

Statewide Homeless Council Maine Criminal Justice System Blueprint for Ending and Preventing Homelessness
Working draft for 7/9/19

Overview: The Statewide Homeless Council (SHC) Maine Criminal Justice System 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. Consider modifying and using HUD's sample assessment at intake.
 - i. Create a uniform discharge and reentry form.
 - i. DOC has a form in use; see if this has applicability in the County Jail System, and consider making this form uniform.

- j. Create and make use of supportive housing in the community. Housing is a major issue. Do something about the housing stock in Maine, change land-use laws, and find ways to revitalize housing development and availability.
- k. Find solutions to the need for access to rental subsidies in housing and recovery residences.
- l. Improve access to BRAP and Shelter Plus Care for this population.
- m. Prioritize housing for people coming from incarceration.
- n. Take steps so people are not left isolated once they are housed.
- o. Set up the system to plan sufficient time for relationship-building as a best practice model.
- p. Use relationship work to help people develop person-centered plans for housing, support in the community, recovery, employment, and everything else involved in their life from trauma to other challenges. Use this information to tailor plan for each individual. Network with treatment providers for intensive treatment and other interventions as needed. Get people the care they need and create “hot” hand-offs.
- q. Set up employment and vocational programs for people upon discharge so employment skills learned during incarceration are immediately applied to the jobsite upon discharge. Continue substantial coordination with Department of Education.
- r. Continue to expand probationary job placements for paying restitution, etc. so that they are debt free upon discharge.
- s. Help prisoners volunteer in the community to be visible representatives in the community for making good things happen, such as renovating buildings and otherwise improving communities. Make these efforts highly visible so that stigmas are erased, ultimately helping people be hired upon discharge. If these efforts can help produce more housing, this will help.
- t. Create language that avoids stigmas, such as “illness-related crimes” rather than “drug-related crimes”.

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. Map the system pre-incarceration to post-incarceration.
- f. 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. (MDOC is using the LSI-R and is exploring new risk and needs assessments.)

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.).
- e. Use MaineCare to create supportive care for people in prisons.
- f. If they don't have access to MaineCare, make sure bridging opportunities exist.
- g. Create presumed eligibility for MaineCare if people are homeless and incarcerated. Cut out the 15 day wait for services.
- h. Have everyone at entry apply for MaineCare.
- i. Access the diagnostics in general of DHHS, so that people can be set up for services immediately. (Recognize the need for diagnostics to occur in jails). Incarceration presents an opportunity for effectively diagnosing people.
- j. Use Targeted Case Managers for providing case management.
- k. Expand on existing systems such as Assertive Community Treatment (ACT) teams to support people with serious and persistent mental illness.
- l. Have all case management be modeled as “intensive” for this population.
- m. Treat OUD as an illness and see through pilots that have people receive treatment three months prior to discharge and have there be continuity after discharge.
 - I. Solve cost issues with treatments like Vivitrol so that treatment continues and is consistent.
 - II. Have services and treatment follow the person into the community.
 - III. Take innovative systems developed in prisons and have them continue on the local level in the community.
 - a. Bring stakeholders from prisons and DOC into emerging systems in the community – have expertise have one foot in each world.

- b. Solve issue with for-profit organizations controlling treatment strategies that prevent these from extending into the community – we need a seamless transition.
 - IV. Make sure interventions are not unique to OUD – look at systems so they will work for any SUD or polysubstance use disorders.
- 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. Maine Pre-Trial will be an important partner for this.
 - 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 reentry supportive housing, and/or master leasing programs with case managers, with tenant accessibility to 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.
 - ii. Make sober housing a stipulation of release in judgement phase so that this becomes part of the probation plan.
- 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. Look at Habitat for Humanity and other options to develop creative supportive recovery/reentry housing.
- h. Expand on successful pilots in use around the state – replicate things that work.
- i. 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 DHHS and DOC coordinate ICM efforts.
 - e. Have ICMs come back as a statewide system.
 - f. Have ICMs come back as a best practice model.
 - g. Have experts from DOC attend ICM meetings to form deeper connections and cooperative solutions for the mutual populations served. Do the converse with ICMs connecting with DOC facilities. Make use of existing community meetings.
 - h. Have ICMs serve as navigators with flexible funds.
 - i. Recognize that Probation Officers have different roles and expertise.
 - j. Have ICMs come to Probation Officer offices weekly to allow networking and case conferencing.
 - k. Improve the flow of support to avoid gaps in services during incarceration.
 - l. Use ICMs as experts who can do the work.
 - m. The ICM program is under new supervision, opening the door for improvement and collaboration.
 - n. Have ICMs help make transfers to community resources.
 - o. Have ICMs help with applications while incarcerated, follow the person through into the community.
 - p. 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. Ensure that discrimination issues related to homelessness beget support for resolution.
 - 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.
 - h. Continue to eliminate silos across each jail and between jails and prisons.
 - i. Tie in probation services so that everyone is working on the same team together. The probation officers are playing a key relationship role in the system.
 - j. Connect EVERYONE in and outside of the prison/jail network to replicate best practices.
 - k. Ensure that people with lived experience of homelessness, incarceration, and/or the legal system, are incorporated into each part of the design process for an improved system.