**Statewide Homeless Council**

September 8, 2015

Augusta, ME

**Council Members Present**: Wes Phinney, Donna Kelley, Sheldon Wheeler, Josh D’Alessio, Cullen Ryan, Jon Bradley, Elizabeth Szatkowski, Don Harden, David McCluskey

**Council Members Not Present**: John Gallagher, Jeff Vane\*, Shawn Yardley\*

**Guests**: Thomas Ptacek, Ginny Dill, Cindy Namer, Carol Kulesza, Mike Merrill, Brian Boutot

**Minutes by**: Scott Tibbitts, MaineHousing

**Review of Minutes:** One edit requested to page 3 of August minutes – one of the statements did not reflex the opinion of the entire council. Minutes approved as amended.

**\*Announcements**: Jeff Vane will no longer be available to attend SHC and has resigned his position as a Region 1 Representative. (Shawn Yardley has also resigned as a Region 3 Representative as he will no longer be working in that Region of the state.)

**Policy Committee:**

**State**: The $2M for shelter funding was approved; awaiting more information from MaineHousing regarding distribution. There was some talk of pushing for a ‘people’s veto’ of GA support for asylum seekers but that does not appear to be moving forward.

**Federal:** Both the House and Senate versions of the THUD budget make serious cuts to Fed HOME funding. Our delegation is well informed of the problems this would create and are actively working to resolve the issue.

**DHHS Updates:** Sheldon reviewed information from the Governor’s recent summit meeting on substance abuse. A copy of the PowerPoint will be shared with members. Sheldon pointed out that DHHS has only recently begun collecting client identifiable data for substance abuse. Some of the trends discussed at the summit included:

* Opiate use is on the rise, as are deaths from heroin overdoses.
* This correlates with a relative decline in the use of Oxy based drugs.
* Drug affected babies/births are shown an explosive increase.
* DHHS and Maine CDC are working on a joint RFP to address this as a public health issue.
* Cullen said he is troubled by the Governor’s statement that there are currently sufficient treatment options available. Sheldon said that may be based on the fact that treatment funding is not being fully utilized, but that is in part due to the current funding structure and the way the contracts are written.
* The State is currently divided into 9 geographic regions, and each gets an equal share of funding. DHHS is working to change this so distribution is based on a data driven model.
* SHC would like to see a similar approach applied to addressing homelessness, and prioritization of treatment for those who are homeless. We need to be able to get them immediately into treatment when they say they are ready – any delay, any waiting period, and they are less likely to follow through.
* It was pointed out that this all ties into the work that the CoC Leadership Group has been doing and the Maine CAARES Map, which deals with identifying needs and filling the gaps.
* The City of Portland is struggling with these issues already: increased heroin use, overdoes, deaths. This is not theoretical. It is happening now. We as a state need to get ahead of it. We need a better model that includes treatment options.
* The homeless system can address and solve homelessness, as our success with the Long Term Stayers has shown, but the homeless system should not be expected to solve the state’s growing heroin problem.
* People who are homeless and addicted are far more vulnerable and more likely to have other complicating issues than addicts who are housed and probably have some source of income.
* Today’s heroin addicts, in general, seem to be younger, more violent, and not necessarily going to shelters. They are very different from the chronic substance abuse clients that shelters are used to seeing and working with.
* Data compiled from the VI-SPDAT shows spikes in two age groups: 20-29 and 50-59. The younger group may, in part, be due to this rise in young addicts.
* This may also tie in with human trafficking.
* The Mercy Detox program in Westbrook closed. There is talk of closing the Portland one as well. We are told this is a utilization issue, but the problem seems to be that people are being deemed not eligible for MaineCare reimbursement. It is not a lack of need for the service.
* There are a number of private, non-MaineCare based, sober houses in Portland that seem to be working but they require private insurance. Some of these private payer programs draw people here from out of state, but they drop out of treatment, they end up at Milestone or on the streets – they need a discharge planning effort to prevent this.
* There will be a Prevention Convention soon – Sheldon will send details when available.
* Federal PATH TA will be coming to Maine soon. Sheldon will ask them about data sharing.
* Can SHC compile a list of all the facilities that have closed due to changes in state funding? Detox, Suboxone clinics, even shelters – what, where, and why – and what has the impact been on the communities? Where would we get that information?

**Blueprint for Ending Homelessness:**

Cullen added an introduction, refined the four main topics, and there are still a few items that need to be worked in. The group made some further edits, suggestions and observations.

* One member expressed concern that the document had been ‘softened’ too much; that all the critical language had been removed to make it more palatable, and it now had no teeth.
* Yes, we want DHHS to accept this and adopt it, but there are some serious problems that need to be addressed, regardless of how uncomfortable that might make people feel. We cannot just mail this in and expect anything to happen. We need to sit down, face to face with DHHS representative and work these things out.
* Others agreed that the real work will need to happen face to face, and case by case, over time, in the course of advocacy and implementation. This document is just a platform to begin those discussions, and we do not want it rejected before we even get to the table.
* Again, much of this parallels the CoC Maine CAARES Map which is all about trying new things, new models, new pilots, and analyzing the resulting data to see what really works.
* There are lots of ideas here, but does this give DHHS a clear picture of what SHC expectations are? It needs more emphasis on the specific topics to be discussed.
* Cullen will incorporate these and return with the final draft of the Blueprint.

**MaineHousing Updates:**

* The Maine Affordable Housing Conference will be Tuesday October 13 at the Cross Insurance Center in Bangor. You can register on line through the MaineHousing website. There will be three major panels discussion various aspects of homelessness: Long Term Stayers, the Youth Count, and Coaching for success in housing.
* **New LTS reports** show Individual/Family and Urban/Rural differences. Portland, Bangor, Lewiston/Auburn, Augusta/Waterville and Brunswick are considered urban for this report, all other parts of the state are rural.
  + This is only based on data provided by shelters, we are seeing lots of people who are sleeping out who should be counted as LTS’s – they may come in when the weather turns but we have no way to track the time they are unsheltered.
* **HUD has set aside $10M that VASH** providers can apply for to help improve the lease up rates for VASH Vouchers. The money cannot be used for vouchers, or given directly to vets, it can only go toward things that will increase the speed and efficiency of delivering the service. MaineHousing will be meeting with the VA and others to discuss how best to do this. One suggestion is to increase landlord outreach and education efforts.
  + VASH is big program with some big issues. They currently have more staff vacancies than staff. It is supposed to provide housing and services but does not have enough case managers to provide the services. Hopefully this will be fixed soon.
  + Preble Street has contracted with 5 shelters to provide outreach, particularly to veterans, for the next six weeks: Mid Maine Homeless Shelter, Rumford Group Homes, Knox County, Bangor Area, and Homeless Services of Aroostook.
  + WHCA now has a person traveling to Aroostook County twice a week.
  + VA Transitional Housing sites are full – and have more positive outcomes.

**Youth Count:** Data is still being analyzed but the effort is getting lots of attention as the first such count in a predominantly rural area.

* Jon’s presentation to the USICH conference is now available on their website.
* There was a lot of discussion at the conference about how youth providers need to be more involved with their local CoC’s. Apparently Maine is a rare exception in this regard.
* Some preliminary findings:
  + Rural youth tend to say in their community, are more likely to stay in school, and are homeless for shorter periods.
  + Relying on other agencies to assist with data collection was not reliable or consistent, using their own hired staff gave better results.
  + There was a big variation in the helpfulness of School Homeless Liaisons.
* OFCS is now sending a worker to the Teen Center 2 days a week.
* Preble Street is looking at developing a Permanent Housing Program for youth.

**Continuum of Care Updates:**

* MCOC is wrapping up Monitoring. Still need to develop a tool to adequately monitor HMIS.
* They are asking MaineHousing for reports to help with monitoring of Emergency Shelters.
* The recent Bowman HMIS training was very helpful.
* MCOC tends to get caught up in the ‘business’ of preparing for and submitting the application and this does not leave much time for other work like broader policy issues. It also makes it hard to get and keep new agencies interested. The Regional Homeless Councils tend to be the place people go for more general discussions and information. There are lots of the same people at both, and some of the same topics are discusses, but there is not a lot of overlap when it comes to doing things because the CoCs seem to be all about the NOFA. It was suggested that in other parts of the country there are joint meetings of similar groups, where local issues, broader policy issues, and funding issues are all discussed back to back. Members can stay for all, or only for the portions that are relevant to them. Even the RHC’s have struggled to keep people at the table – there was a lot of excitement when they were created – how do we recapture that energy?

**Portland LTS Efforts:**

* Began with a list of about 70 people and were down to 40 by July but still at 41 in Sept. They are looking at why things may have stalled out. Originally there were only a small number of people focused on housing. Then lots of people got involved in terms of other services and referrals, which was very helpful, but there are still only a few working on the housing part.
* So far only 2 of the people housed have returned to homelessness.
* Bangor has a similar situation; caseloads were soon maxed out and they could not keep up. They have hired two new Navigators. Last year they housed 52 people. This year, 75 so far.
* “Warm Hand Off”s are harder than anticipated. Clients are often reluctant to change workers once they establish a level of trust. Two workers not being able to charge for services to the same client is still a huge barrier that makes the concept of a warm hand off almost impossible to achieve.
* The new ‘Harvard Model’ promotes and interdisciplinary team approach that puts the person at the center of a group of providers, each with an area of specialization, and the client knows all the workers, and meets with whichever one is able to address their current primary need. There is no need for a hand off, everything is coordinated and all the information is shared. We seem to be moving toward some aspects of this approach.

**Families:**

* Bangor lost its only Family Shelter some months ago (Stepping Stones) and they are now hearing of adults staying at PCHC whose children are having to stay at Shaw House.
* The Portland Family Shelter regularly sent 10 to 12 families to local hotels when the shelter overflowed, but now that is capped at 4 families so they are having to turn people away.
* Portland Housing Authority was able to increase their payment standard, which lets more people find better places to live, but landlords across the city have now increased their rents accordingly. Shelter Plus Care has had to adjust rents to meet the new level to keep people in housing, but this also means they are not able to lease up as many new households because they only have so much funding available.

**Other Business:**

* **Shelter Directors Committee Meeting** on September 22 at 10:30. They agreed to continue to meet even after the legislation was passed.
* **PATH funding is decreasing by $250,000 this year**. This reduction was part of the original legislation that privatized the homeless ICM positions. Catholic Charities is re-working budgets to incorporate the reduction.
* **The Annual Veteran’s Stand Down is Saturday, October 17th, and the next VA Summit is Friday Oct 30th.**
* **The Annual Shaker Hill Apple Festival is September 26 + 27.**

**Next Meeting:**

**October 27, 2015 at MaineHousing**

**\*\*This is NOT the 2nd Tuesday of the month!\*\***