**Statewide Homeless Council**

**April 10, 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), David McClusky (RIII), Rob Parritt (RI), Bill Higgins (RI), Elizabeth Szatkowski (RI), Dan Brennan (MaineHousing)

Members not able to attend: Josh D’Alessio (RIII), Donna Kelley (RII), Boyd Kronholm (RIII),

**Guests:** Donna Yellen (Preble Street), Alley Smith (Veterans, Inc.), Fran Walsh (Families and Children Together), Allison Gallagher (MaineHousing), Ginny Dill (Shalom House), Mary Francis Bartlett (City of Augusta), Mike Merrill (VOA), Arwen Agee (VA), Cindy Namer (MaineHousing), Norm Maze (Shalom House), Clyde Barr (MaineHousing), Cheryl Harkins (HVJ), Ed Jordan (Citizen), Jenny Stasio (Through These Doors – formerly FCS), Melissa McEntee (RGH)

**Minutes:** Scott Tibbitts (MaineHousing)

**Minutes** of February 13, 2018 were reviewed and approved as submitted.

(There was no SHC meeting in March due to bad weather.)

**Announcements:** None.

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

**Federal:** The Omnibus Bill passed, which is generally good news for housing and homeless programs. Senator Collins worked very hard to protect housing related funding – Cullen has sent a letter of thanks on behalf of SHC.

**State:** The Bill proposing to reduce the tenant portion of BRAP rent from 51% to 30% was passed. It includes a provision that tenants must accept Section 8/HCV if offered. LD-1771 was amended, LD-1711 received a ‘divided report’, and LD-1682 now includes language from the SHC ‘ideal subsidy’ list. The state also approved an additional $6.6M to address the opioid crisis.

**Continuum Updates:** The Coordinated Entry Implementation Committee is in the process of developing trainings, Policies and Procedures, and Written Standards, and plans to launch in early May, before the NOFA comes out.

**RHC’s:** R1: standard review/updates. R2: Discussed Resource Trainings & CE. R3: No meeting.

**LTS:**  Brunswick has started a By-Name List and has already house 3 individuals and 3 families. Portland is working from 6 lists now. The newest list has 65 people, 33 of them with over 180 days, and 32 with less than 180. The Average Length of Time at Oxford Street Shelter is now down to 7 days.

**DHHS Updates:**  **SUD:** As mentioned earlier the state approved a $6.6 Million package to address the opioid crisis. DHHS is putting together an RFP, looking at best practices and data driven models. PATH is currently under contract, for 9 months. Another RFP is likely with new contracts starting in October.

**BRAP** will be limited to Priority 1 applicants until the program is able to level out from the adjustment to tenant rent changes – maybe by September. For Priority 1, hospitals typically consider someone “stabilized” after 3 days, but if they were homeless when they arrived, they will be homeless when they leave. The BRAP threshold is a psychiatric stay of at least 72 hours (3 days). Occasionally someone can be discharged directly to a new housing option, but that is rare, so BRAP can accept applications within 30 days after discharge.

**PNMI:** The Department continues to work to develop PNMI units. PNMI can tie services to housing. It is less restrictive than hospitalization.

**PATH** has been recognized as a best practice.

**Shelter Plus Care** is now level, in terms of funding, and needs to remain stable to be sustainable. There are over 200 vouchers out right now with people seeking housing. Not all of those will lease up. Folks can request a waiver if they need more time.

**Ending Chronic Homelessness:** Chet pointed out that STEP (the TBRA portion) is now funded though the CoC and needs to be looked at as part of the Continuum. If someone gets on STEP and it becomes clear the program is not working for them, there needs to be a way to move them to S+C or BRAP – but that needs to happen much sooner than at the last minute after 24 months on STEP. Dan said he appreciates that and agrees this sort of transfer would make sense for some, but he has done outreach with shelters across the state in regard to SHC’s concerns about STEP and he did not hear that the program is fatally flawed. There are places/populations – like low barrier shelters - where it does not work well, but most general shelters say it works for them. There are things we can look at to improve it, like reducing the volume of paperwork, and making transfers easier when needed. As for SUD, Maine as a state needs a solution that will work for that population, but let’s not destroy STEP to make that happen – too many shelters do not want it to go away. We do not need to take money away from STEP in order to address the SUD crisis.

- People get a VI-SPDAT at the shelter and it’s determined that they need S+C or BRAP – but what if there isn’t any available? If we can determine that there are X number of people who need BRAP, that data could help us argue for more BRAP funding. Giving someone STEP now is better than putting them on a waitlist for BRAP and keeping them in the shelter. But that is not a flaw of the STEP program!

- Appropriate referral begins with appropriate assessment. Can HMIS track why a particular referral was made – why someone with a score indicating S+C was the best options, instead was given STEP? STEP does require a letter from the Navigator for referrals that are outside the typical VI-SPDAT range, and a note could be added in HMIS, but it is not a ‘data element’ that could easily be tracked or reported on.

- People can go from STEP (as RRH) to other forms of PSH, including S+C, if they were Chronically Homeless upon entry to RRH. HUD allows that. Do we want STEP to be a way to get to other PSH, or do we want STEP to target a different population? We do not want to use STEP simply as a strategy to get to S+C. We have BRAP for that. It can be done, under particular circumstances, but that should not be the plan from the start.

- The strategy should be to help everyone get the most appropriate assistance from the start. But there are not enough resources to help everyone, so we have to focus on helping where those resources will have the biggest impact – on long term stayers – and not dilute them over other populations. Many people just need a referral, but others will need lots of help for a long time. But different resources are designed for different populations, and anyone who is homeless deserves to be helped. People showing up at shelters have likely exhausted all their other resource. They need help. There has been great progress on LTS’s but it took lots of resources to do it. When do we say we have achieved “Functional Zero” for this group and allow resources to go to other populations that need help?

**MaineHousing Updates: NHTF:** There will be a meeting May 2nd at 2:00 to go over the Draft RFP for the National Housing Trust Fund allocation. The application includes points for serving Homeless or Other Special Needs populations. The awards will be for Capital funds to acquire or build housing units. The Draft QAP (Quality Assurance Plan) will go to the MaineHousing Board next week. If approved it will go out for public comment soon after. It also includes points for projects with a 20% homeless preference.

**VASH:** MaineHousing has received 7 additional VASH vouchers – Augusta Housing, Westbrook Housing, and Bangor Housing also each received 5 VASH vouchers. We will need to connect those agencies to HMIS, as data entry in HMIS is a requirement.

**HCV**: The recent omnibus bill that was passed included increases to HCV funds, but until those funds arrive we will need to keep doing what we have been doing in terms of voucher turnover. As of next month, all of the Housing Authorities in Maine will be using one centralized waitlist.

**DATA:** Clyde provided updated STEP data and additional information based on questions from the previous SHC meeting. One of the concerns was that the initial report only included people who returned to shelters within 3 months of exiting STEP. Some SHC members felt that we needed to look at a longer time frame because people might be able to cobble something together for that short a period of time before exhausting all resources and ending up back in a shelter. The updated report examined a year’s worth of data and found that of the 169 Households who exited STEP in 2016 to 2017, 77% were listed at exit as remaining in housing with no ongoing subsidy, 7% had another form of subsidy, 8% found some other type of housing, and 7% had no data entered. Only 1% (2 households) returned directly to shelter upon exit, and 8% (14 households) returned to shelter within a year. All but 2 of those returns occurred within 90 days of exit from STEP. Of the 14 households who did return to shelter, 11 were from ‘low barrier’ shelters, and their average cumulative length of stay in shelter was 215 days, indicating that many were Long Term Stayers and were likely given STEP because S+C or BRAP was not available at the time. While the actual number of people who return to shelter after exiting STEP is fairly low, it is obviously not the sort of outcome we want. Navigators should work to identify STEP clients who could potentially wind up in this situation and begin exit planning much earlier – including exploring other subsidy options.

**Prioritization Chart:** Cullen reviewed the latest version and some of the additional feedback he has received. While this was initially a SHC effort, if the CoC is going to be using this chart in the Coordinated Entry process, it must speak to HUD priorities. Recovery Housing opportunities are likely to become available soon, and we need to be in a position to access the funding. It was recommended that Recovery Housing be added to the chart. “Recovery Housing” is not a specific project type, like “Transitional Housing”. There are many different models, but we should include it as a placeholder until we have developed something more specific. If we are designating a resource specifically for the SUD population, shouldn’t we also specify resources (including existing ones) that are targeted for MH populations? Youth remains “P3” but has been highlighted in red to emphasis using Youth specific resources for homeless youth immediately. Since many youth only qualify for youth resources, and all youth resources can only serve Youth, why not add it to P1 with the same emphasis?

This chart prioritizes the populations – but not the resource. The first six boxes in the last column all list the same resources: PSH, S+C, BRAP, GA, VASH … it does not prioritize the resource at all – this is the same old shotgun approach that has been used for years where everyone applies for everything and waits to see what opens up first. Can we at least organize the Resources in a way that shows who should get what first, based on their individual assessment. This chart is not self-explanatory. There is a lot of information here, but the actual programs and process are even more complicated. We need a tool that is easy to understand, easy to explain, and easy to use. Cullen will incorporate this additional feedback into another draft.

**Possible Press Release Topics:** Celebrating the work of the legislature. Update on the Cost of Homelessness. Journey of Recovery. Success of other communities using Housing First strategies. What about combining a few of these: Success and cost savings of a Housing First Recovery program somewhere?

**Populations:**

**Veterans:** Maine now has an additional 22 VASH vouchers. The Cabin in the Woods will start moving people in in June – there are 21 Cabins, They are furnished, and 16 come with VASH. Maybe we could have a presentation about it at an upcoming SHC?

**DV:** Still working on the new database, hope to be up and running soon. Safe Voices will be opening a safe house for victims of trafficking. DV shelters are seeing more SUD, including some overdoses, and MH issues.

**Families:** Nothing new.

**Youth:** Copies of the Kennebec County Homeless Voices for Youth Count were shared. The Youth Homelessness Demonstration Program Grant Application is due next week. The 100 Day Challenge is more than half way done.

**Single Adults:** Nothing new.

**MH:** Who can conduct ANSA screenings for possible PNMI placement? Should shelter staff be trained in this or should they refer to PATH or MH provider agencies? Need to find out.

**Age 55+ and Medically Compromised:** Nothing new.

**Substance Use Disorder**: The language SHC developed around a SUD Subsidy was included in a bill proposed by Representative Shanna Bellows. Both DHHS and MaineHousing appear willing to explore possibilities around this.

**Other Business/Announcements:** None

**Next Meeting: May 8, 2018**