**Statewide Homeless Council**

**September 11, 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), Josh D’Alessio (RIII), David McClusky (RIII), Chet Barnes (DHHS-SAMHS), Melanie LaMore Gagnon (RII), Donna Kelley (RII), Boyd Kronholm (RIII)

Members not able to attend: Rob Parritt (RI), Elizabeth Szatkowski (RI), Lauren Bustard (MaineHousing) Cheryl Harkins (RI)

**Guests:** Don Lynch (Families and Children Together), Ginny Dill (Shalom House), Susie Whittington (VA, Togus), Sara Fleurant (City of Portland, OSS), Charlee Noble (VOA), Brian Sites (VOA), Brian Townsend (Amistad), Cindy Namer (MaineHousing), Bob Fowler (Milestone), Marianne Sensale-Guerin (Milestone), Ken Capron (MemoryWorks), Donna Yellen (Preble Street)

**Minutes:** Scott Tibbitts (MaineHousing)

**Minutes** of June 12, 2018 and July 10, 2018 were reviewed and approved (no meeting in August).

**State and Federal updates:** See Policy Committee notes that were posted and distributed at the meeting.

**NAEH Conference:** 8 providers from Maine were able to attend the conference and had the opportunity to meet with all four members of our Congressional delegation and discuss issues of concern related to homelessness in Maine.

**SHC Meeting Protocols:** Cullen reviewed the updated list and a **MOTION** was made to accept them, followed by some discussion. It was suggested that when legislation is put forward that seems to be in opposition to the goals of the SHC, we should be able to take the time to try to understand where ‘the other side’ is coming from and why such a proposal was put forward – not just instantly oppose it. Maybe we can try to invite people who support the proposal to come and discuss it. The motion was **PASSED**.

**MCOC Updates:** The NOFA Application is almost done. The Selection Committee is meeting today to finalize adjustments to the Scoring and Ranking. The whole package will be brought to the full MCOC meeting on Thursday for the group to vote on. Submission deadline is the 18th. Cullen thanked Scott for all of his hard work, and MaineHousing for making additional Match funding available on very short notice when several projects decided to voluntarily reallocate their funds rather than reapply. Chet thanked the Appeals Committee for quickly and efficiently resolving some last-minute issues with the monitoring and scoring results. This was the first time MCOC has had to use the new Appeals Process and it worked well!

**Regional Homeless Councils:** RIII discussed the FACT Family Shelter proposal. They have a building and are working with the City of Bangor to resolve zoning and code related issues to allow for use by two families. RII will be meeting later this week. RI had a presentation on Recovery Residences.

**Long Term Stayer Updates:** Portland’s by name list effort has housed 230 LTS’s in the last 3 years, with an overall success rate of 95.2% remaining stably housed. Half of the folks on the most recent (6th) Portland list had Lengths of Time Homeless of less than 6 months. Bangor continues to see very low numbers, single digits, and has begun tracking the number of times folks enter/exit the county jail. WISH Navigators are now able to go into the jail to work with clients prior to release. Bangor is also working with Hospitals and ER’s through ‘Health Coaches’ which is working very well. It took a lot of time and effort to establish the relationship with the jail – it was not easy. DHHS is revamping their Forensic ICM program and reconnecting with local jails to establish relationships and connect people to services.

**LTS and CH:** How many of our LTS currently meet the Chronic Homeless definition? Early on it was fairly safe to assume that essentially all of the people identified as Long Term Stayers were also Chronically Homeless, but that is no longer always the case. The Continuum must still go by the HUD CH definition and we need be clear who qualifies and who does not so that our System Performance Measures and other data are as accurate as possible. We want to be sure we get credit for our work with CH, but we do not want to overstate it by including LTS who are not CH. Can HMIS provide a list of CH? Currently, CH in HMIS is based on self –reported status, not on a calculation.

**Encampments/Camping:** Cullen was at a conference in Los Angeles last month, where many were intrigued by Maine’s LTS and BNL efforts. We now have 63 people on our LTS list. In LA County alone, there are 52,000 people experiencing homelessness. Encampments often cover all available sidewalk space for blocks and blocks (more than a square mile), and the longer people stay in these conditions, the more entrenched they become and the harder it is to get them to leave, even if it is for a housing opportunity. Chet said that he has heard that people have been told that tenting in Maine between April and September is not considered “homelessness” (MaineHousing hears this a lot too) and he wanted to be clear that this does not apply to all funding streams. Many people are apparently told this by local GA offices. DHHS does not have a policy on this for GA – it is up to the local GA office to interpret the guidelines. DHHS is spending a lot of wrap around funding on housing and hotels in Aroostook County where there is only one general shelter. The SHC and MCOC really need to pay attention to this part of the state. Many people end up leaving the area to seek services in Bangor or Portland, which only increases the burden there. Towns are looking for resources, ideas, ways to help – the problem will continue to grow if we don’t address it soon.

**DHHS Updates:**

**Fee for Service Changes (Focused discussion topic of meeting):** The move from ‘Cost Settled’ contracts to a ‘Fee for Service’ structurewas, at least in part, to allow the money to follow the person, though the implications for low barrier shelters and clients who are not Medicaid eligible were not thought through. Hope House has 66 beds, but only about 40% of their clients have Medicaid. Josh has had lots of great conversations and received lots of support from other agencies around this, but it will be pretty much impossible for PCHC to convert to a PNMI by January. They are already taking huge losses on their shelter programs. They need more help. Milestone is facing similar challenges. They are meeting with DHHS to discuss Personal Care Services (PCS) Billing and the overlap between the detox and homeless components of their programs. The allowable billing is so much less than what it actually costs to provide the services. Milestone is not a PNMI, so they don’t even know if they can bill for PCS at the shelter rate. They have 41 beds, PNMI’s are limited to no more than 16 beds. Resources are dwindling, the problems are getting worse, and the people making these funding decisions seem to not be aware of the impact of these changes. The Administration is focused on cost savings, but all state representatives have a say in how that happens. They look at different models from all over the country and try to implement those that show positive results, that are best practices, and that are data driven. It would be helpful if the rest of us knew which models they were looking at, or if they asked those providing the services for some input before they make decisions. The State went through a similar shift about 10 years ago with Youth Programs. It resulted in several program closures and far fewer beds available for youth. In many ways we are still feeling the impact and dealing with the consequences. The state does need to change something – the settled rate was working out to over $600 a day at some places, but the solution they are proposing could make many programs unsustainable. We need to take the long view – we need a solution that will work regardless of who is running the current or the next administration. We know the need is increasing but the state is cutting resources – people are dying. Milestone can change to a fee for service model, but they need a rate that they can survive at, and most of the people they serve don’t have Medicaid. When this happened with youth services, it changed the way programs operated and waitlists grew and grew – if that happens with SUD programs, it means when someone is ready to enter treatment, they may have to wait months for an opening. Other regulations also make it harder to immediately treat clients when they are ready. Increasing the fee in the fee for service model might help a bit, but it doesn’t address the 16-bed limit for PNMIs. Can there be a carve out – a waiver? The 16-bed limit is federal. SHC should weigh in on the PCS component because it directly impacts these shelters and their clients. What are other PNMI’s doing? How are they reacting to this? Milestone does not want to be a PNMI, they just need a way to get paid for the services they are providing. Clients with a primary diagnosis of SUD don’t qualify for Section 17 anyway. Is there a way for the State to recognize the need for shelters to bill for PCS without the PNMI restrictions? Trying to force these shelters to become PNMI’s in order to bill for services they are already providing is a huge problem. The intent of the state might have been to develop more PNMI’s, but the negative impact this will have on Milestone and PCHC is an unintended consequence.

**MOTION:** The Statewide Homeless Council encourages the State of Maine to allow substance use disorder shelter-based personal care services to be billed under MaineCare as a fee for service, and to reconsider the implications of Section 97 as a billing source.  Federal requirements of bed limits (due to the Olmstead Act) for PNMI facilities would exclude larger shelters from qualifying as PNMIs, yet this does not preclude the need for these services in homeless shelters. The Statewide Homeless Council recommends setting up a different chapter of MaineCare for fee for service delivery of these vital services to homeless populations. **PASSED.**

**BRAP:** It will still be a few months before they are ‘right sized’ again. They still have people on wait lists. Funding is still short, but they will be able to access some new funding in the new year.

**PATH:** The RFP is closed, applications are under review. Should pick a new provider in a few weeks.

**Life Safety Code 101**: The code says every bedroom must have a Smoke/CO Detector, all railings must be so high, windows so big, etc. These standards are much higher and stricter than HQS. Some cities have been enforcing them, but not all, and very few small towns. DHHS programs (S+C and BRAP in particular) will be adding these standards to their contracts because it is important for client safety, though it may make it difficult for some landlords to comply and continue to participate. MaineHousing has a program to help HCV landlords with some minor fixes to help bring them into compliance – maybe there needs to be something similar for S+C? VOA recently had a facility inspection that led to a long list of issues – previously each individual unit had been passing, but when the facility became licensed it led to a different level of inspection that triggered these new requirements. The changes can be very costly.

**Consolidated Plan:** Paula Weber provided an update on the Annual Action Plan that the state submits to HUD each year as a supplement to the 5 year Consolidated Plan, which details how the state intends to use various federal funds such as ESG, HOME, CDBG, HTF, and so on. Part of the process of developing the Plans includes seeking public input at meetings such as this. The DRAFT will be available in October, when additional input will be sought, and the final version will be sent to HUD in November. Next year will be the start of another 5-year Consolidated Plan. Paula asked for feedback from the group and noted the following: Could STEP be more flexible- there is too much paperwork required and it is too hard to get an extension. Could any of these funds be used for housing SUD populations? It would be helpful to have a matrix showing how each of the various sources of funding can be used, and where they can and cannot be combined or leveraged together. Please keep putting Section 8 / HCV in Supportive Housing units. Please keep funding ESHAP – it makes it possible to implement elements of Maine’s Plan to End and Prevent Homelessness, and to follow clients from shelter into housing stability. Keep doing STEP, but look at a carve out for LTS’s. Find ways to help LIHTC projects target and serve LTS’s (and other homeless populations). Find a way to use these resources to create a SUD Rental Subsidy program that is flexible and meets the client’s needs.

**Section 8 for CH:** No new information available yet. For Section 8/HCV in general, there was concern about clients needing to have an email address. Alison had suggested at a previous meeting that they, or their Navigator, could call MaineHousing directly. No one reported having had a chance to try this yet.

**Shelter Plus Care:** Lots of vouchers are out, but many folks are not able to find units and lease up, although people are still able to find units in the Lewiston Auburn area.

**VNED:** Portland HA has 15 new VNEDs (Vouchers for Non-Elderly & Disabled) that could serve LTS.

**Subcommittee on Subsidy for SUD**: Met once but need to meet again.

**NHTF:** Applications are coming in. The deadline is later this month, but applications are welcomed early.

**Navigator RSC Pilot:** Cindy is working to develop a pilot program to get ESHAP Navigators working together with Resident Service Coordinators at various properties to help get more people more quickly into housing and demonstrate to owners and property managers that working with homeless referrals is not as big a risk as they thought.

**SHC Retreat:** Initially thought this would be in October, now maybe put off till November.

**SHC Opening:** Boyd Kronholm, Region III Representative, is stepping down from this role. It was suggested that since Bangor is well represented at these meetings, it might be good to get someone from another part of Region III involved.

**Populations:**

**Single Adults:** Largely covered in the LTS/CH discussion earlier.

**Families: FACT is moving forward on developing a family shelter in Bangor.** They have a building and are working with the city on zoning and code issues to allow for use by two families. Their Navigator continues to work with families they are still unable to house – over 75 family calls since January. Portland Family shelters are still averaging about 200 people per night.

**Veterans:** There is a new Veterans Housing Services Director at Preble Street. VOA Cabin in the woods is now open – 18 of the 20 units are occupied. VOA also got a Home Depot Grant to do some work on one of their Veteran’s projects in Bangor.

**Youth:** There appears to be an uptick in the number of youth in custody needing to use shelters as a placement. An unintended consequence of this is likely to be an uptick in the number of youth returning to homelessness in our Performance Measures. Maine missed getting the Youth Homelessness Demonstration Program Grant by less than one point (.83). We will continue the work, nonetheless. Cindy is working to see if we can use CoC Planning Grant funds to keep Matt Aronson on board as a consultant on this effort.

**DV:** The new DV Database is developing nicely, they are still inputting data and learning the system. There were 2 DV Bonus Applications included in the recent MCOC NOFA submission – one to develop a DV specific CES process, and one for Vouchers for DV shelter clients.

**Press Release:** Ideas proposed included: The success we have had with LTS, and the Veteran By-Name-List. SHC commentary on the Portland Shelter move. The new Federal Plan. Rural Homelessness.

**Next meeting will be October 9, 2018.**