**Statewide Homeless Council**

**February 13, 2018**

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

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

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

**Members:** Cullen Ryan (RII), Melanie Lamore Gagnon (RII), Chet Barnes (DHHS-SAMHS), Josh D’Alessio (RIII), David McClusky (RIII), Boyd Kronholm (RIII), Rob Parritt (RI), Bill Higgins (RI), Elizabeth Szatkowski (RI).

Members not able to attend: Donna Kelley (RII), Peter Merrill (MH).

**Guests:** Donna Yellen (Preble Street), Alley Smith (Veterans, Inc.), Chris Bicknell (New Beginnings), Donald Lynch (Families and Children Together), Allison Gallagher (MaineHousing), Ginny Dill (Shalom House), Mary Francis Bartlett (City of Augusta), Mike Merrill (VOA), Mary LaRoche (DOC), Arwen Agee (VA), Cindy Namer (MaineHousing), Dan Brennan (MaineHousing), Norm Maze (Shalom House), Clyde Barr (MaineHousing)

**Minutes:** Scott Tibbitts (MaineHousing)

**Minutes** of January 9, 2018 were reviewed and approved as submitted.

**Announcements:** None.

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

**Federal:**  The latest Continuing Resolution will keep the Government funded through March 23. There was a provision added to counteract some of the sequestrations cuts, but these were mostly for defense. It did include $6Billion to address the opioid crisis. The President released his 2019 Budget Proposal. It includes 42% cut to non-military discretionary programs, and huge cuts to many other programs. A HUD proposal would increase the tenant portion of rents from 30% to 35% for subsidized housing and add work requirements. Even a small increase like this would be devastating for people on fixed incomes.

**State:** Currently looking at two bills which would provide resources to address the opioid crisis. Cullen had submitted the SHC proposal for a new type of rental subsidy program and it was incorporated into one of these, replacing proposed changes to BRAP, but that bill has been sent back for ‘reconstruction’. Mark Swann has sent out a flyer to make people aware of a compromise that was made regarding restricting access to Naloxone to anyone under 21. This restriction makes no sense because this is not a substance people will abuse, and overdoses can happen to anyone using opiates, regardless of their age. Naloxone can save lives, and restricting access for such an arbitrary reason will mean more overdose deaths.

**Continuum Updates:** Still working out the details of Coordinated Entry implementation, seeking more input from different types of providers and from different parts of the state.

**RHC’s:** R3- very good discussion, the Public Health Liaison from Washington County attended. R2- Fair Housing Training with the Resource Committee, discussed STEP. R1- also discussed ESHAP and STEP.

**LTS:**  Bangor currently has 3 LTS’s – one of them has been on the list for quite a while, but the other two are relatively new. All 3 now have vouchers in hand. Org Code recently visited Bangor to go over the VI-SPDAT. Portland is at 62. Rob provided a graph of occupancy at the Oxford Street Shelter over the last 5 years. Projections show they would need to house about 9 LTS’s a month to ‘solve’ this issue in Portland. Brunswick has now officially started to keep a LTS list and will provide numbers soon.

**The Oxford Street Shelter Chart:** was discussed at length. Some felt that the projections give the impression that the work is done – that they will resolve this if they just keep doing the same things they have been. It does not show the resources that will need to be in place to keep all those folks stably housed – and a cost analysis of the savings realized when people were housed. How do we show the costs shifting from shelter to housing? Does it? Housing LTS reduces the overall Length of Stay, but it can also mean more people are able to access the shelter who were not able to before, and all those intakes, all those new referrals, etc. means the actual amount of work being done – and the cost to run the shelter itself - has not gone down at all. The historical data shows many ups and downs, not all of which can be attributed simply to the LTS effort. The boxes with dates and numbers would be more meaningful if they could show other factors that were driving these changes. The vertical lines with the number of people housed between peaks and valleys seems too random – it would be easier to see changes if these lines were equal amounts of time (example: X number of people housed in the 1st quarter, X # 2nd quarter) or equal numbers of people (example: it took 12 months to house the first 60 people, but only 6 months to house the next 60 people).

**DHHS Updates:**  Opening a new PNMI facility in Bangor – originally 8 beds but seeking to expand to 16. Initially these were for elderly and/or medically compromised persons exiting hospitals, but now will include homeless. Over 130 people are currently on waiting lists for PNMI openings. BRAP and other programs for special needs populations also have long waiting lists. People need to have the appropriate assessment to qualify for PNMI – qualifying LOCUS and ANSA scores. There are on-line trainings available. PATH providers will all be trained on these assessments in the future. It was asked if shelter staff and Navigators could also be trained. The trainings are available, but PATH workers have other information and experience to put these into context. It might be best if Navigators continued to focus on Housing and Stabilization, and work with PATH when appropriate.

Chet will be meeting with staff at Florence House to try to identify some strategies for housing the CH and LTS’s there. Maine has made great strides in addressing and reducing Chronic Homelessness, but we need to get better at covering rural areas of the state. The Dept. gets lots of reports of people in rural areas being homeless for long periods of time, but there is currently no way to document it. The Point-in-Time has done better with rural outreach, but that’s just one night. Can MaineHousing provide rural PIT data year to year? If locations were identified by outreach, can PATH workers be sent to connect with those people?

**The Blueprint for Ending Homelessness** that the SHC provided to DHHS is now two years old. While it has not been formally acknowledged, the Dept. has actually accomplished or at least made progress toward many of the goals outlined here. It must be remembered that working on issues of homelessness is only a part of what the Dept. does, and they do not “own” homelessness – they are doing their part, but many other entities will need to be involved in finding solutions. DHHS regularly participates at SHC, RHC, and CoC meetings. Lots is being done around addiction, MH, and other special needs populations. They are looking at ways to incorporate telemedicine in future housing development programs, finding ways to allow the ‘money to follow the person’, being more connected with partners, and making sure accountability is written into every new contract.

**MaineHousing Updates:** Still waiting for confirmation of next director. Hoping to release the next Housing Trust Fund RFP by May, which will include a focus on homelessness and persons with special housing needs. Section 8/HCV is still operating under the continuing resolution, meaning availability is limited to vouchers that turn over, about 30 a month. MaineHousing has responded to public comments on their Annual Action Plan, several of which were in regard to the STEP program. STEP was designed to use Fed HOME funds for short term rental assistance, up to a max of 24 months, for folks who can most benefit from this model to resolve their homelessness. MaineHousing acknowledges that this is not the population prioritized by the SHC Prioritization Chart, but this is a limited subsidy so it does work for those with limited needs. We do not want to lease people up on STEP if what they really need is a long term subsidy because this funding could end or be redirected. Cullen said it seems there are relatively few extensions beyond the initial 12 month term. MaineHousing does not typically deny extensions, but they do need to be requested properly, and it needs to make sense within the context of the program. STEP received about 30 or 35 requests last year – they are for three month increments, up to a maximum allowable 24 months, so some of those requests may have been from the same households. Dan said he has gone to shelters and asked them about STEP, and other programs. He has heard some negative comments about the amount of paperwork and the administrative burden, but overall people were very positive about the program itself and said it was working. Cullen said that when MaineHousing is at the table the feedback about STEP is very different than what he hears at other meetings. Dan said he is very open to hearing the truth, and any constructive feedback people may have. He really does want to know if a program is working or not, and what can be done to fix it if it isn’t.

Clyde provided a report showing STEP outcomes from 2017. The average length of time in STEP was 11 months and 79% of households remained housed at exit without another form of subsidy. Only one person re-entered shelter within 3 months of exiting STEP. Chet said that they have many BRAP and S+C applicants who say they were on STEP but could not maintain housing on their own after a few months, so they would not show up on a report that only looked at returns within 3 months of exit. It would be helpful to track this over a longer time frame. Cullen said he has heard STEP does not work well for DV or Youth. Rob said that OSS doesn’t use STEP because it doesn’t work for their population. So what would work? Shelter Plus Care would be good. Or HCV. Alison pointed out that Shelters have only applied for about 1/3 of the HCV that has been made available to them. STEP can be for up to 24 months, but the Navigator services are only paid for the first 12 months. We need to compare the outcomes of those who receive STEP to those who receive no rental assistance at shelter exit. Is STEP really making any difference or would those ‘just barely homeless’ households be able to make it on their own? Josh added that as soon as you start working on housing with someone at the shelter, it seems to automatically increase the length of time they are in shelter because they are waiting for something to happen. He said STEP might be awesome for those it is meant to serve, and if it is used appropriately, but it isn’t used that way. Even at his own program they use it for people who are not appropriate because there is just nothing else available to them. If people need BRAP or S+C or HCV, why put them in STEP, and then say STEP doesn’t work? STEP might work for the people it was designed to serve, just as S+C and HCV work for their intended populations. None of these programs are perfect. We need to acknowledge that STEP does work for some people. Back to Clyde’s report, page 4 shows that while most STEP vouchers were used appropriately, many were issued to clients with VI-SPDAT scores that fall outside the recommended range. It seems likely that those are the ones returning to shelter. The Chronically Homeless number in this report (961) is much larger than what we have been talking about at SHC (65). This figure is based on HUD’s new calculation method. We need to look into this – it is an alarming difference.

**Prioritization Chart:** Cullen edited the chart based on discussion at our last meeting and asked for any additional feedback. Adding a column for Bednights next to the column showing the number of people might help explain why so many resources are being directed to the smaller number of people, and so few to the larger groups at the bottom. Why are unaccompanied youth not a higher priority? Listing them on the fourth line down makes it look like they are not considered that important. Many homeless adults start out as homeless youth. If we prioritize housing youth, or better yet, prevent them from becoming homeless, we will reduce the number of them who become homeless as adults. Youth should be part of the Priority 1 group – they are far more vulnerable than most adults, regardless of how long they have been homeless. Each type of program is going to prioritize the population they work with. Youth programs will prioritize youth, veteran programs will prioritize veterans. But this chart is not about the programs – it’s about the resources, and most are not appropriate or available to youth. Think about a youth under 18 alone on the streets – who would NOT consider that a priority? Prioritizing from longest to shortest length of time homeless works and is a best practice, we do not want to stop doing that. It works for adults, but not for youth, and certainly not when you mix them together. Do we need a separate chart for youth? Most of the resources are not going to work for them anyway. Maybe we have been looking at this backwards. Instead of starting with the population and moving toward the resource, maybe we need to look at all the resources and identify who can use them – Youth resources for youth, Veteran resources for veterans, and so on. Then it would be obvious that there are few or no resources for various parts of the population. We don’t refer adults to programs designed for youth, we don’t refer everyone to programs designed for veterans. Not everyone qualifies for BRAP or S+C. STEP was designed to serve a particular part of the population too. No one is saying VASH doesn’t work because only veterans can get in. Can we rename this the Resource Prioritization Tool and move the columns? Maybe we need to develop an ‘ideal subsidy for youth’ the way we did for SUD? The intent of this tool was to help DHHS, MaineHousing, and other resource providers allocate available resources to the populations who need them. We are down to 62 LTS’s now. We are so close to solving this – we should not stop, or change course, before we finish the job. This isn’t about NOT serving other populations, it is about ending homelessness for those who have been homeless the longest, and that will get shorter and shorter.

**Populations:**

**Veterans:** There was a meeting on January 31 on Veteran Homelessness in Maine. It included an excellent presentation on our Veteran’s Coordinated Entry process. There are currently 125 people on Maine’s Homeless Veterans By-Name List. VASH is currently 92% utilized.

**DV:** Maine’s DV Coalition has a new data person and they are looking at a new database that all Maine DV providers will participate in, and that will generate the “comparable” reports needed to be in compliance with HUD regs. Could happen as early as this spring.

**Families:** Portland Family Shelter is still full and overflowing. They see many large immigrant families that are hard to house. FACT (Families And Children Together) is working closely with shelters in Bangor, as well as getting referrals from jails and hospitals. They are wrapping up their ESHAP paperwork and hope to have a Navigator in place soon. WMHO (Western Maine Homeless Outreach) is looking for a larger space. Their current lease will be up soon and they need more room to meet demand. Can we get any data from the Family Promise group in Portland?

**Youth:** Chris thanked SHC for the letter supporting the Maine youth shelters’ appeal of FYSB findings regarding the ages of youth served at shelters. New Beginnings’ 100 day challenge in Franklin County is at the 50 day mark. They are the most rural site participating, which may help with our YHDP application. Matt Aaronson, formerly with HUD, is now working with Maine DHHS around their next Youth RFP. Merrymeeting in the Bath/Brunswick area is developing a Host Home Model. There is also a new group in the Berwick area working on a youth project – Chris will be meeting with them soon.

**Single Adults:** nothing new

**Age 55+ and Medically Compromised:** (see DHHS update)

**Substance Use Disorder**: nothing new

**Agenda items for next month:** 1) Is STEP a good match for our priorities? 2) Is the VI-SPDAT the right tool for our prioritization? 3) What population is STEP appropriate for? 4) More Prioritization Chart updates.

**Other Business/Announcements:** None.

**Next Meeting: March 13, 2018**