**Statewide Homeless Council**

Feedback on the Federal Plan to End and Prevent Homelessness

December 12, 2017

Theme – Inequities:

* There is a population disparity between southern Maine and northern Maine.
* Regarding the use of the word marginalized – the definition ought to be expanded to look at all those elements that could be perceived as disenfranchised.
* Recognize the rural versus urban differences and focus efforts in those areas accordingly.
* Look at the data and resource allocation in rural areas versus urban.
* The demographic snapshot of Maine is very different from the national demographic snapshot. Maine is very homogenous. For a community in which the demographics are very homogenous, a focus on disparate impact is even more important.
* Try to have staff reflect the demographics.
* Meet Cultural Linguistics Appropriate Services (CLAS) standards by 2022.
* Look introspectively at agency practices.
* Conduct agency-wide and community trainings on inclusionary practices.
* Change bathrooms to be gender-neutral.
* Be cognizant of pronoun usage.
* Coordinate with other agencies – just having the conversation can be an educational experience. The more communication between different agencies the better the outcomes. Working in silos is never conducive to successful outcomes.
* We might see increases in aging, medically compromised, and other demographics which changes service delivery. Resources often take a while to catch up with the changes in demographics (i.e. increased medical needs).
* Use data well to look at demographic data and expand the demographic data used.

Theme – Prevention:

* In Maine, there is insufficient housing stock, and aging housing stock (some of the oldest in the nation).
* Prevention looks very different in rural versus urban areas.
* Prevention efforts look different for families and singles.
* Create/disseminate guidance or best practices around targeting specific populations for prevention.
* Better examine diversion versus prevention – shelters often perform small-scale diversion.
* There is a lack of resources for prevention.
* Don’t make prevention a major focus/theme in the federal plan. It’s important to do prevention on a case-by-case basis. When you look at Maine’s population, 13.4% of its population is in poverty; whereas only 3.7% end up in homelessness. 96.3% of people in poverty do not enter homelessness on any given year, only 1 in 27 do. There are insufficient resources to serve the people who end up in homelessness. With our limited resources, how could we know how to target the 96% in hopes of finding the right person or family to prevent from becoming homeless? Prevention is best when dealt with on a case by case basis, i.e. absolutely do it when you hear of a case where someone is losing their housing – solve that problem. Prevention best performed by CAP agencies – adequately funding CAP agencies is imperative to this. For the 1 in 27 who do fall into homelessness, nearly all become homelessness for such a brief period of time that it’s counterproductive to put in inordinate amount of energy into preventing their homelessness. We would do well instead to focus energy on people who have already fallen into homelessness, and of that group, focus on those homeless for long periods of time – this group clearly needs our help and uses the most bed nights blocking access for others.
* Use prevention to prevent inappropriate discharges from correctional facilities and hospitals into homelessness.
* Coordinate with Medicaid for hospital discharges and homelessness prevention, because it often forces the hands of hospitals to discharge and it adversely affects shelters. Shelters have become psychiatric facilities.
* Give people experiencing chronic (CH) and long-term homelessness a lifetime “CH” status as a means of prevention. Less than 4% of the total population experiencing homelessness is utilizing more than 30% of our resources (in some place across Maine the number of people utilizing an inordinate amount of resources is smaller, but the amount of services utilized is proportionally higher). In Bangor, this is most attributable to people falling out of stable housing.
* Prevention is more of a socio-economic issue. Paying a living wage is the biggest prevention function.
* Increase access to affordable housing.

Theme – Housing as a platform for addressing substance use:

* Housing is a first step in recovery.
* Help people get into recovery through a housing mechanism.
* Focus on data-driven models and best practices.
* Create a range of housing options to address substance use disorder.
* Housing is necessary for recovery. Shelters are not conducive for sobriety.
* Have recovery/sober housing available immediately when someone is ready to enter treatment.
	+ Congregate living housing as an interim housing step in recovery is a successful means of doing this.
* Use a system-wide approach where the community wraps around a person – wrap around them from the start and follow them through recovery and into stable, permanent housing. This could be a Pay-For-Success model.

Theme – Additional strategies that could be added or strengthened in relation to ending youth homelessness:

* Identify youth in rural communities who are homeless or at risk of becoming homelessness, and provide them the level of services needed to prevent them from moving away from the area, where they have supports. Keep youth local and connected to the resources that support them as they struggle, which may or may not be the family, schools, other support networks. Once removed from those things, they become disconnected and it acts as another trauma in their lives.
* Offer family mediation immediately and see if the fissure can be repaired. At the least give the family the tools needed to communicate in a beneficial, healthy manner to maintain a healthier relationship.
	+ Host homes are the most effective and efficient means of doing this. The rural and physically large geographic area of Maine makes this difficult.
* Respond in an intensive way so that youth don’t become chronically homeless adults.
* Don’t just work with youth, work with the entire family unit.
* Use early-intervention strategies. Once youth leave their areas of origin and make their way to a shelter, family reunification is extremely hard. How long they have been street-involved comes into play. Early intervention, at that first moment when that family is in crisis, reduces the number of youth who reach that level.
* Remove fear from the equation, so that parents/family are more likely to engage. There is often the fear that it’s going to become a child protective case. When that heavy hammer is removed the family is more likely to accept services. Then, use host homes to keep the child safe in the meantime.
* The timing of the intervention is key. There is no structured funding for preventing youth homelessness.
* Partner with other agencies, such as DHHS, for a more comprehensive, holistic approach.

Theme – Rural strategies:

* Develop a way to help people remain in their communities of origin.
* Find a way to address states that decline federal opportunities and waivers.
* People experiencing homelessness in rural areas are unseen, uncounted, and underserved.
* Lack of access to shelter and transportation eliminates options and jeopardizes health and safety of people experiencing homelessness.
* Create an effective outreach strategy for rural areas to identify people sleeping in places unfit for human habitation.
	+ In a rural community, often the only option is to sleep outside or on someone’s couch. In this respect, couch surfing ought to count as homeless.
* Identify human trafficking in rural areas. Human trafficking is prevalent in rural areas but it goes unseen.
* Remove barriers to aging in place in rural areas, as it’s often more difficult in rural communities.
* Create better access to transportation. Transportation to and from services in rural areas is lacking and problematic.
* Maine has one Statewide Homeless Council, one COC, and one plan – Maine’s Plan to End and Prevent Homelessness. Before that, rural communities were on their own. We’ve created a system built upon best practices with resources that help people attain and retain housing, in a coordinated fashion.

Other feedback:

* Don’t overvalue the PIT count; it’s irrelevant. It doesn’t provide comprehensive, accurate information. Annual HMIS data is far more accurate and reflective of the state of homelessness.
* Create a mechanism for low-barrier access to recovery housing with accountability and structure. The key part of housing first is moving people in fast – do this for people in recovery and then support them through recovery.
* Encourage the use of “targeted prevention,” as prevention is important in certain situations, but otherwise not a good use of resources vs. focusing resources on people known to be homeless.
* Give CoCs and communities more control over its programs and resource direction. HUD has mandated continuums of care. Maine is now one CoC. We have come together as a community and know what we need. Let us tailor-make programs that we know will work based on our community needs. We have shown with data what works. Let the community have input and direct its resources. At least take our comments and opinions and formulate a program that will be valuable to our community. What works in other places across the country might not, or clearly won’t work in Maine. Maine is being forced to fit into a box that is not appropriate.
* Create an alternative to S+C with a broader targeted population.
* Don’t overvalue rapid re-housing. Rapid re-housing doesn’t work well for the populations who most need interventions to remedy their homelessness. Permanent Supportive Housing works, and works better.
* Have ESG stop specifying using rapid re-housing. Reinforce that housing people with the longest to shortest histories of homelessness works, with a caveat for people who present as obviously vulnerable.
* Focus on housing the very small percent of people who frequently utilize emergency services, and cost an inordinate amount of money to serve.
* Use local by-name lists.
* Integrate and share data between agencies in HMIS.
* Stop mandating a one-year lease for S+C; doing so is prohibitive to housing the people whom S+C is designed to serve.
* Allow for flexibility with FMRs and payment standards. Without flexibility, these can be barriers to housing people, specifically in a tight housing market.