**Statewide Homeless Council**

**January 10, 2017**

**9:30 AM to 2:00 PM**

**Location: MaineHousing 353 Water Street Augusta Maine State Housing Authority**

 **MaineHousing Conference Room, behind Reception Desk**

 **SHC meets regularly the second Tuesday of each month.**

**Attendees:** Cullen Ryan, Josh D’Alessio, Donna Kelley, Chet Barnes, William Higgins, Tonia Tonos, Boyd Kronholm, Elizabeth Szatkowski, Anna Black (DOC), Ryan Thornell (DOC)

**Guests:** Joe McNally, Rob Parritt, Arwen Agee, Ginny Dill, Melanie LaMore Gagnon, Giff Jamison, Mary Frances Bartlett, Mike Merrill, Tom Michaud

**Minutes:** Scott Tibbitts

**Minutes from the December 13,** **2016** meeting were reviewed and accepted as submitted.

**Policy Committee: Federal** – the Government is currently funded through a Continuing Resolution. We are waiting to see what the new administration has in store.

**State**: Legislature is back in session. The Governor’s new budget was released last Friday and is still being reviewed and digested – we will have much more on this by next month.

**CoC Updates:** The NOFA Awards from the 2016 Competition were announced. MCOC lost 8 projects. The next MCOC meeting will focus on discussing the impact of these changes and what might be done to help. 70 beds total were affected – most in the Bangor area. This was a loss of less than 4% of the total amount MCOC was seeking.

PCOC was fully funded. They will be focusing on Youth and Family shelters at their next meeting; on the upcoming PIT; continuing discussion on the Pros and Cons of a Merger with MCOC; and will forward all such info to the Joint CoC Board for a recommendation.

**Long Term Stayers:** The 3 Portland and 1 Bangor lists are getting down toward or at single digits. It is estimated there are now either side of 60 LTS left in the state. At this rate we may soon be at ‘functional zero’ for Chronic Homelessness/LTS.

-PNMI’s are helpful with serving this population – KBH has an opening and is seeking referrals.

-There is some confusion around BRAP being attached to PNMI. Even if someone qualifies for a PNMI, the BRAP application is a separate process, and not all PNMI’s will accept BRAP vouchers. Some providers are struggling with accessing PNMI for clients they believe are appropriate. Donna stressed that the application and paperwork need to be complete, and the eligibility threshold includes showing medical necessity, and that the client is willing to accept services.

**Welcome to Anna Black and Ryan Thornell from the Department of Corrections!** Cullen provided a brief history of the SHC’s purpose and structure, and efforts to develop a more coherent and responsive system. Having DOC at the table will help address things like Discharge Planning more effectively. Many people who experience homelessness also move in and out of the corrections system so it is important to work together.

**DHHS Updates:** BRAP has a DOC priority, provided referrals meet other criteria, and DHHS has ICMs working in DOC Facilities. Potential clients need to be able to access BRAP applications in a timely manner, even though they obviously cannot go out to look for a unit until they are released – that is a barrier we still need to resolve.

-Providers expressed that for those staying 30 days or so at a County Jail, it is understandable that they may not have a plan in place and may end up at a shelter, but for those coming out of the prison system, with plenty of time to plan, dropping them off at a shelter is totally inappropriate.

-Ryan said there has been a policy change and Release Planning is now going to start 9 months prior to the earliest possible release date (which is always subject to change).

-The New State Budget includes some significant proposed cuts to DHHS programs. If people want to advocate, please be specific, offer compromises and solutions – not just criticism – it will not help.

-It appears that BRAP was fully funded.

-Still waiting for a response to the Blueprint SHC presented last winter.

-Rate setting is still being determined for the rulemaking process.

-PATH contracts are not all in place yet. PATH can work for up to 6 months with folks who are homeless, then must refer to other programs (they can do this even after the 6 month mark).

-One of the biggest issues with PATH was that if someone had MaineCare, they could not ‘duplicate services’ by receiving PATH Case Management. That is still true, but the new implementation should clarify this and make referrals easier.

-Those who sign up for MaineCare, and qualify for Behavioral Health Homes, may also qualify for Section 17 services – there are just a few more steps involved to determine eligibility. Ginny has developed a new enrollment form that it is working great.

-We need the verifications and documentation, especially for prioritization, but if someone does not have all the documentation, if they otherwise meet all the criteria, you can request a waiver.

-Right now there is an abundance of BRAP. If an agency is having difficulty getting BRAP applications approved, call Jill at Shalom House for clarification. Do not just give up.

-The LAAs need to be very concrete, very black and white – they look at hundreds of applications and if something is missing or not clear they will deny it and move on to the next one. If you appeal a denial, another set of eyes will look at it, and may be able to work with you to clarify the problem – or approve a waiver. Not every situation will merit a waiver, but if it is appropriate it can be done.

**Opioid/Spice Updates:** In Portland, several Firefighters and EMT’s have received special training to be ‘on the street’ responders. They ride along with the Home Team and act as a resource for those struggling with addictions.

-Portland and Bangor report opioids and other drugs are now more prevalent than alcohol abuse.

**Assessing People who are Outside:** Getting people who are unsheltered to the point of diagnosis and risk assessment is not easy. This is where PATH and HMIS come in. If the initial assessment shows someone qualifies for Section 17, it goes to MaineCare. If they do not qualify, the work stays with PATH, or a provider they are referred to – but what then? We need a more systematic approach to this population – the ones that do not qualify for MaineCare, or PATH beyond 6 months, what can we offer?

-Sometimes it’s not about getting a whole new assessment done, it’s a matter of tracking down the documentation that already exists at other programs the person has been through and putting the puzzle together. You can’t do that without all the pieces.

-This is a complicated population – it often takes more than 6 months just to connect and begin to get some meaningful information. Can PATH or BRAP allow for more flexibility? Like the Performance Share of ESHAP that is more open ended, with very few restrictions, and allows shelters to use it where they see a need that is not otherwise being met?

-BRAP operates as it was designed and funded to operate. The state would need to re-do the whole thing to make changes like that – and that could end up making it a very different program. As mentioned earlier, agencies can always ask for a waiver – the answer may still be no but it’s worth a try. Work with your LAA to kick something up to the next level – they know how the system works and they will not take offense at your efforts to advocate for a client.

-The LTS list is very short now and BRAP could work for many of them – if an application has been denied, it may be worth requesting a waiver.

**MaineHousing/DHHS Discussion – Progress toward ending Chronic Homelessness in 2017:** MaineHousing programs are not specifically designed to serve CH or LTS’s but they are not excluded if otherwise eligible, and many MaineHousing program have a homeless preference. The new ESHAP Guide specifies prioritizing those with the longest histories of homelessness. This is not as strict as the definitions and calculations required for establishing CH or LTS status, but it will ultimately allow programs serving those clients to prioritize them, while allowing programs that do not serve CH or LTS to work with their longest term clients before they become LTS or CH.

-Providers need to use the assessment tools and direct clients to the most appropriate resource, not just to whatever might be the most readily available at that moment.

-BRAP does to have a Length of Stay criteria. If someone qualifies under Section 17, have them apply for BRAP – they do not have to wait until they have reached the LTS list.

-It’s also not just how long they have been at your shelter – we need to know how long they have been homeless – coordinated entry and data sharing will change how we look at these numbers.

-DHHS is still looking at the LTS lists. When there was S+C available, it worked great. Now that S+C has dried up, there are not a lot of other options out there.

-As PATH becomes more established in rural areas of the state, and is able to collect more data on the situations that people are living in, in some cases for years, it may paint a very different picture of what homelessness, and even long term homelessness, really looks like in Maine.

-We need to focus on Housing Stability as a Performance Measure. It’s not just putting someone in a unit – it’s the follow up work to keep them there so they don’t blow out – get evicted – burn that bridge – and end up homeless again. It’s Housing First, but there are second, third, fourth steps…

-Cullen acknowledged that MaineHousing took the lead in Maine on following people into housing per Goal One of the Plan, and ensuring that the services and supports were there to follow when clients leave the shelters and find units.

-What is Functional Zero? Is it a specific number? A percentage? What’s the criteria? How do we know if we reach it if we don’t know how to define it? HUD will eventually establish that – maybe a number or a list of criteria – at least for CH. We do know functional zero means that for a given population, no one is homeless for more than 30 days without moving into housing. So should we muddy the waters by trying to define it for LTS’s here if that doesn’t mean anything to HUD. It does, in so far as HUD also uses language about serving those who have been homeless the longest – that is what the LTS initiative is doing.

-Is there an HMIS Report for CH? Not now, but the new Service Point 6.0 version will be out soon and it will incorporate a new reporting tool. There may be a CH report or it may be easier to create one. Providers will be better able to run their own reports, at the agency level, in real time, which will allow for faster, better, and more responsive services.

-Tracking the LTS’s “By Name” (Actually, it’s by Service Point ID number) really works.

**“The Ideal Rental Subsidy**”: The list of bullet points was reviewed – is there anything else that people would like to see added? Anything that is still missing?

-The money

-DOC (HRSA) /Law Enforcement

-Healthcare/Hospitals/ FQHCs

-All the benefits of Housing First and Community Supports: so many studies have shown that the same very small percentage of clients end up costing the most time, money, effort, to the ‘system’ when they remain unhoused. This has been the reason for the big push to use Housing First for CH, but Housing First will work for, and needs to be applied to, all populations – and everyone in the community – not just agencies that serve CH – schools, businesses, everyone – need to be an active part of the overall system – a cornucopia of services and resources - to address homelessness.

- Again, Housing First, but not just housing – there needs to be those second, third, fourth steps in place – there needs to be a plan once someone is housed to begin to address the underlying issues.

-That is where these other ‘non-homeless’ agencies need to play a role – DOL, DOE, etc. to help them achieve a level of independence. Otherwise, the housing and limited resources will be all tied up serving the same people, in housing, for a long time – but not able to serve new clients.

- Josh said he was really struck by a statistic that Sheldon mentioned: the average S+C client was in the ER 8 times in the year prior to housing, but only once in the year after. At $1000 to $2000 per ER visit, that alone would cover the cost of a housing voucher.

**MaineHousing Updates:** HUD has approved the MaineHousing plan for the National Housing Trust Fund award and we are developing a time frame for an RFP. Homelessness will be a priority.

-The Communications and Planning Department is putting together the Annual Reports which should be available next month. General trends show reductions in total homeless numbers and lengths of stay, and increases in housing stability.

-State budget changes did not impact Shelter Funding from State Home Funds, or the MaineHousing portion of the General Fund – but it’s not over yet.

-We have a new CoC funded TBRA Program that can provide renal assistance for up to 24 months, and that actually looks a lot like the ‘Ideal Subsidy’ that was being discussed earlier.

-Also, a new Pilot Program with Goodwill-Hinckely – “Pathways” – which includes education and employment opportunities – another tool in the toolbox.

-It was asked if MaineHousing HMIS could add questions about referrals to Primary Care and to Hospitals, and questions about Opioid Use Disorder to the intake/assessment – Cindy said it is not as easy as just adding a checkbox to a form and suggested we wait to see what the 6.0 version of Service Point looks like – it may have those already sorts of questions, or we could add them then.

**New State Budget:** Includes a proposal to eliminate General Assistance. This would have a serious impact on shelters that get GA reimbursement. SHC should advocate for supporting keeping Shelter Funding, supporting the Home Fund, and opposing cuts to or elimination of GA. The SHC will have lots of educational work to do on this.

**Task Force to Update the Maine Plan to End and Prevent Homelessness:** The group met and made some progress. We are keeping the goals and general structure but are reorganizing and re-formatting some sections. Once the committee has a new draft it will be reviewed first by SHC, then will go out to the RHC’s and CoC’s for comment. All feedback will be reviewed before a Final Draft is presented to SHC, hopefully by June.

**SHC Goals for 2017:** Cullen said he submitted the Annual SHC Report to the Governor’s Office. Cullen reviewed the list and asked for feedback. Anna asked that Cullen let her know when DOC related topics/ issues were to be discussed or put on the agenda so that they can collect and bring any and all relevant information and make sure the right people are at the table.

**Press Release Topics:** For the first quarter, it was again suggested we make the most of the coverage that accompanies the Point-in-Time, but put the focus on the year round efforts and on accomplishments, such as the LTS initiative. Cullen will work with Bill and Josh to draft something.

**Veterans**:

-VASH had a goal of issuing all their 208 vouchers before the end of the year – they reached 97%.

-The Cabin in the Woods project is coming along – still some disagreement about it being a ‘dry’ program, but Fed Regs prohibit use of alcohol on the campus.

-Grant Per Diem Programs must all re-apply for the next round of funding. The whole program is being re-designed to serve Veterans with a higher level of need.

**Youth:**

-Chris Bicknell of New Beginnings is now Chair of the Youth Provider’s Group.

**DV:**

-DV agencies appear to have received more funding for Transitional Housing Programs this past year. There was also some funding for Elder Abuse and Human Trafficking.

-Families are staying in shelters longer now -a combination of lack of vouchers and lack of affordable units.

- The Plan currently estimates that 25% of the DV population has MH/SA issues. Can we get a better figure here? Cullen gave the example of the Oxford Street Shelter. It appears on any given night that about 50% of the population has MH/SA, but the people with those issues tended to stay at the shelters longer, and those without would quickly pass through so the overall percentage of those with issues was not nearly as large as it might seem from a limited observation.

**Families:**

-Portland is expanding its overflow capacity within the building used as shelter for homeless families. This will eliminate the need for hotel rooms in South Portland.

-The City is still seeing a lot of Asylum Seekers. GA limits them to a maximum of 24 months of assistance, so the City has been covering the gap between when that runs out, and the time they are able to get work permits.

-Tedford said they are seeing more families that owe large sums of money to landlords or housing authorities. If it is small – a few hundred – they can help them out, or set up a payment plan, but if it runs into the thousands, the family must come up with a large check to pay off all or most at once.

-Penobscot County doesn’t have any homeless families – statistically speaking – because there are no family shelters to report those numbers. R3HC and BAHS are trying to collect some data to show what the reality of the situation is and establish that there is a need. Coordinated Entry will help with that. GA there works for families – it will provide short terms hotel assistance – but there are not a lot of other resources. PCHC has had to split families between their facility and Shaw House, for the kids. R3 would love to have representatives from family shelters share info and provide input.

**Next Meeting: February 14, 2017**

**DHHS:** Rulemaking, Blueprint, White Paper, and Path Contracts

**MaineHousing:** HMIS Reporting, STEP Outcomes, Consistent Reporting on Initiatives

**Other Topics:** Opioids/Spice, Expanding Medicare, Stabilization Rates, Ending CH in 2017, Ideal Subsidy, Security Deposit Sources, Invitation to the Governor.