**Statewide Homeless Council (SHC)**

March 11, 2014

Augusta, ME

**Council Members Present:** Wes Phinney, Cullen Ryan, Donna Kelley, Shawn Yardley, Sister Lucille MacDonald, Elizabeth Szatkowski, Don Harden, Guy Cousins

**Council Members Not Present:** John Gallagher

**Guests:** Cindy Namer, MaineHousing; David Projansky, DHHS/OADS; Carol Kulesza, Veterans Administration; Chet Barnes, DHHS/SAMHS; Bonnie Gerard, Greater Bath Homeless Initiatives; Betty King, Greater Bath Homeless Initiatives; Holly Stover, DHHS; Kerry Polyot-Stefani, Stepping Stones

**Minutes Recorded by:** Scott Tibbitts, MaineHousing.

**Agenda Review:** No changes.

**Minutes Reviewed:** Carol’s last name was misspelled (my apologies). Approved as amended.

**Announcements:** Don Gean is retiring from York County Shelter Programs. Bob Dawber will be the new Executive Director.

**Business:**

**SHC LTS Initiative:** Sheldon Wheeler at DHHS asked Cindy for reports to help MaineHousing and DHHS work together on this issue. Cindy will provide DHHS with a new version of the Long Term Stayer Report on a monthly basis. This will allow DHHS PATH workers to know how many LTS’s are at the shelters they work with. It will only give numbers – no identifiable information. But the shelters can run these reports, identify which clients are LTS’s and connect them with DHHS.

Cindy and Sheldon will send a message to all shelter directors about this new effort, and HMIS staff will train shelter staff on running their own reports. Cindy provided a sample report. In addition to the total clients at a program, and the number who meet LTS criteria, it shows how many of those clients were in the program on the last day of the month - or for whatever day the report is run.

Guy said using the data this way makes it “real” – it shows exactly how many LTS’s are at a specific shelter on a given day, so DHHS can make sure workers are there. It allows the shelters to know exactly who these folks are so they can be connected to the information and resources they need. And, it can all be done without the shelter having to identify the client if they choose not to be known by or meet directly with the DHHS worker.

Elizabeth said some shelters are better at assessment than others. She would recommend using the **SPDAT assessment** across the board for consistency. Cindy said HMIS now includes a SPDAT Module that we are looking into using as part of the new Coordinated Assessment requirement for Continuums and ESG programs. She added that data sharing of some basic data elements will be need to make it work. Providers will need to establish the parameters and criteria around this.

Chet wants to **ensure the Assessment process does not create a barrier** – people still need to be connected to services even if they will not, or cannot, sit through the entire assessment process.

Donna said some shelters have clients immediately sign off on using shelter Case Managers, rather than outside ones. It’s a billing issue and some shelters depend on these funds, but it can disconnect the client from a worker they have a history with, and the shelters are limited as to what they can do.

Don, getting **back to the LTS report**, noted that the number at the end, **94, was very low compared to the 262 we had been working from**. Cindy explained that 94 was just how many LTS were in shelters that day. All of these numbers are moving targets. The 262 figure is about 9 months old now. These numbers change every day, and will go up or down depending on the date range you run the report for. That being said, the overall number probably has gone down because of all the increased focus this population has already seen through Shelter Plus Care and other initiatives in Portland. Sister Lucille added that Home To Stay has helped in rural areas too.

Cullen asked that, even if the 262 has changed, can we agree to stick with that figure for now so we can stay on message and not confuse people. That way we can reassess after a year and compare the new figure to the 262 to show results.

**Other DHHS updates:**

-Changes happening at **Riverview** – Dr. Kirby is now acting Director until a new person is hired.

-There is now a **Mental Health unit at Warren**. Soon it will have a dedicated Forensic ICM.

-Discussions on **Behavioral Health Homes** are moving forward with weekly calls. Anyone interested can sign up to participate and information is available on the DHHS website.

-There was a push to develop **more forensic placements**, but this was based largely on erroneous or anecdotal information. DHHS created a new framework and were able to show that what was really needed was better management of the placements already available to improve utilization.

-They also recognize that **recovery needs to be a dynamic process** that allows for growth and change, not just putting someone in a placement and letting the situation stagnate.

Cullen asked what was happening in regard to **the White Paper** on the LTS initiative that SHC had submitted to DHHS. Holly said that it is being discussed and there will probably be some follow-up questions soon but nothing concrete yet. Cullen is concerned that MaineHousing has ‘watered down’ the original 100 Voucher initiative by shifting toward serving shorter term stayers, and the implication is that MaineHousing did not want to work with Long Term Stayers without the commitment of services from DHHS. Cullen said the focus of the White Paper was to find a solution, not to try to tie services to housing – which was apparently a concern - they need to be tied to the person. Holly and Guy both expressed that they cannot tie services to housing, they must be completely voluntary, so that is a concern with the original proposal and the group is discussing ways to address this. MaineHousing has made the 100 vouchers available to serve Homeless. Long term or short term DHHS cannot require services, but the long term stayers will need services to be successful. Cindy pointed out that the change of language to 60 days from 180 is to broaden the group they can work with – but it does not exclude LTS’s. Cullen pointed out that this expands the focus from 5% of the homeless population to 45% - that is pretty dramatic. Cullen said the tendency will be to work with the shorter term clients because they will be perceived to be easier.

Cullen had also drafted an **Op Ed Letter** that he shared with the group, asking DHHS to commit to this effort. Guy pointed out that DHHS is now actively engaged in conversations with MaineHousing on this issue – as demonstrated by the information provided here today. It is not fair to say DHHS has not made the commitment – they are not there yet, but they are working toward a solution. It takes time. Putting this Op Ed in the paper will not help.

Elizabeth pointed out that there are 4 DHHS representatives at the SHC table here today – and they have been attending and participating regularly for a while now – when for so long we could not get DHHS to the table. Things may be moving slow but they are moving and in the right direction.

Wes added that as advocates we can tend to be assertive, sometimes aggressive, but we need to recognize that without DHHS and MaineHousing as partners we will not be able to accomplish our mutual goals. Holly added that we are in this together – we are all on the same side.

**Goal 2:**

**MaineHousing Updates:** Cindy already covered the LTS report and Vouchers. Staff is working on compiling and validating the **Point-in-Time** data and should be ready to report out soon – possibly in time for the CoC meetings next week. In the meantime, Cindy does have the **Annual Veteran’s in Shelter Report, which shows the numbers are down about 8%** compared to last year. Anecdotally, the data seems to suggest that vets are doing better in other forms of supportive housing than they are in VASH. Carol clarified that in her experience it is not so much that vets get into VASH and do not succeed, as that they seem to prefer the shorter term commitment to services of SSVF and voluntary services of other programs rather that the long term requirements of VASH. With this in mind, VASH and SSVF are working more closely together in order to help meet veterans’ needs with the most appropriate level of service.

**Continuums are now required to monitor ESG**, in addition to CoC funded programs. MaineHousing and the City of Portland, as the Collaborative Applicants for the two CoC’s, are working together on planning related activities and have organized a committee made up of funded and unfunded members of both groups to develop recommendations on Coordinated Assessment and Monitoring. The group will look at best practices from across the country to see what might work here, and will tie all of this in with HUD Performance Measures.

**Goal 4:**

**Federal Updates:** The President’s budget is out but has to get through Congress. The Omnibus Bill, supported by Senator Collins, brought some ‘sequestered’ items back to 2012 levels but that is still not enough.

**State Updates:** There is a **new proposal to expand Medicare** but it is tied to ‘managed care’, which is not popular, even with those who support Medicare expansion. Shawn said there seems to be a push to get people to exaggerate their income in order to qualify for the insurance marketplace. Basically, this is encouraging people to commit fraud, but it’s much worse than that: The larger income would disqualify them from MaineCare, so they would not be able to sign up, and once the fraud was discovered, they would lose anything they had managed to sign up for.

**LD1717** – at least the part about keeping funds in Region 2 - is still alive. The **Shelter Funding Ad Hoc Committee** initially had two goals: First, to establish and pursue a minimum level of funding for shelter operations to be provided though the legislature. And second, find a way to incentivize shelters to focus on services and moving people forward. The Committee now wants to focus exclusively on the first, to simplify shelter operations funding, but they do not want to get into incentives or performance or any sort of measurements, they just want to ask the legislature for the money. They also do not seem want DHHS or MaineHousing involved in the process. Wes intends to work with Cindy, and anyone else who is interested, to form another committee to address the second goal. Cindy added that it is important to do this work now, to establish the model – so that if funding becomes available we will be able to act quickly. In the meantime, MaineHousing is compiling information, based on what shelters have provided in their applications, to help the committee figure out what the operating costs really are.

Elizabeth said we are always trying to find better ways to coordinate and maximize resources – why would the committee not want input from the agencies most likely to provide those resources?

Wes explained that there was a great deal of frustration felt by some members about Part 2 of LD1717 being pulled. They felt is should have gone through and that if it had it would have been funded. Wes and some others felt just as strongly that it didn’t have a chance of passing as presented and that may well have prevented part one from being approved.

Elizabeth said that the basic criteria and elements to be considered a “shelter” also need to be looked at, not just the money. We know there are problems so why create a new system that is based on including them? Some of these shelters should not be getting general fund money. Cindy said that is not up to MaineHousing, it is part of the Homeless Rule developed by SHC and providers.

Shawn said that we need to be able to make some tough and unpopular decisions. We have these discussions year after year, and we tend to fall into this idea that all of these programs are ‘doing good work’ and we don’t want to put anyone on the street, and nothing changes. SHC needs to talk to the committee and work this out or they are going to go to the legislature with a proposal SHC – supposedly still advisory to the legislature- will not be able to support. That makes no sense. Wes said the committee is determined to go in its own direction – they do not want to be seen as part of SHC. He is willing to continue to attend the meetings but the committee has made it clear they are not interested in any new ideas – they only want to come up with a dollar figure and ask for it.

Cindy said John asked them all back in September what it takes to keep the shelters open –the operating costs, heat, electricity, etc., and they couldn’t agree on anything. She suggested establishing a Think Tank – forget about how things have been done – start fresh - “what could we do?”

Cullen asked about the funding that MaineHousing used to provide to the Continuums for Match? Now that the CoC’s are not developing any new programs, could that money be redirected to the shelters?

Bonnie, from the Greater Bath Homeless Initiatives, said that the SHC has a responsibility to protect the window of opportunity on this issue. If a proposal with no chance of passing is pushed in front of the legislature and they act on it – yes or no – they will consider their work on homelessness done for the year and they will not be interested in hearing any other proposals.

**One Pager on LTS’s:** Cullen presented the latest draft. It was suggested that in the third paragraph, the word ‘directed’ might be too strong, ‘focus’ would be more accurate. This was the only change made. Approved as amended.

**Emergency Shelter/Housing for Elders:** There was a meeting yesterday. We don’t fully know the size and scope of the population yet. There was a lot of talk about assessments, data collection, connecting to resources – all the things we are already doing with homelessness. Why create a whole new system if can we find a way to utilize HMIS for this? The group is meeting again in April. Cindy encouraged them to formally connect with SHC, the CoC’s and other groups.

**The Op Ed Cullen drafted:** At the time, there was no evidence of progress by DHHS. In light of the discussion here earlier it is clear that some progress is being made, and there are legitimate reasons why DHHS has had to move slowly. We do not want to discourage further progress by seeming to impatient or demanding. Donna said the message is good: the plan, the goals, the collaboration, but then it all focused on the one negative. Add in and focus on what has been done to give it a more positive tone. Elizabeth said there are other entities who should be involved: GA, Hospitals, etc. They should be mentioned too, to try to get them on board.

**Next Meeting:** April 8, 2014