

Statewide Homeless Council

Agenda – May 14, 2019 9:30am – 12:30pm

SHC Membership:

MaineHousing

Maine Department of Health & Human Services:

- Substance Abuse and Mental Health Services (SAMHS)

- Office of Child and Family Services (OCFS)

Maine Department of Corrections (DOC)

Maine Bureau of Veterans Services

Region I Reps:

- Cheryl Harkins
- Donna Yellen
- Virginia Dill

Region II Reps:

- Cullen Ryan, Acting Chair
- Donna Kelley
- Elise Johansen

Region III Reps:

- Josh D'Alessio
- David McClusky
- Tracey Hair

Statewide Homeless Council
c/o MaineHousing
353 Water Street
Augusta, ME 04333

Location: Maine Department of Corrections, 25 Tyson Drive, Augusta, ME 04333.

To call in, the toll-free number is: 1-866-316-1519. PASSCODE: 9284295#

9:30-10:00 Introductions, Discussion with Commissioners Lambrew and Liberty: OUD deaths upon release from correctional facilities

10:00-10:40 Department of Corrections (DOC) Report: Commissioner Randall Liberty, and Sheriff Kevin Joyce. Review of steps taken to merge efforts to end and prevent homelessness. And, Major Problem-Solving Topic: Continued work on the **DOC Blueprint**; possible ACTION ITEM if report is finalized.

10:40-11:10 Agenda items, Minutes, and Review of Brief Written Reports:

- Acting Chair's Report – Cullen
- Maine Homeless Policy Committee – Cullen
 - State and Federal issues/Public Policy updates, state Legislation
- By Name List Reports
 - Veterans– Erin Kelly
 - LTS – Josh, Giff Jamison, Cullen
- Region I Report – Cheryl, Donna Y, and Ginny
- Region II Report – Cullen, Donna K, and Elise
- Region III Report – Josh, David, and Tracey
- MCoC Report – MCoC Chairs
- Populations Reports
 - DV – Elise, Jenny Stasio
 - Veterans - MBVS
 - Individuals – Sara Fleurant, Boyd Kronholm, and Josh
 - Families – Tracey, Jeff Tardif
 - Youth – David
- Rental Subsidies Report – Allison Gallagher and Ginny
- The Maine Shelter Network Report – Craig Phillips
- Medicaid Innovation Accelerator Program Report - Lauren

11:10-11:35 DHHS Report:

- **SAMHS:** Sheldon Wheeler and Chet Barnes. Primary focus: Update on PNMIs, BRAP, PATH, SUD and OUD efforts, Section 17 and 13 access.
- **OCFS:** Ellissa Wynne and/or Alice Preble. Primary Focus: Resources update around Youth Homelessness.

11:35-12:00 MaineHousing Report: Dan Brennan, Lauren Bustard, and Ruth Lawson-Stoppis. Discussion about how MH resources are working, and ideas for optimization: ESHAP, HMIS, STEP, NHTE/Supportive Housing, LIHTC, Gaps and Needs Analysis, and Section 8.

12:00-12:15 New Topic(s) from Regional Homeless Councils

12:15-12:27 Other Business

- Further review of the draft 2019 Ending Homelessness Resources Chart
- Messaging
- Fine tune the quarterly press release topic, to be co-written by the SHC and DOC re. Homelessness and Re-Entry (after Blueprint is complete).
- Next agenda items

12:27-12:30 Wrap up & Adjourn

Next meeting June 11, 2019 – Maine DOC, 25 Tyson Drive Augusta, Maine
(SHC meets regularly the second Tuesday of each month 9:30am-12:30pm)

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Brief Written Reports

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Acting Chair's Report –

- I have drafted an introductory paragraph for the Statewide Homeless Council DOC Blueprint for Ending and Preventing Homelessness, which provides an overview of the purpose, goals, and strategies of the document. Due to this group's efforts, it appears that the Blueprint may be very close to being finalized and could potentially be voted upon at either this meeting or the 6/11 meeting.
- The Maine Shelter Network welcomed me to attend a listening session on 5/2. What I heard: 1. Homeless shelters are not widely represented at the meetings. We can't expect our partners to be the voice of homeless shelters. 2. Time spent in meetings and duplication of efforts is a concern, and it can be very hard to figure out where you fit in. Simplifying would help. We are overlapping, orbiting, but not always collaborating. We are chasing our tails. When and how is this all going to come together? There is no real sense of organization. If you miss one meeting, you are very behind. This group is most useful to us as it zeroes in on shelters. The SHC is like the forest, and the MSN is like the trees – a place to focus on bed bugs, beds, etc., among other things. What I offered: An overview of the different meetings (RHCs, SHC, MCOC) and what specific role each plays. An open invitation to join and participate in the SHC meetings *intentionally* (which are open meetings). A suggestion that participants actively help the SHC push for the same things as the MSN. A request that the MSN work in concert with everyone to ensure the system performs optimally at the local level where the rubber hits the road.
- The former 2018 Ending Homelessness Resources Prioritization Chart has been renamed (in draft form) the 2019 Ending Homelessness Resources Chart with no mention of prioritization. Further revisions and suggestions are in the works in conjunction with the MCOC Committee working on the MCOC Coordinated Entry System (MCES), which is working on a very similar process, one that ought to dovetail with this document, and ultimately the Plan. There seems to be movement to eliminate reference to prioritization coupled with broad agreement about getting the right resources to the right people as the purpose of the document. I look forward to finding our way to statewide agreement on the latter.
- Update on LD 1201: The original bill was rewritten by the revisor's office to be a MaineHousing bill, which MaineHousing did not like. That led to the development of an alternate plan. Although MaineHousing, DHHS, and the sponsor worked out an agreement on a plan to create a low-barrier mechanism of access to a limited number of BRAP subsidies for this purpose, unintended consequences came into view when this was explored more deeply. I testified for this strategy as part of LD 613, which I understood to be the vehicle for LD 613 in the HHS Committee, but I received feedback afterwards that caused me to revise my testimony and re-submit that to the Committee. The actual LD 1201 never had in a public hearing at HHS, but a work session occurred on 5/7 in which the concerns about unintended consequences and revised testimony was reviewed, and the Committee voted Ought Not to Pass at the purposeful request of the bill's sponsor after consultation with me, MaineHousing, and DHHS. As the bill sponsor noted, LD 613 will carry the water for LD 1201 and will ensure that the stakeholder's group will include key players with intimate knowledge and understanding of BRAP including the Central Administrating Agency. This should ensure rental subsidies are getting to the people who need them, whether they are in shelters, outside, in jail, or in institutions.
- Update on LD 1523: The SHC testified in support of this bill, An Act To Ensure the Quality of and Increase Access to Recovery Residences, at its 4/26 Public Hearing (please see the attached testimony). At this hearing, Gordon Smith, Director of Opioid Response,

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testified in support of the bill and stated that the Department had available funding to put towards this, eliminating the need for a fiscal note, and making enactment of this bill much more likely.

Maine Homeless Policy Committee – See attached Federal and State Legislation Update for comprehensive information on State and Federal issues/Public Policy updates, and state Legislation items of interest. Much has transpired since April on both. Also see the attached Maine Homeless Policy Committee 2019 Legislative Agenda.

By Name List Reports:

- **Veterans**– Maine Homeless Veterans Committee By Name List Report as of 5/7/2019:

By Name List Report is as of	End of April 2019
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- This report reflects data from the Maine Veteran By Name List from January 30th, 2019 through April 30th, 2019.

Total number of veterans in Maine	104
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Slight increase in number of veterans sleeping unsheltered – this month there are 17 (compared to 15 last month).

- 56 veterans are currently working with SSVF.
- 35 are currently working with HUD VASH.
- 7 are over income for HUD VASH & SSVF.
- The remaining 6 are currently being outreached or have not accepted at Permanent Housing Intervention at this time.

Benchmark A:

Number of chronically homeless veterans statewide	8
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In total, there are 16 veterans who are experiencing chronic homelessness in Maine. The above number is reflective of the following exemptions:

- There are 4 veterans experiencing chronic or long-term homelessness that have not yet accepted an offer of Permanent Housing.
- 1 veteran has chosen to enter transitional housing to address a clinical need.
- 3 veterans are within their first 90 days of identification.

Benchmark B:

Average number of days from identification to PH move in	110
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- This is down from 116 days last month and represents a steady decrease over the last few months.

Benchmark C:

INFLOW: Number of newly identified veterans	70
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OUTFLOW: Number of veterans housed	62
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February: 24 veterans moved into Permanent Housing.

March: 23 veterans moved into Permanent Housing.

April: 15 veterans moved into Permanent Housing.

Benchmark D:

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Number of veterans Identified	70
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Number of veterans that moved into service intensive TH.	6
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- **Long Term Stayers –**

- Portland: From April 2015 through April 2019, a group of 15 organizations collaboratively targeted 434 people on By-Name Lists. In total, 230 long term stayers are currently (or died while) housed as of the end of April, translating to a 93.88% success rate in housing placements. The 230 LTS that have been housed is a group that collectively had more than 550 years of homelessness, and more than 150,000 total bed nights.
- Bangor: The Greater Bangor area has 19 LTS, which is up significantly from last year.
- Southern Midcoast: 3 adults currently on list who meet the strict 180-day definition. Currently no LTS families in our family shelter. 1 LTS family was housed in April. We have housed 5 LTS adults since the first of the year. Since we started our LTS list in February 2018 we have housed 15 adults and 8 families for a total of 23 households.
- Ellsworth: 2 LTS currently as of 5/8/19

Region I Report – Communicable diseases @ shelters and how to work with CDC: All groups should have district liaisons for the Maine Center for Disease Control and Prevention (Maine CDC). Please utilize them and invite them to meetings. For each district, there is a public health council.

Accessing Housing: As discussion occurred about the tight rental market and how to get landlords to accept Section 8.

It was discussed that there is a particular landlord who is requiring a co-signer for BRAP- It is believed that work is happening on this issue.

Other Discussion: Ruth Lawson-Stopps at MaineHousing is putting together a group to discuss resources with a goal of see how DHHS can assist with services for and assessment of homeless clients, with a focus on persons with an Intellectual/ Developmental Disabilities.

There is an increase in homeless families, especially in the Portland area. PATH does not work with Families and Youth and wondering about access to housing and services for these groups.

Region II Report – Issues around people with intellectual/developmental disabilities becoming stuck in homeless shelters was discussed and a committee was established to pursue solutions to that most worrisome trend. The RIIHC will work with the Resource Committee of the MCOC to develop a plan.

Region III Report – From both 4/10/2019 and 5/8/2019 meetings: Recommendations to SHC: 1) Know that hotel/motels in the Greater Bangor area are no longer accepting General Assistance vouchers. The last of the hotels has stopped working with the City of Bangor leaving no emergency opportunities to temporarily house individuals and families experiencing homelessness. 2) The Greater Bangor area sees a need for a warming center in the upcoming winter. BAHS indicated working on additional funds to secure a slightly lengthier timeframe for their warming center and is working with MaineHousing on how to capture data. 3) A subcommittee of R3 is forming to effect a PIT count during the month of July. The goal is to quantify unmet needs, persons living in places not for habitation, and attempt to distinguish between those seeking services and not receiving them and those either not desirous of services or suspended from receiving them. They are going to develop a small form to distribute to outreach teams, food cupboards, and other places frequented by the target population for a month. The Greater Bangor area has 19 LTS, which is up significantly from last year, and there are currently 2 LTS in the Ellsworth area.

MCoC Report – At its April 18th meeting, the MCOC voted to have Norm Maze fill the vacant tri-chair position. The MCOC also voted to support applicants for the Homeless Veterans Reintegration Program (HVRP) and applicants for the anticipated upcoming Family and Youth Services Bureau (FYSB) Runaway Homeless Youth (RHY) Street Outreach Program NOFA. The MCOC Collaborative Applicant, in conjunction with New Beginnings as lead agency, the Youth Committee, and other interested/related stakeholders, are working on the Youth Homeless Demonstration Program (YHDP) grant application, due 5/15. The MCOC is hopeful that it will be successful in this application, its third attempt

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at securing this sorely needed funding to examine the continuum of care for youth homeless services in Maine. The MCOC continues its work on rebuilding the Maine Coordinated Entry System (MCES). The MCOC also continues to work on the ways in which it can improve its score for the upcoming NOFA, which is anticipated any day now. The MCOC Board of Directors continues its work on higher level systems and strategic planning, including solidifying the Board's roles and responsibilities, developing an on-boarding book for new members, and examining system performance measures. At its 5/2 meeting, the MCOC Board decided that its June meeting it will focus on systems performance measures and receive an update on MaineHousing's Gaps and Needs Analysis being conducted by Human Services Research Institute (HSRI). MaineHousing continues work on developing a new mainehomelessplanning website, which will hopefully make finding information pertaining to the MCOC and its work easier and far more user friendly.

Populations Reports

- **Veterans** – Previously covered in the Veterans BNL Report.
- **Individuals:**
 - PATH TOA Update: No update provided.
 - Milestone SUD Populations Update: There has been a recent upswing in IV drug users (65-70%) in our shelters; increase in people new to Portland staying at our shelter than usual, so our population is much more fluid (fewer people staying for multiple nights); demographics trending younger.
 - Greater Bangor Area Adults Update: The Greater Bangor area has 19 LTS, which is up significantly from last year. Local news is focusing heavily on police efforts to take down encampments and clean up trash from abandoned belongings. The City of Bangor is holding meetings with the objective of creating a comprehensive and compassionate response to increasing homeless issues in the area. There is a community perception homelessness is more visible than in previous years.
- **Families:**
 - Portland: The Family Shelter had 17 families totaling 55 individuals enter the shelter for the month of April. The Family Shelter (FS) placed 15 families totaling 50 individuals into permanent housing (PH) for the month of April. The majority of the families presenting and entering the shelter are asylum seekers (this month 11 families were paroled from southern border; and 5 were B visas). We still remain in the Warming Center (WC) nightly with an average of 11 families totaling 39 individuals. The WC high census was 16 families totaling 46 individuals and the low census was 6 families totaling 19 individuals.
- **Youth** – The Youth Committee has been hard at work on the YHDP grant application. YHDP partner agencies include but are not limited to New Beginnings, Shaw House, Preble Street, Rumford Group Homes, and Penquis. The application has been a herculean effort with many assisting in its completion, with the following supporting the application writing process: Chris Bicknell, Sean Racicot-Psaedakis, Tom McLaughlin, Matthew Aronson, Rich Hooks-Wayman, Craig Phillips, Alice Preble, Scott Tibbitts, Leah Bruns, and Vickey Rand. Numerous other agencies and providers have contributed to the application through letters of support and other efforts, leading to a great collaborative process.
The MaineCare Management Team agreed to extend the Section 13 Prior Authorization rule change implementation dates. 05/13/19 will now be a soft implementation date. That means that those agencies who are prepared to begin doing a prior authorization in Atrezzo can begin doing so at that time. This soft roll out period will last until 07/01/19 when all agencies billing section 13 for persons experiencing homelessness will be required to get a prior authorization in Atrezzo.
- **DV** – The domestic violence and sexual assault resource centers in Maine are seeking additional funding for our prevention and core advocacy services, through funding bill LD 1171. State funds for Maine's domestic violence and sexual assault resource centers have decreased 33% over the past 20 years. The need for our services and the urgency for prevention work expands every year. We are seeking \$5 million over 2 years to be shared by all resource centers and the coalitions. LD 1171 passed by a unanimous vote by the HHS committee. The resource centers are hopeful that the appropriations committee will support this critical funding bill.

Rental Subsidies Reports

MaineHousing – HCV and STEP Updates: We have completed our Home to Stay and STEP learning forums. Staff from HCV and shelter staff gathered in three locations on three separate occasions to review process, barriers, and to

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explore ways to enhance and streamline the referral/application process. These were held in Bangor, Portland and Augusta and over 45 shelter staff attended.

We will be reviewing feedback and process improvements with MaineHousing leadership to inform the process moving forward.

BRAP & SPC – BRAP is encouraging applications and has not had a waitlist since the end of December. Vouchers are not being widely awarded for SPC recently due to funding. We are encouraging eligible applicants that apply for SPC to apply for BRAP

The Maine Shelter Network Report – The MSN met with Cullen and Ruth separately on 5/2, but there was no summary report provided by this group this month.

Medicaid Innovation Accelerator Program Update – At the beginning of April we were notified that we as a state had been selected to participate in the 2019 State Medicaid-Housing Agency Partnerships Implementation track, to receive technical assistance from the Centers for Medicare and Medicaid Services. The TA will assist us in making the case for the state to access Medicaid for supportive services for housing – especially for those folks experiencing long-term homelessness who are also high utilizers of healthcare services such as the ER. The Maine Implementation Team is made up of members of the SHC and representatives from OMS, SAMHS, OADS and OCFS. The decision was made to also include HealthInfoNet as there had already been work in progress to initiate data sharing between their system and HMIS.

Because the TA is only for 6 months, our group decided to focus on 1) initiating the sharing of data, 2) developing a plan for the data analysis and 3) possibly beginning work on the analysis. We had a kickoff call with CMS on April 24th and will be having a one and a half day site visit with them to dig into the process June 6-7.

Policy/Advocacy Update – 5/9/2019

Federal Legislation Update:

FY20 Budget & Appropriations – Update – Congress is working on the FY 20 allocations and budget, which begins 10/1/19. If Congress does not lift the Budget Control Act federal spending caps, sequestration would occur, as the previous agreement to lift the caps only included FY 18 & 19. Advocacy organizations are urging Congress to lift the caps to ensure affordable housing, community development, and transportation programs receive the highest allocation of discretionary funds possible for FY20. The House Appropriations Committee is in the process of releasing subcommittee allocations, which will allocate overall funding with which each subcommittee will have to work for their individual FY 20 appropriations bills.

House Appropriations Labor, HHS, & Education Allocation Would Increase RHYA Funding – New – On 5/7, The House Appropriations Committee released its fiscal year 2020 subcommittee allocations and its report accompanying the fiscal year 2020 Labor, Health and Human Services, Education, and Related Agencies appropriations bill, ahead of a scheduled 5/8 markup. With this bill RHYA would be funded at **\$147 million in FY 2020--- a 15% increase from FY 2019**. This would also fund the Education for Homeless Children and Youth Act (EHCY) at \$100 million---a 7% increase from FY 2019.

President Trump's Poverty Policy Proposal – New – Per CBPP: The Trump Administration yesterday [floated a proposal](#) to use a lower measure of inflation when adjusting the poverty line each year. This policy would over time cut or take away food assistance, health, and other forms of basic assistance from millions of people who struggle to put food on the table, keep a roof over their heads, and see a doctor when they need to. If the [poverty line is altered](#) in this fashion, fewer individuals and families will qualify over time for various forms of assistance, including many who work hard but are paid low wages.

HR 1856: Ending Homelessness Act of 2019 – No new update– Reintroduced by House Financial Services Committee Chair Maxine Waters (D-CA). This bill would provide a path to end homelessness in the United States, and for other purposes. This bill passed the House Financial Service Committee on 3/28. This legislation is a comprehensive plan to ensure the lowest-income people have safe, decent, and affordable homes. The bill invests \$13.27 billion over five years to address the shortage of affordable housing and combat homelessness by providing 410,000 new affordable homes for the lowest-income households. The bill earmarks \$1 billion annually to the national Housing Trust Fund (HTF) and \$50 million each year for rental assistance to be used in conjunction with HTF-created housing. Within Congressman Waters' bill is a 75% set-aside that will help create new supportive housing throughout the country. Additionally, this bill would permanently authorize appropriations for the McKinney-Vento Homeless Assistance Grants Act and permanently reauthorize USICH.

S. 923: Fighting Homelessness Through Services and Housing Act – No new update – Sponsored by Senators Feinstein, Murkowski, and Congressmen Lieu and Stivers. This bill would bill authorize \$750 million in grants annually for the next five years for local governments. It also conditions federal funds on a grant recipient's ability to provide not only housing but also comprehensive services like mental health care, substance abuse treatment and job training.

H.R. 508: Trafficking Victims Housing Act of 2019 – No new update – Sponsored by Rep. Joyce Beatty. This bill would require a study and report on the housing and service needs of victims of trafficking and individuals at risk for trafficking.

H.R. 232: Landlord Accountability Act of 2019 – No new update – Sponsored by Rep. Nydia Velazquez. This bill would amend the Fair Housing Act, to prohibit discrimination based on use of section 8 vouchers, and for other purposes.

H.R. 715: To amend section 428 of the McKinney-Vento Homeless Assistance Act to provide incentives to grantees under the Continuum of Care program to re-house all former members of the Armed Forces, and for other purposes – No new update – Sponsored by Rep. Steve Stivers. Content of bill and bill summary not available.

S. 8: Preserving Our Commitment to Homeless Veterans Act – No new update – Sponsored by Sen. Marco Rubio. This bill would require the Secretary of Veterans Affairs to ensure that the supported housing program of the Department of Veterans Affairs has not fewer than one program manager for every 35 rental assistance cases under such program, and for other purposes.

Trump Administration Proposed SNAP Rule – No new update – Per the Food Research & Action Center: The Trump Administration's [proposed Supplemental Nutrition Assistance Program \(SNAP\) rule](#) would time limit food benefits for unemployed and underemployed people who can't document sufficient weekly work hours. They would lose SNAP eligibility after three months. Comments were due 4/2/19.

H.R. 1724: The Higher Education Access and Success for Homeless and Foster Youth Act of 2019 (HEASHFY) – No new update– This bill was introduced by Senators Patty Murray (D-WA) and Rob Portman (R-OH) in the Senate, and by Representatives Katherine Clark (D-MA) and Don Young (R- AK). HEASHFY amends the Higher Education Act to simplify eligibility for federal financial aid and to improve outreach, resources, and policies for homeless and foster youth. The legislation:

- Streamlines the process of applying for and receiving financial aid;
- Helps students access housing;
- Designates a higher education liaison to help students access services;
- Asks states to grant in-state tuition rates to those students who haven't had stable residency;
- Ensures that college access programs identify, recruit, and prepare homeless and foster students for college; and
- Requires the U.S. Department of Education to help resolve questions about a student's independence, simplify the FAFSA, and publish useable data and reports.

State Legislation Update:

Bills of note: → = change since last report. Upcoming public hearings, if any, are highlighted.

Affordable Housing

- LD 48, An Act to Authorize a General Fund Bond Issue To Invest in Housing for Persons Who Are Homeless" (Presented by Representative BRENNAN of Portland). This bill would authorize a \$15million bond, to go to referendum, to invest in the creation of housing for people experiencing homelessness, to be administered by MaineHousing. A Public Hearing was held on 1/22. Not reported out by Committee.

Rental Subsidies

- LD 1523, An Act To Ensure the Quality of and Increase Access to Recovery Residences – Sen. Bellow. This bill adds definitions of "person recovering from substance use disorder" and "recovery residence" to the laws governing the substance use disorder programs of the Department of Health and Human Services and directs the department to establish a voluntary certification process for recovery residences. It also directs the Maine State Housing Authority to create a pilot project to provide a short-term rental subsidy to a person recovering from substance use disorder to reside in a certified recovery residence that provides medication-assisted treatment. This bill also adds "recovery" to "substance use disorder prevention and treatment" in the context of activities and services under the laws addressing alcohol and drug use. The bill also adds an appropriations and allocations section. **Referred to the HHS Committee. Public Hearing in front of the HHS Committee held 4/26; Work Session held Thursday, 5/9.**

Support Services

- → LD, 775, An Act To Expand Community Support Services for Certain Adult Members of the MaineCare Program – Rep. Gramlich. This bill directs the Department of Health and Human Services to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter II, Section 17, Community Support Services to include access to services to persons who have a diagnosis of bipolar disorder, major depressive disorder, panic disorder or post-traumatic stress disorder. In practice, this would revert back to the previous Section 17 (pre-March 2016) eligibility criteria. **Public Hearing in front of the HHS Committee, held on 4/9; Work Session held on 4/22 in which there was a divided report. The bill will technically be considered dead; however, there will be a resolve directing DHHS to create a new rule around Section 17 eligibility which will focus more on functionality and less on diagnosis.**
- → LD 613, Resolve, Concerning the Adoption of Rules To Carry Out the Purpose of the Bridging Rental Assistance Program – Rep. Dick Farnsworth. This resolve directs DHHS to adopt rules for BRAP in order to ensure fairness, equity and access to the program for those persons with mental illness who qualify for the program. **Public Hearing in front of the HHS Committee held on 4/17; Work Session held 4/25, in which the Committee voted OTP.**
- → LD 1404, Resolve, To Require the Department of Health and Human Services To Request a Waiver Relating to Support Services and To Provide Funds To Prevent Homelessness – Rep. Brennan. This resolve requires DHHS to CMS (Centers for Medicare and Medicaid Services) for a waiver from the requirements of federal law and regulations to allow Maine to provide Medicaid-funded direct support services to individuals experiencing homelessness. In addition, the bill provides ongoing funds (\$500,000 annually) to the Housing First Assistance Program established within the Maine State Housing Authority to be distributed to community action agencies to assist individuals on the verge of becoming homeless. **Public Hearing in front of the HHS Committee held on 4/12; Work Session held 4/25, in which there was a divided report from the Committee.**
- → LD 195, An Act To Continue MaineCare Coverage for Parents During the Rehabilitation and Reunification Process – Rep. Patty Hymanson. This bill requires the Department of Health and Human Services to continue to provide MaineCare coverage to parents who are MaineCare members while they are participating in reunification efforts with child welfare. **The bill was voted passed to be enacted by the House on 5/2, and by the Senate on 5/7. The bill now goes for the Governor's signature.**
- → LD, 763, An Act To Ensure the Availability of Community Integration Services – Rep. Rachel Talbot-Ross. This bill provides funding to increase reimbursement rates in the Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 17 for community integration services to \$24.25 per quarter-hour. This would increase the rate for Section 17 CI services. **Public Hearing in front of the HHS Committee, held on 4/9; Work Session held on 4/22 in which there was a divided report. The majority report is expected to be OTP, in which case it would be sent to the Appropriations Committee.**
- → LD 1275, An Act To Support Access to Health Services for Homeless Youth in Maine – Sen. Linda Sanborn. This bill allows a minor to provide consent to all medical, mental, dental and other health counseling and services by proving that the minor is living separately and is independent of parental support through various means such as a written, signed statement to that fact from the director of a governmental or nonprofit agency that provides services to homeless persons or an attorney representing the minor or proof of filing for emancipation. This bill also provides immunity to a health care practitioner who provides services to a minor if the minor consented to those services and provided proof of living separately and independently. Finally, this bill prohibits a minor or other person from disaffirming the consent given by the minor solely because the minor is a minor. **Public Hearing in front of the HHS Committee held on 4/12; Work Session held 4/25, in which the Committee voted OTP as amended.**

- → **LD 1318, Resolve, To Increase Access to Housing-related Support Services – Rep. Drew Gattine.** This resolve directs the Department of Health and Human Services to apply for waivers to provide housing-related services, including housing transition and tenancy sustaining services, to individuals with disabilities, older adults needing long-term services and supports and persons experiencing chronic homelessness under the 1915(b) and 1915(c) Medicaid waiver provisions. **Public Hearing in front of the HHS Committee held on 4/17; Work Session held 4/25, in which the Committee voted OTP as amended.**

Combination of Housing, Subsidies, and/or Support Services:

- → LD 1337, An Act To Save Lives by Establishing a Homeless Opioid Users Service Engagement Project within the Department of Health and Human Services (HOUSE) – Rep. Gattine. This bill will establish and fund a program to support recovery and create stability for people using opioids who are among the most vulnerable in Maine. This program will address the intersection of the opioid and homelessness crises by providing rapid access to low barrier treatment for substance use disorders, intensive case management, and a housing assistance fund to support stable housing. **Public Hearing in front of the HHS Committee held 4/8; Work Session held 4/25, in which there was a divided report from the Committee.**

Food Security and Basic Safety Net Assistance:

- → LD 1317, An Act To Restore Services To Help Certain Noncitizens Meet Their Basic Needs. Rep Gattine. This bill removes limitations on food supplement program benefits and Temporary Assistance to Needy Families program benefits, provides MaineCare coverage and modifies language for state-funded supplemental security income to maintain consistency throughout the law for certain noncitizens who are lawfully present in the United States or pursuing a lawful process to apply for immigration relief. **Public Hearing in front of the HHS Committee held on 4/12; Work Session held 4/25, in which there was a divided report from the Committee.**
- LD 795, Resolution, Proposing an Amendment to the Constitution of Maine to Establish a Right to Food – Rep. Craig Hickman. This constitutional resolution declares that all individuals have a natural, inherent and unalienable right to acquire, produce, process, prepare, preserve and consume and to barter, trade and purchase the food of their own choosing for their own nourishment, sustenance, bodily health and well-being. **Public Hearing in front of the Agriculture Conservation and Forestry Committee held on 4/2. Work Session held on 4/11, in which there was a divided report from the Committee.**

Other Homelessness Related Bills:

- → LD 184 – An Act To Amend the Veterans' Homelessness Prevention Coordination Program – Rep. John DeVeau. Referred to the Committee on Veterans and Legal Affairs. A Public hearing was held on 2/4, and a Work Session was held on 2/4 and 3/27. **The bill was voted passed to be enacted by the House and Senate. The bill is now on the Special Appropriations Table pending passage to be enacted.**
- LD 459, An Act To Include Homelessness in the Laws Governing Emergency General Assistance – Sen. Ben Chipman. Bill summary: This bill defines "homelessness" for the purposes of the laws governing general assistance and specifies that a person experiencing or facing homelessness who meets the conditions for receiving emergency assistance in current law is eligible for emergency general assistance. **Public Hearing in front of the HHS Committee held on 4/12; Work Session held 4/25, in which there was a divided report from the Committee.**
- → LD 46, An Act to Establish a Substance Use Disorder Clinic at the Cumberland County Jail – Rep. Michael Brennan. This bill would provide funding (\$250,000 in each year of the biennium) to create a substance use disorder clinic at the Cumberland County jail. **Public Hearing in front of the HHS Committee held on 4/1; Work Session scheduled for 5/10 at 1pm.**
- → LD 510, An Act To Authorize Funding for Transitional Housing for Women Veterans and Their Families – Rep. Bettyann Sheats. This bill would provide a one-time \$150,000 General Fund appropriation in fiscal year 2019-20 to the Department of Defense, Veterans and Emergency Management for the Betsy Ann Ross House of Hope to provide suitable housing for women veterans in transition and their families. **The bill was voted passed to be enacted by the House and Senate. The bill is now on the Special Appropriations Table pending passage to be enacted.**
- → LD 866, An Act To Support College Completion by Homeless Youth in Maine – Rep. Michael Brennan, & Rep. Charlotte Warren. This bill requires institutions of higher education in the State to designate an existing staff member to serve as a liaison for homeless youth who are enrolled in that institution of higher education. The bill also requires institutions of higher education to give homeless youth priority for on-campus housing, develop a plan to provide homeless youth housing during school breaks and allow homeless youth who are enrolled part-time to access on-campus housing during the homeless youth's first year of school. The bill also expands the tuition waiver for state postsecondary educational institutions to include tuition waivers for homeless youth. **Public Hearing in front of the Education and Cultural Affairs Committee held on 4/17; Work Session held on 4/22, in which the Committee voted OTP as amended.**
- → LD 1294, Resolve, Directing the Maine Human Rights Commission To Implement a Pilot Program To Investigate and Report on Incidents of Harassment Due to Housing Status, Lack of Employment and Other Issues – Rep. Talbot-Ross. **Public Hearing in front of the Committee held on 5/6.**
- → LD 353, An Act to Classify Recovery Residences as One-family Dwellings for the Purposes of the Fire Code. This bill requires a recovery residence located in a house to be considered a one family dwelling under rules concerning safety to life from fire if the recovery residence has no more than 6 occupants and contains a fire extinguisher and smoke detector in each room. This bill also defines "recovery residence" as an alcohol-free and illegal substance free shared living residence for persons recovering

from substance use disorder that provides peer support and connects residents to support services and community resources. **Public Hearing in front of the Committee on Criminal Justice and Public Safety held 4/26; Work Session held 4/29, in which the Committee voted OTP as amended.**

Bills voted ONTP in Committee:

- → **LD 1201, An Act To Create a Low-barrier, Permanent Housing Rental Subsidy for Individuals in the State Experiencing Long-term Homelessness** – Rep. Dick Farnsworth. **There was a work session in front of the HHS Committee on Tuesday, 5/7, in which the Committee voted ONTP at the request of the bill sponsor.**
- LD 876, Resolve, Directing the Department of Health and Human Services, Office of Substance Abuse and Mental Health Services To Build Peer Respite Program Capacity in Maine by Implementing at Least One Peer Respite Program – Rep. Madigan. **Public Hearing in front of the HHS Committee held 4/8, in which the Committee voted ONTP.**

Bills that are now dead:

- LD 80, An Act To Create the Department of Substance Use Disorder Services – Rep. Perry.
- LD 964, Resolve, To Study Housing Options for Persons with Mental Health Challenges and Substance Use Disorder – Rep. Beebe-Center.
- LD 447, An Act Regarding the Substance Abuse Disorder Continuum of Care – Sen. Geoff Gratwick.
- LD 578, Resolve, To Create a Pilot Program to Assist the Transition to Recovery of Persons Suffering from Opioid Use Disorder – Rep. Patty Hymanson.
- LD 591, An Act To Create Flexibility in Affordable Housing Calculations – Rep. Mike Sylvester.
- LD 683, An Act to Provide Social Workers to Persons with Mental Illness to Help Them Avoid Incarceration – Rep. Craven.
- LD 730, An Act To Create the Substance Use Disorders Cabinet – Rep. Patty Hymanson.
- LD 808, An Act to Create a Youth Wage – Sen. Timberlake.

Maine Homeless Policy Committee – 2019 Legislative Agenda

Maine is making progress towards ending homelessness. In order to maintain this progress and achieve this goals, access to and funding for affordable housing, rental subsidies, and services for people experiencing homelessness is essential.

LD 1201, An Act To Create a Low-barrier, Permanent Housing Rental Subsidy for Individuals in the State Experiencing Long-term Homelessness – Rep. Dick Farnsworth - This bill establishes a rental subsidy program within the Maine State Housing Authority for persons experiencing long-term homelessness. The rental subsidy program provides a rental subsidy and housing retention services to a person eligible for the program.

LD 48, An Act to Authorize a General Fund Bond Issue To Invest in Housing for Persons Who Are Homeless – Rep. Michael Brennan - \$15 million bond referendum. This bill would authorize a \$15 million bond, to go to referendum, to invest in the creation of housing for people experiencing homelessness, to be administered by MaineHousing.

LD, 775, An Act To Expand Community Support Services for Certain Adult Members of the MaineCare Program – Rep. Gramlich. This bill directs the Department of Health and Human Services to amend its rules in Chapter 101: MaineCare Benefits Manual, Chapter II, Section 17, Community Support Services to include access to services to persons who have a diagnosis of bipolar disorder, major depressive disorder, panic disorder or post-traumatic stress disorder. In practice, this would revert back to the previous Section 17 (pre-March 2016) eligibility criteria, removing barriers for people experiencing homelessness to access Section 17 services, and as a result the Bridging Rental Assistance Program (BRAP).

LD 1404, Resolve, To Require the Department of Health and Human Services To Request a Medicaid Waiver Relating to Support Services and Provide Funds to Prevent Homelessness – Rep. Michael Brennan. This resolve requires DHHS to apply to CMS (Centers for Medicare and Medicaid Services) for a waiver from the requirements of federal law and regulations to allow Maine to provide Medicaid-funded direct support services to individuals experiencing homelessness. In addition, the bill provides ongoing funds (\$500,000 annually) to the Housing First Assistance Program established within the Maine State Housing Authority to be distributed to community action agencies to assist individuals on the verge of becoming homeless.

LD 195, An Act To Continue MaineCare Coverage for Parents During the Rehabilitation and Reunification Process – Rep. Patty Hymanson. This bill would require DHHS to continue to provide MaineCare coverage to parents who are MaineCare members while they are participating in reunification efforts with child welfare. Currently if a qualifying child is removed, the parent is no longer eligible for MaineCare and DHHS must then approve and pay for any services based on the reunification plan. This often leads to parents experiencing gaps in services during the transition as well as loss of other critical supports. This results in parent treatment services being paid entirely through state general funds. When parent services are paid using MaineCare, the state only pays a third of the costs due to federal match.

LD 1523, An Act To Ensure the Quality of and Increase Access to Recovery Residences – Sen. Shenna Bellows. This bill adds definitions of "person recovering from SUD" and "recovery residence" to the laws governing the SUD programs of DHHS and directs the department to establish a voluntary certification process for recovery residences. It also directs MaineHousing to create a pilot project to provide a short-term rental subsidy to a person recovering from SUD to reside in a certified recovery residence that provides MAT. This bill also adds "recovery" to "substance use disorder prevention and treatment" in the context of activities and services under the laws addressing alcohol and drug use. The bill also adds an appropriations and allocations section.

LD 1337, An Act To Save Lives by Establishing a Homeless Opioid Users Service Engagement Project within the Department of Health and Human Services (HOUSE) – Rep. Gattine. This bill will establish and fund a program to support recovery and create stability for people using opioids who are among the most vulnerable in Maine. This program will address the intersection of the opioid and homelessness crises by providing rapid access to low barrier treatment for substance use disorders, intensive case management, and a housing assistance fund to support stable housing.

Statewide Homeless Council

SHC Membership:

April 25, 2019

MaineHousing

Re: LD 1523, An Act To Ensure the Quality of and Increase Access to Recovery Residences

Maine Department of Health & Human Services:

- Substance Abuse and Mental Health Services (SAMHS)
- Office of Child and Family Services (OCFS)

Senator Gratwick, Representative Hymanson, and members of the Joint Standing Committee on Health and Human Services, my name is Cullen Ryan and I serve as the Executive Director of Community Housing of Maine or CHOM, the largest housing provider for homeless populations in Maine. I am also Acting Chair of the Statewide Homeless Council, which is a legislatively created body that is advisory to the Governor, the Legislature, MaineHousing, DHHS, and the DOC around homelessness.

Maine Department of Corrections (DOC)

I am testifying today on behalf of the Statewide Homeless Council in support of LD 1523, An Act To Ensure the Quality of and Increase Access to Recovery Residences. This bill adds definitions of "person recovering from substance use disorder" and "recovery residence" to the laws governing the substance use disorder programs of the Department of Health and Human Services and directs the Department to establish a voluntary certification process for recovery residences. It also directs MaineHousing to create a pilot project to provide a short-term rental subsidy to a person recovering from substance use disorder (SUD) to reside in a certified recovery residence that provides medication-assisted treatment (MAT).

Maine Bureau of Veterans Services

Region I Reps:

- Cheryl Harkins
- Donna Yellen
- Virginia Dill

Some background information on OUD:

- Substance Use Disorder (SUD) can be an underlying cause of (or prolong) homelessness and engaging in recovery is far more difficult while experiencing homelessness¹.
- People experiencing long-term or chronic homelessness have higher rates of SUD and mental health issues, including suicidal ideations, than the general population (43% versus 10%)³.
- People experiencing homelessness are more prone to SUD, health issues, and fatal opioid overdoses than the general population².
- Studies have shown that adults experiencing homelessness (ages 24-44) are **nine times more likely to die from a lethal overdose than the general population**².
- One 2013 study in Boston found that overdoses account for 17% of deaths of people experiencing homelessness – of which 81% were due to opioids². **This data pre-dates the opioid crisis – these figures are likely higher today.*
- Maine was the 6th worst state in the country for the increase in overdose deaths between 2016 and 2017.
- The number of overdose deaths in Maine in 2018 was 354, not much behind 2017's record number of 418.

Region II Reps:

- Cullen Ryan, Acting Chair
- Donna Kelley
- Elise Johansen

Region III Reps:

- Josh D'Alessio
- David McClusky
- Tracey Hair

No one is in a good position to solve their OUD and move into recovery if they lack stable housing; homelessness dramatically complicates OUD recovery. What can be done? Communities who have had success have done so by treating the whole person and addressing the issues underlying both homelessness and OUD, and through an effective and accessible continuum of care from homelessness to stable housing. An uninterrupted pathway to housing and recovery is critical.

Statewide Homeless Council
c/o MaineHousing
353 Water Street
Augusta, ME 04333

Housing is foundational – it is the only way to end homelessness. But well-run, structured housing programs, such as certified recovery residences, are paramount for people with OUD experiencing homelessness. For someone experiencing homelessness in the throes of OUD, their chances of success without housing are very slim.

Developing policies and strategies so that everyone is pushing in the same direction to end and prevent homelessness in Maine
www.maineshc.org

Statewide Homeless Council

The recovery residence model is a best practice model, the efficacy of which tends to be correlated with how well-run they are, such as the level of structure and accountability provided within. While there are very effective recovery residences, they vary widely in terms of practices, including price of access, weekly or monthly rent expectations, and tolerance of relapse. In reality, there is a wide range of sober or recovery-oriented housing, running from “flop houses,” or poorly run houses operated by individuals perhaps motivated by profit with very little accountability, to highly accountable programs that function more like treatment facilities. As such, I strongly support establishing a voluntary certification process for recovery residences in Maine. This is a common-sense approach to ensuring that recovery residences are structured enough to provide an atmosphere conducive to recovery, while maintaining an appropriate level of flexibility so that one’s path to recovery can be achieved in an individualized and holistic manner. Additionally, certification will provide a measure for people to determine whether a recovery residence is reputable or not. Right now it is very difficult to tell from the outside.

Many recovery residences, by virtue of their cost structure alone, are entirely out of reach for populations experiencing homelessness. As such, I also strongly support the creation of a pilot project to provide a short-term rental subsidy to a person recovering from SUD. But there are some important considerations in how to best accomplish this.

One of the current strategies under consideration is for this pilot program to help cover operational costs, rather than be a direct subsidy to individuals. This is a particularly wise approach which accounts for the fact that people need quick access to and even quicker exits from recovery residences than a traditional lease will allow. Relapse is part of recovery, and is entirely predictable, and as such, operational support of reputable recovery residences is a great way to support low-barrier access for homeless populations while allowing for quick exits during periods of relapse. This dovetails nicely with the Statewide Homeless Council’s blueprint for people experiencing homelessness with SUD, a unanimously approved model creating a housing fund with wraparound services, which would be specifically designed for the unique housing and support needs of this population. We support this approach. We are open to other well-thought out approaches as well.

No one will get well without housing, and no one will be successful in recovery without housing and sufficient support. It is the stability in housing, coupled with a progression towards an adequate support network, that become foundational to someone’s success in their recovery. Homelessness generally offers no structure or accountability. It is nearly impossible to provide structural support and an accountability framework while a person has no place to live.

LD 1523 would assist in filling a large gap in the continuum of care for people experiencing homelessness and SUD/ODU, while removing barriers to access. I urge you to support this well-crafted legislation.

Thank you for the opportunity to comment.

Statewide Homeless Council DOC Blueprint for Ending and Preventing Homelessness

Working draft for 5/14/19

Overview: The Statewide Homeless Council (SHC) Department of Corrections (DOC) Blueprint for Ending and Preventing Homelessness outlines three (3) main goals which the SHC and the criminal justice system/facilities hope to fulfill: A) Improve and Coordinate Discharge Planning; B) Invigorate the Intensive Case Management (ICM) Program; and C) Coordinate all efforts to ensure all involved are on the same page, working together to end and prevent homelessness. Each goal includes specific strategies and action steps with which the SHC, the DOC, the County jails, and other related aspects of the criminal justice system will use in order to actualize these goals. Working together, and using these goals and strategies, this Blueprint is designed to improve overall coordination and collaboration so that people who were homeless prior to entering the criminal justice system develop necessary ties to housing and community navigation services to best resolve their homelessness and achieve stability. This Blueprint will also act as a mechanism to prevent discharges to homelessness from the criminal justice system whenever possible by focusing on successful reentry to include housing, housing-related activities (including access to rental subsidies), navigation, and case management services.

A. Improve and Coordinate Discharge Planning

- 1. Assess people for housing needs to avoid being discharged without a rental subsidy.**
 - a. Have eligibility and rental subsidy application completions occur upon entry and continue with a goal of a rental subsidy being in hand upon discharge.
 - b. Coordinate this effort with By-Name List groups, hospitals, and emergency shelters.
 - c. For BRAP – have a clinician sign off regarding qualification for Section 17. Provide access to KEPRO and establish a means to administer LOCUS.
 - d. Use ICMs to coordinate this in the correctional facilities and jails. Connect dots between community providers to look for mental health and eligibility assessments to avoid redundancy while incarcerated.
 - e. Remove internal barriers to the continuity of care within the DOC.
 - f. Simplify housing assessments to simply determine: Do you have a place to go upon discharge?
 - i. Plan to follow up/verify after asking this question, and work to ensure this an actual address and housing opportunity.
 - g. Find solution to lack of first one to three month's rent to remove this as a barrier to housing placements upon discharge.
 - h. Create or find a uniform housing assessment tool for use in these circumstances.
 - i. Create a uniform discharge and reentry form.

- 2. Use data analysis and data sharing for successful discharge planning.**
 - a. This is not mental health or SUD information – make this barrier-free data sharing.

- b. Avoid working in silos to share names and histories of inmate lists to improve outcomes.
- c. Create a measurable way to demonstrate the quantitative effect of reductions in reincarcerations/recidivism.
- d. Use data from DOC to convene employers most likely to engage people upon discharge to have an interactive dialogue.
- e. Identify the tier of people whose rate of recidivism is high (high risk) and invest in this population.
 - i. Create a by name list of high-risk people to be compared across all areas of contact for this population (people who tend to cross multiple systems such as mental health, homeless, healthcare in general and corrections/DOC).
 - ii. Utilize risk assessment tools and compare to other risk assessments used in other sectors to ensure they are creating a common language.

3. Make use of MaineCare expansion for people exiting correctional facilities.

- a. Note that basic healthcare is the number one stabilizing factor, after housing, for people.
- b. Connect people with MaineCare upon discharge.
 - i. Access to services is key, and MaineCare expansion has increased this and removed barriers to services.
 - ii. Maine is a “suspend state” not a “terminate state,” thus MaineCare can more easily be reactivated before discharge.
- c. Explore Medicaid waivers for long term support services for this population.
- d. Solve the issue that ability-to-hire the staff needed to care for people with MaineCare expansion is a barrier that will affect capacity/availability of services.
 - i. Workforce development across the system is an issue and needs to be examined.
 - ii. Agencies will all be looking at the same pool of people (ICMs, Probation Officers, Case Managers, etc.).

4. Replicate the Maine Prisoner Re-Entry Network as an effective model.

- a. Use engagement and relationship work to help connect the dots and help people access community and mainstream resources upon discharge.
- b. Have a DOC dedicated, legislatively approved budget line-item for re-entry.
- c. Look at the Cumberland County Project Re-Entry as a great program.
 - i. Note that this program is dependent on capacity in housing.
- d. Look at Rhode Island’s Intensive Housing Stabilization Program for replication.

5. Solve the ambiguity in sentencing and discharge dates.

- a. Solve the issue that not having set release dates (early releases and delayed releases) is problematic for planning and continuity of care.
 - i. The multitude of unknowns regarding sentencing in the county jails is a barrier.

- ii. Pre-sentence / pre-trial cases are problematic because housing and support networks are not addressed prior to discharge.
 - b. Use pre-adjudication and pre-conviction work to assist with the sentencing issues.
 - c. Solve the volume and turnover issues in the jails which compound all of these issues
 - i. These are the people everyone is serving because they're ricocheting through all parts of the system.
 - d. Avoid transfers to other facilities due to overcrowding, warrants in other counties, etc. because it disrupts work being done with people who are incarcerated.
 - i. This greatly complicates injections for people with OUD while they are incarcerated prior to release.
 - e. Work with the DA and Judicial System to cure erratic sentencing issues and their effect on discharge efforts.
- 6. Coordinate discharges for people with opioid use disorder (OUD) because of the added risk for a fatal overdose upon release due to decreased tolerance.**
- a. Use master leasing programs with case managers administering MAT as successful housing models for people with OUD after discharge to eliminate barriers and decrease the risk of fatal overdoses.
 - b. Replicate Medicaid-supported housing (being modeled in Massachusetts).
 - c. Use Medicaid waivers to provide services associated with supportive housing.
 - d. Work to develop aftercare and discharge planning to get people into supportive housing. This is a very high priority; approximately three people a week are dying after discharge, due to this not being solved.
- 7. Examine Recovery-oriented housing as an option for discharge.**
- a. Recognize that people who come from recovery residences that provide an array of support services are far more successful in housing.
 - i. Plan with the idea that the recovery community acts as great support system and can help deter reincarceration.
 - b. Have Probation Officers be present in sober housing and have them continue to develop relationships with landlords and residents.
 - c. Solve the problem that people can seldom utilize subsidies in recovery residences.
 - i. Lack of best practices / standards has been a barrier to using rental assistance in recovery-oriented housing.
 - ii. Continue ongoing legislative efforts to create housing subsidies for recovery residences.
 - d. Look to increase the availability of MAT in recovery housing.
 - e. Develop a state alliance for sober housing, which can develop state guidelines amongst the collaborative of people running recovery housing and the State to balance the needs of people in the housing.

- i. Look for National Association for Recovery Residences affiliation (preferred by Corrections).
- ii. Maine Association for Recovery Residences has its own grassroots standards.
- iii. Examine and explain the differences between recovery residences and sober houses.
- iv. Investigate the reasons why some sober housing across Maine doesn't appear to be well run.
 - 1. Regulate or not? Yes and no – there are many dynamics at play.
- f. Explore sober houses as a potentially better option for someone exiting prison/jail; a sober house may be a better option than a shelter.
- g. Note that there has been a lot of focus on OUD, but this shouldn't preclude paying attention to other substance use disorders affecting the population.
 - i. Data shows that the substances used across the state varies.

B. Invigorate the Intensive Case Management (ICM) Program

- 1. Fund ICMs as key, trusted liaisons, and have them serve as navigators who are experts in the prisons/jails as well as the communities. Allow them to flow back and forth.**
 - a. Restore the funding for ICMs that was cut 20 years ago.
 - b. Create substance use ICMs. Don't pull funding for other ICMs to do this; ICMs for acute mental illness remain very important.
 - c. Make ICMs resource hubs.
 - d. Have ICMs serve as navigators with flexible funds.
 - e. Recognize that Probation Officers have different roles and expertise.
 - f. Have ICMs come to Probation Officer offices weekly to allow networking and case conferencing.
 - g. Improve the flow of support to avoid gaps in services during incarceration.
 - h. Use ICMs as experts who can do the work.
 - i. The ICM program is under new supervision, opening the door for improvement and collaboration.
 - j. Have ICMs help make transfers to community resources.
 - k. Have ICMs help with applications while incarcerated, follow the person through into the community.
 - l. Have programs such as PATH and ICMs work together.
 - i. PATH can help connect people with housing and mainstream resources for people who are homeless in the community.
 - ii. Form connections between ICMs and the ESHAP program.

C. Coordinate all efforts

- 1. Coordinate efforts so everyone is on the same page.**

- a. Coordinate with the Statewide Homeless Council.
 - b. Coordinate regional trainings, including available resources and how to access them.
 - c. Make use of prevention resources for certain populations for people prior to release (i.e. continue rent payments while someone is in jail for a short period of time to avoid eviction).
 - d. Coordinate with By-Name List meetings as prime opportunities for planning and communication.
 - e. Have ICMs attend By-Name List meetings.
 - f. Eliminate public and private silos.
 - g. Engage the public and private sectors.
 - h. Advocate for legislation related to homelessness and how it pertains to DOC populations.
 - i. Coordinate with housing advocacy efforts for affordable housing, supportive housing, and recovery housing so this population has more realistic access.
- 2. Coordinate with Sheriffs, county jails, the Judicial System, and district attorney offices.**
- a. Build relationships with sheriffs and ICMs, and work with the county jails to mitigate county jail transfers to ensure continuity of services.
 - b. Engage sheriffs' departments and invite them to the RHCs.
 - i. Coordinate with the Maine Sheriff's Association Conference Annual Conference and/or the monthly Maine Sheriff's Association meetings as opportunities for engagement.
 - c. Engage with the DA offices to connect the legal dots as well.
 - d. Include Rent Smart training in corrections settings for improved housing outcomes upon discharge.
 - e. Encourage local coordination with police departments, sheriff departments, state police, and judges.
 - f. Coordinate with Crisis Intervention Training operating through NAMI.
 - g. Work with Coordinated Entry to have emergency housing placement opportunities.