we need to be careful that we are not excluding anyone just because they cannot get this done.

-Actually, all PATH Workers and Navigators will be able to do VI-SPDATs as part of CE.

-Home to Stay Vouchers are funded though HCV – only the Navigator Services are ESG funded.

-We should also incorporate any new language around Vulnerability.

-Does the ‘Medically Compromised’ category in P1 include Mental Illness? Or Substance Use Disorder? The intent was to help those being discharged from hospitals with ongoing medical care still needed.

-Maybe we need a Flow Chart for how this would actually work.

-We need to have an official, approved, version to work from now, for things like CoC and ESG trainings.

-Can we accept this as is for now with the understanding that we can revisit and revise as needed? Yes.

- **MOTION PASSED.**

**LTS:** Portland has started a 5th list. The folks left on the other 4 lists need more than just housing. List 5 is about 66 people, most of them with stays of less than 6 months.

-Oxford Street Shelter and the City of Portland are being recognized by the National Alliance to End Homelessness for their work on the Long Term Stayer’s Initiative. Rob and Cullen will be going to DC for the award ceremony. The model is being promoted as a best practice nationally.

-Are we seeing any national trends toward providing longer term supports for people once housed?

-States with Medicaid Expansion might be doing that. We are lucky to have ESHAP, but it is time limited.

-Major cities are seeing more encampments in urban settings. They don’t necessarily want to criminalize homelessness, as some have in the past, but it is a growing concern that will need to be addressed somehow. Maine does see some people camping, and there are a few ‘encampments’, but not like these.

-Bangor’s list is at about 7 people right now. 3 or 4 have been on the list for some time and have each had several unsuccessful placements, mostly due to alcohol use. Josh asked Penquis ‘Why don’t we have a Huston Commons type project in Bangor? They are now looking at a former hotel that just came on the market.

-Milestone has a group of people in the same situation as the few left on the Bangor list. They have burned bridges with landlords and agencies all over town. When they get into a unit of their own, they just about drink themselves to death. At least while staying at the shelter they know they have to get there by a certain time, they cannot drink while they are there, and staff make sure they maintain at least some level of hygiene, they eat, they shower, they get medical attention if needed. They actually do ‘better’ in the shelter than on their own, sadly. This is failure of our overall system.

-DHHS is beginning to realize that there needs to be a very different option for this population. Maybe PNMIs or something with more of a group home setting and 24/7 supervision.

-Shelter Plus Care can serve Substance Abuse clients, they are an allowable population, but the Maine S+C Grants are written to specify Mental Illness as an eligibility criteria because they were originally considered the housing solution when AMHI closed. They could be modified but it would take time.

-The Department needs to remember that Substance Use Disorder IS a Mental Illness and stop treating it like a totally separate population. At what point will the department take the overall health of these people into consideration – it is literally a life and death issue.

-The system changes slowly. At least people are starting to talk about this demographic and hopefully new resources will become available. No one wants to redirect existing resources to try to serve a population those resources were not designed for.

-Ten years ago, at least we had MaineCare that could cover PNMI’s and BHH type settings. The cuts and the failure to expand have limited our resources, and our options.

-The state has an archaic view of Substance Use. It is not just a choice some people make, or even a medical matter of addiction. It is an attempt to escape from reality – from pain, suffering, and powerlessness.

-At this point we know all these LTS by name. Can the State create a high level position to ensure that these people are getting the housing and supports they need?

-Chet and Sheldon are the people, but they need the right types of housing and supports – as we have said, just putting someone in an apartment by themselves is not going to work for this population.

-Many of the folks on the list have had a voucher in the past year or so but have not leased up. MaineHousing is tracking this data to identify common themes. In this particular population, it is not always a matter of lack of vouchers or lack of available units, it is a lack of “appropriate” housing that meets their needs.

-Often they fail in housing because they miss the interactions, the natural supports and sense of community they had at the shelter or even on the streets. How can that sort of social interaction be translated into a housing setting – without all the potential problems it could bring?

-Community Integration is built into facilities like Logan Place and Huston Commons – that is part of what makes them successful. It is much harder to accomplish that with a scattered site project.

-Let’s not forget the role of traditional Permanent Supportive Housing. It has been a while since MaineHousing invested in this. The HTF and LIHTC projects are not filling the need. MaineHousing has STEP and HTS vouchers which are great for some populations but don’t work for everyone, as we have seen. DHHS has BRAP, S+C and PNMI’s, but again, these do not always work. We need to explore all options.

-MaineHousing used to provide about $3M annually in Match funding for CoC projects, and often included Project Based Vouchers, but for several years the CoC’s didn’t have funding available to develop new bricks and mortar projects. MaineHousing is still making that same amount available through the Housing Trust Fund, and Supportive Housing Projects are eligible to apply, along with LIHTC projects which can include set asides for homeless units. Some money is still available, but there is more competition for it now.

- LIHTC Projects might say they have set asides, but they have so many restrictions they rarely fulfill that commitment. We need low barrier projects that can and will actually house people with appropriate supports.

- Joe said that he appreciates the work that MaineHousing and other agencies are doing. His frustration is more with the state and the administration’s general lack of compassion.

- The state’s model for addressing the opioid crisis does not look at the whole person, or at what communities are facing. There needs to be more emphasis on the medical and behavioral health components. -We need to be a part of whatever solution the state may propose.

-During the AIDS epidemic, there were only very limited treatment options, but there was a big focus on education, awareness, information, prevention. With opioids, we seem to have jumped right to the assumption that we have the right treatment solution and that is the only thing being looked at.

-In Nordic countries, they have a very different approach, more of a medical model with social work components that looks at the whole person – not just their addition – and it’s been very successful.

-PCHC has received a SAMHSA Grant to provide continuity of care in the community for people with MH/SA. It will involve an array of assessments, Navigator like services, and will track data in HMIS.

-The concept of “Recovery Housing” seems like the right approach, but how do you pay the rent, since most subsidies are not designed for this sort of housing arrangement or to complications this population presents.

-Can the “BRAP Like Subsidy” we have discussed allow for a variable length of stay, low barrier access, the option to ‘double up’ with a roommate, or in a congregate setting?

-Some existing ‘recovery programs’ have such high costs and such a lack of structure that they seem designed to make people fail. They seem more about making a profit than about helping the clients.

-Do we need to establish what the ideal program is before we provide a subsidy, or can we provide the subsidy and work to develop the program as we find out what works best? Really depends on where the money would come from and what strings are attached.

-If someone is in detox for a few days, over the worst of it, ready to try to live clean, but it takes them two or three weeks to even get approved for a voucher, let alone find a place, they are going to get discouraged and are likely to slip. There needs to be something available and ready as soon as they are ready. In that case, eligibility would need to be determined at the provider level – not by an application sent away somewhere.

-Hospitals might be able to develop a program like this – if it can be shown that they will save money in the long run by not having these people constantly cycling through their doors. Their bottom lines will soon be impacted by returns within a certain time frame, so this might actually appeal to them now.

- The Home Team in Portland gets about $5000 annual from local hospitals, but they probably save the hospitals millions by diverting so many people from the ER. We need a better cost/benefit analysis on this.

-State HOME funds are pretty flexible, but the bulk is currently going to Shelter Funding, so using it for something else, like this sort of subsidy, would mean less money for shelters.

-We need to focus on establishing the need and finding the funding – we can work out the mechanics later.

-We need to push DHHS, MaineHousing, the Legislature, Hospitals, other partners, to develop something now, and then continue to push the legislature for longer term financial support. The Legislature will need something – a draft, a model, an outline – something solid. They will not find an idea.

-Can we get all these ideas on one page? Can we draft a proposal? Cullen will work up a draft based on these notes.

**DHHS Updates:** No DHHS representatives present.

**MaineHousing Updates:** In addition to items covered in the conversation above, John Gallagher has announced that he will be retiring in January.

-No changes to HCV as far as availability, but the Administrative Plan was recently updated and has been approved by the Board. Changes include allowing tenants to move into a unit with minor HQS fail items so long as the Landlord fixes them within 30 days (no life safety violations), and MaineHousing Special Program Vouchers will no longer be restricted by jurisdictional boundaries.

**Discussion Topic: How do we count those who are homeless but not staying in shelter?**

There are basically two reasons people are turned away: 1) Capacity, when shelters are full, and 2) Restrictions, either because of their past behavior or because the shelter is for a specific population.

-Coordinated Entry will track how many people are seeking shelter and how many referrals are made to shelters. It is not set up to track if they actually get into a shelter or not. If they do, they would show up in HMIS, but if they don’t what happens? How do we count those numbers?

-Call Point can track this, but not sure if that is going to be a component of our CE/Shelter data collection.

-CE will be bifurcating how calls are handled, separating those just looking for information from those seeking actual placements/referrals right then.

-PCHC has to fill out an “Unmet Need” form for DHHS any time they are not able to serve someone. Do other shelters do this? The problem is that the form is all narratives – no checkboxes – so it is impossible to use the information as any sort of ‘data’ other than the total number forms filled out.

-There will still be a certain number of people who will still stay outside for a variety of reasons.

-Do we have enough shelter beds? Or do we have more people than bed capacity? Some shelters are nearly always full, others are rarely full, but there are such differences in geography, populations served, and other factors that it’s hard to say. Certainly we seem to have a lack of low barrier beds, but not ES in general.

-Portland Housing Authority and MaineHousing have VASH vouchers. The number of vouchers and the level of funding, is based on the total number of homeless veterans identified, but not all of them are eligible for VASH, so there is concern that the state will not be able to utilize all the vouchers and them not show there is a ‘need’ for them. Are other programs using the same sort of logic? Trying to develop capacity for people who cannot, or will not, use it?

-90% of the people who struggle with Substance use never seek any type of treatment. If that funding were based on the potential population it would be way out of whack compared to the number seeking treatment.

-There are probably about 900 people who could qualify as ‘homeless’ but they are not willing or able to engage with the system enough to get any meaningful data, let alone get them into housing.

-Programmatically, shelters or projects do not want to enter data on anyone who never actually enters their program. They don’t want to have incomplete data, or issues with entry/exit. So how do we track these folks?

-Call Point can do this and has its own reporting tools. PATH can also enter data in HMIS as outreach.

-How do other parts of the country count people who are homeless but do not enter shelters? How do they know how many people are ‘at risk’ of becoming homeless. There are 172,000 people in Maine below the poverty line, but 96% do not become homeless. What are they doing to hang on? What makes the difference?

-We need someone to look at and analyze all the data we do have and figure out what else we need. Krissy Gleeson is doing a one year Professorship at Muskie – she has worked with shelters on other projects. Can we get her to look into this? Josh will contact her and ask.

-Do we need a By-Name list for those who are not entering shelters?

**Discussion Topic: Prioritizing Vulnerable Populations.** Last month the idea of a 90/10 model was suggested. Shelters would follow the approved prioritization for 90% of their clients to access available vouchers or other resources, and would be allowed to identify and assist up to 10% of their clients who show an obvious need for priority assistance but who, for whatever reason, are not otherwise being prioritized. Further discussion on this will be tabled till we have more time.

**Next Press Release Topic:** “Housing First 101”, targeted to Landlords, focused on the benefits: clients have supports; Landlords have someone they can call. Lots of good data to show it’s working elsewhere and is cost effective. Look for landlords we work with who might be willing to add a quote or co-author the piece. Maybe not focus so much on the “Housing First” language, but on the overall concept of enriching the community, quality of life, etc.

**Populations:**

**Substance Use Disorder:** covered above

**Veterans:** Preble Street and Veterans, Inc. were both awarded additional SSFV funding.

**Age 55+:** Lots of concern for this population as we head into winter. LIHTC projects have a hard time meeting their ‘homeless’ quota, but they have lots of units for people with disabilities. Maybe we can help house more people if we work from that angle?

**Youth:** Ann Gass is working with a group of providers in the Mid Coast area on a Homeless Youth project. The Youth Provider Group is working to improve the Youth PIT data collection forms. New Beginnings has been invited to be part of the 100 Day Challenge to House Homeless Youth.

**DV:** Some DV providers will be receiving funding to provide substance abuse treatment now.

**Families:** Portland Family Shelter is full.

**Other Business:** Saint Martin’s in Lewiston will be opening a new Women’s Shelter soon.

**Next Meeting: November 14, 2017 in Augusta.**