Statewide Homeless Council
Maine Department of Health and Human Services
Blueprint for Ending Homelessness

Summary
In 2015, the Statewide Homeless Council (SHC), which includes the Commissioner's designee from the Maine Department of Health and Human Services (DHHS), endeavored to create a blueprint for ending homelessness in Maine, detailing the things that DHHS could do that would be most helpful to end and prevent homelessness in Maine. As advisory to DHHS, the SHC saw an opportunity to provide a blueprint for DHHS to allow it to connect the dots: See through its commitments to every consumer, ensure its services demonstrate care, and maximize its efficiency and efficacy in realizing its mission as it pertained to homelessness. The Statewide Homeless Council sees this list of goals, objectives, and action steps as things that DHHS could do that would be most helpful to end and prevent homelessness in Maine. Additionally, it recommends that DHHS utilize data to accomplish goals 1, 2, and 3. The Statewide Homeless Council would like to see DHHS develop long term thinking and solutions to end and prevent homelessness by taking the following steps:

1. Repurpose existing staff to establish a Homeless Services office/unit.
2. Establish a responsive continuum of appropriate support services across the life cycle.
3. Look at data from across departments to be able to make long term decisions.
4. Allow room for creative thinking and problem solving.
5. Focus on serving everyone effectively.
6. Provide education about all programs within the agency and their eligibility requirements.

Below are three key areas of focus.

1. **Have homelessness be a primary focus**
   - Track and prioritize services to people who are, or have ever been, homeless.
   - Have every new proposal or policy include a description of how it will help end homelessness.
   - Develop a response protocol for homeless populations.

2. **Do not let harm come to vulnerable people.**
   - Ensure people receive adequate support services so they are successful in housing.
   - Do what can be done to narrow the pathways to homelessness, and broaden the avenues to housing and services.

3. **Ensure community, inter-departmental, and departmental integration**
   - Unify all department missions/vision statements as they pertain to homeless policy.
   - Create a comprehensive whole – not silos.
   - Look across departments to see the big picture and make longer term sustainable decisions, rather than crisis based decisions (budgetary or otherwise) for community needs.

Blueprint for Ending Homelessness

1. **Have homelessness be a primary focus**
   a. Focus on homeless populations – what can DHHS do to help?
      i. Track and prioritize services to people who are, or have ever been, homeless.
      ii. Find ways to ensure adequate service delivery for each person's success in the community.
   b. Examine each new DHHS proposal or policy for how it will impact homelessness.
      i. Have every new proposal or policy include a description of how it will help end homelessness.
      ii. Even if a policy only affects a small group of people, follow them and find out what the impact is – do they find other resources, do they end up at shelters, do they apply for GA? Did the change lead or contribute to that?
      iii. Ensure there is continuity so people who are homeless are not dropped.
   c. Focus on Supporting Wellness – Supported, Practiced, and Realized.
      i. Treat everyone with dignity.
      ii. Have everything possible focus on, and contribute to, wellness and recovery.
      iii. Support stability to avoid inefficient emergency and crisis services.
   d. Be an active participant in planning and implementing services to people who are homeless.
      i. Ensure all applicable departments within the agency are included (SAMHS, OADS, OCFS, MaineCare Services, etc.).
      ii. Develop a response protocol for homeless populations.
      iii. Include affected populations/consumers in strategy development, and assessment of results.
   e. Ensure there is data sharing and tracking across agencies, as it is essential for success.

2. **Do not let harm come to vulnerable people.**
   a. Provide services that will prevent homelessness for all populations and ensure there is a roof over every head.
      i. See that everyone is stably housed with an adequate support network.
         1. Have Department be strategic, proactive, and innovative.
         2. Ensure people receive adequate support services so they are successful in housing.
         3. Have Case Managers play a key role in getting and keeping people housed.
   b. Do what can be done to narrow the pathways to homelessness, and broaden the avenues to housing and services.
      i. Help Maine gather meaningful data on people who are on waiting lists for services and housing.
      ii. Correct gaps in data collection across the state – count everyone.
         1. Be smart about data collection. Collect only what is necessary, and don't allow data collection to become burdensome.
      iii. If a program is to end, or funds are to be shifted, consider how it would affect the clients that were being served, especially if homeless, and what will be done to help them.
   c. Examine the unique challenges presented by medically compromised, including an increasing elderly population, and in particular, people who are homeless while elderly, disabled, or medically compromised.
      i. Incorporate HealthInfoNet services to streamline healthcare related communication and services.

    d. Examine the unique challenges faced by people struggling with addiction.
        i. Examine successful recovery models and work to implement them.
        ii. Develop a successful strategy for addressing opiate addiction.
        iii. Adapt to the changing landscape of addiction and the populations involved.
    e. Provide MaineCare for provision of case management and transportation services to homeless or at risk populations – follow them in the community.
        i. Prioritize people who have been homeless the longest period of time. After stabilizing them, continue toward those with shorter lengths of homelessness.
        ii. Prioritize people who are most vulnerable.
            1. Utilize best practices for risk assessment.
        iii. Ensure services include medical, behavioral health, case management, and transportation.
            1. Ensure these services are flexible to allow successful access by populations that are homeless.
    f. Address transportation issues related to services in the state, even in relatively urban areas.
        i. Provide access to transportation services for everyone in need.
        ii. Simplify transportation systems – make them user friendly.
    g. Empower people who want to work. Plan transportation services for a population that can't afford a vehicle, and/or have hours that just don't work with available transportation. Lack of jobs, and transportation issues lead to homelessness.
        i. Increase access to childcare for families experiencing homelessness.
    h. Have money follow the person, not stay at an agency or facility.
        i. Have education and training be priorities for people who want to work.

3. Ensure community, inter-departmental, and departmental integration
    a. Promote and ensure transparency
        i. Establish simple access to eligibility information and determination.
        ii. Unify all department missions/vision statements as they pertain to homeless policy.
        iii. Follow a clearly stated plan.
    b. Create a comprehensive whole – not silos.
        i. Establish an inclusive DHHS system, and an inter-department approach to working with DOC upon discharge, as well as MaineHousing, DOL, DOE, and DOT.
        ii. Ensure accountability for appropriate access to, and discharge from, hospitals.
        iii. Have DHHS partner and consult with the SHC, providers, consumers, and families in the development of new ideas and programs.
            1. Focus on the discharge plan approved by the Statewide Homeless Council and the Hospital Association.
    c. Focus on relationship building and information sharing.
        i. Have a can-do attitude.
        ii. Connect consistently with communities.
            1. Know who to contact.
        iii. Interface at the local level.
        iv. Merge permissions and modernize collaboration and information sharing.
            1. Examine why Maine rules and statutes regarding privacy and information sharing are much stricter than the federal requirements – see if these can become less stringent for better service delivery.
            2. Standardize intakes and clarify definitions of services.

3. Use DHHS data to show what is and what is not effective in very specific instances.
4. Look across departments to see the big picture and make longer term sustainable decisions, rather than crisis based decisions (budgetary or otherwise) for community needs.

 v. Ensure agencies providing services are invested in community based approaches, collaboration, and improving efficiencies.

d. Enhance collaboration and data sharing between MaineHousing and DHHS and their respective contract agencies
 i. Look toward creating a coordinated assessment.

e. Increase advocacy and reduce limitations.
 i. Increase outreach and community involvement.
 ii. Be actively involved at the Regional Homeless Councils as well as at the Statewide Homeless Council.
 iii. Use shared data to inform best practices in the community for the provision of services.
  1. Partner with community agencies.
 iv. Ensure welcomed access to beneficial programs for stability.
 v. Be flexible to meet each person where they are at.
  1. Ensure streamlined accessibility.
  2. Allow overlap so people working on different areas can meet client needs.
 vi. Be an advocate for people – make this clear with prioritization and services.
  1. Have DHHS be an advocate from within the system to ensure people get the ideal array of appropriate services.
 vii. Agree to identify and remove or reduce barriers

f. Ensure Accountability.
 i. Ensure seamlessness, sustainability, and continuity with administration changes.
  1. Minimize effect of turn-over of the top several layers of staff at state agencies with each new Administration, as it impedes implementation of longer term changes. (Statute change.)
 ii. Ensure there is an effective advisory relationship between DHHS and SHC for planning; avoid just reporting back and forth, and instead work to ensure that SHC input is being acted on (the SHC serves an advisory role with DHHS).