

Maine's Plan to End & Prevent Homelessness

March 11, 2008

Amended:
November 2011
& June 2017

Summary Version of Maine's Plan to End and Prevent Homelessness

The Plan very simply calls for everyone who is homeless to secure permanent housing with an adequate support network. There are four specific goals:

1. Emergency shelters and outreach programs will provide safety and engagement/support that most efficiently allows housing with adequate support for success.
2. Ensure an adequate supply of appropriate housing and rental subsidies to allow housing and stability.
3. Ensure that medical, mental health, and substance use disorder needs are met to allow long-term stability and success.
4. Ensure that issues underlying homelessness are addressed and that linkage to an effective, on-going support system is securely in place.

The Plan specifies how to accomplish each of these goals.

Each population will be met where they are at, and supported in ending their homelessness, prevented from returning to homelessness, or prevented from becoming homeless in the first place.

Ways to solve 80% of homelessness for each population

Families → Provide rental subsidies. Poverty is the primary concern and rental subsidies level the playing field for housing stability. Affordable housing allows employment, stability, and a platform for any underlying issues to be resolved.

Key tools: Tenant based Housing Choice Vouchers (Section 8), General Assistance, STEP, funding for brief case management and system navigation.

Adult singles (Chronic) → Provide rental subsidies in permanent supportive housing. Mental illness and substance use are primary concerns, and rental subsidies with support in the housing are the antidotes.

Key tools: Rental subsidies – Project based Housing Choice Vouchers (Section 8), Shelter + Care, BRAP. Bricks and mortar – MaineHousing Supportive Housing Program, CoC New Project funding. Services – a continuum of mental health and substance abuse services including case management, VA Services, and HUD/VASH. Disability determination and representative payee services are important tools for success.

Adult singles (Circumstantial) → Provide basic affordable housing. Poverty is the primary concern and affordable housing allows employment, stability, and a platform for any underlying issues to be resolved.

Key tools: General Assistance, single room occupancies, day labor/employment support, funding for brief case management and system navigation.

Victims of domestic violence → Provide rental subsidies in supportive housing with transitional services. Services address safety planning and support for survivors (and their children) to create lives free from abuse in long-term stable housing. Services target the full range of barriers to safety and stability with programming to promote financial, legal, and personal empowerment. Rental subsidies and affordability allow the platform for success.

Key tools: State and DOJ funding for existing network of DV support services, project based and tenant based Housing Choice Vouchers (Section 8), STEP, MaineHousing Supportive Housing Program, CoC New Project funding.

Unaccompanied Youth → Provide reunification with family, and outreach support for success in the family and in the community. Services and outreach services stabilize youth outside and inside their families/natural support systems. Substance use, mental health issues and illness, family domestic violence (including physical and sexual abuse histories), and LGBTQ identity are major support needs. Given adequate individual and family support, including mobile crisis services and family therapy, many youth can remain or be reunited with their families. Others, where appropriate, require independent living skills, and basic affordable housing as with adult singles (circumstantial), along with transitional support services.

Key tools: State and federally funded youth support services, outreach workers, family therapists.

Introduction

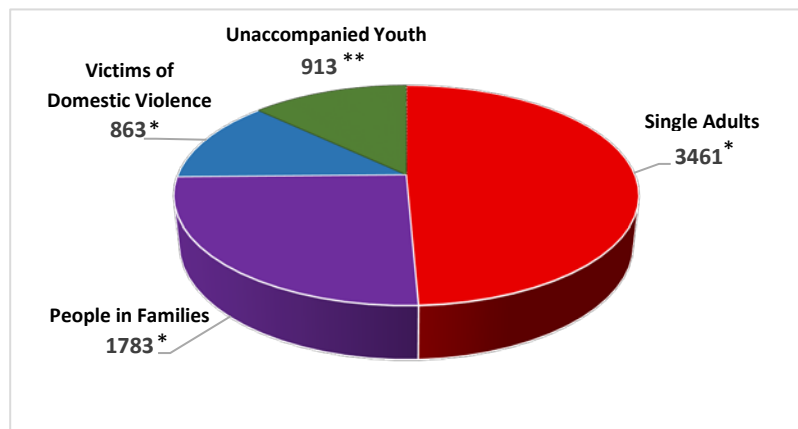
This plan is steadily evolving, and is designed to continually involve everyone working to end homelessness in Maine. It was created by a diverse group of stakeholders from the Statewide Homeless Council and the three Regional Homeless Councils.

The plan is created as a living document that provides a blueprint for meeting the needs of all populations over the years as we collectively take action steps to end and prevent homelessness. Everyone involved in serving people who are homeless, including those formerly homeless, will be called upon to assess accomplishments, design and amend strategies, and continue to hone the focus of this plan.

The number of people who are homeless in Maine is a moving target. This plan will be in effect until that number reaches functional zero.

About 7,020* persons of all ages are counted as homeless in Maine. Approximately 98% are served in homeless shelters, and 2% are outside or in places unfit for human habitation. There are many ways to frame the issues. As a strategy to address the unique needs of different populations, the Statewide Homeless Council has delineated five groups of people experiencing homelessness. Goals, objectives, and strategies for addressing the needs of each of the following groups make up the plan.

- **Single Adults experiencing chronic homelessness**
- **Single Adults experiencing circumstantial homelessness**
- **Families experiencing homelessness**
- **Victims of domestic violence experiencing homelessness**
- **Unaccompanied Youth (ages 12-24) experiencing homelessness**



Along the way to the end goal of permanent housing with an adequate support network, there is a continuum of care involving emergency shelter, outreach, support services to address issues and needs underlying homelessness, transitional and permanent supportive housing when appropriate, and permanent housing that is affordable. Support services include integrating behavioral health with parity for substance use and Serious and Persistent Mental Illness (SPMI).

This plan is a statewide effort. Homeless service providers and stakeholders, united and working through each Regional Homeless Council and the Statewide Homeless Council, have committed to work diligently to improve and implement this plan until homelessness is ended in Maine. Every stakeholder is encouraged to provide ongoing ideas and input. The most effective way to provide this input is through the Regional Homeless Councils or by contacting any member of the Statewide Homeless Council.

**Subpopulations are estimates, based proportionally on actual subpopulation data from 2016.*

***The unaccompanied youth number is based on HMIS data and the HUD definition of homelessness. Per the Maine Runaway and Homeless Youth Act definition (see last page) the number for school calendar year 2015-2016 was 2,301 as reported by the Maine Department of Education McKinney-Vento Statewide Coordinator.*

Homelessness in Maine – The numbers and some estimates of underlying causes

Contributing factors to Homelessness indicated by the data:

- Chronically homeless – Mental illness and substance use disorder
- Circumstantially homeless families and individuals – Poverty and related circumstances, and sometimes substance use issues, and mental health issues
- Victims of domestic violence – Consequential poverty, substance use disorder, and mental illness
- Youth – Substance use and/or mental illness, domestic violence, family conflict, human trafficking, kicked out for LGBTQ identity, lack of placement from foster care
- Lack of access to healthcare is an underlying cause of homelessness
- Opioid use is emerging as a complicating factor for various populations

Contributing factors or underlying issues (estimates) →

<u>Population</u>	<u>Number*</u>	<u>Primary presentation</u>	<u>Secondary presentation</u>	<u>Tertiary presentation</u>
Single Adults: Chronic Long Term Stayers High Needs	~80	Mental Illness: 50%	Substance use disorder: 40%	Dually Diagnosed: 35%
Single Adults: Circumstantial	3381	Poverty: 80%	Substance use disorder: 30%	Mental Illness: 25%
Families	1783 (550-750 households)	Poverty: 90%	Substance use disorder: 10%	Mental Illness: 10%
Domestic Violence	863	(Domestic Violence) Consequential Poverty 90%	Mental Illness: 50%	Substance use disorder: 40%
Unaccompanied Youth	913	Family discord/individual reasons: 40%	Mental Health issues/substance use issues: 25%	Sexual orientation issues and gender identity issues: 25%

Common Goal:
**Permanent housing appropriate to individual or family needs
 with an adequate support network**

Total number of people experiencing homelessness in Maine each year: 7020

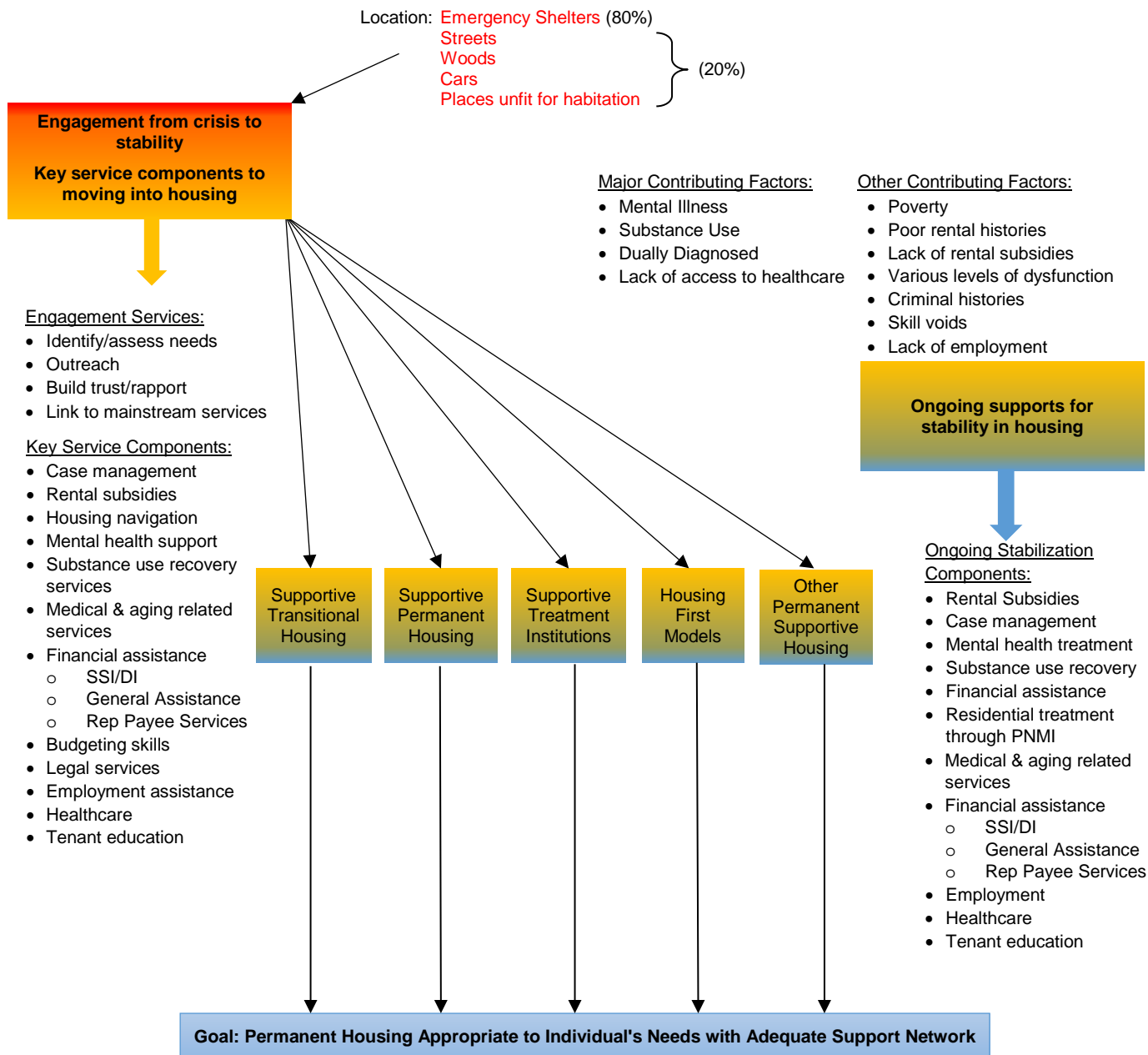
**Subpopulations are estimates, based proportionally on actual subpopulation data from 2016*

***The unaccompanied youth number is based on HMIS data and the HUD definition of homelessness. Per the Maine Runaway and Homeless Youth Act definition (see last page) the number for school calendar year 2015-2016 was 2,301 as reported by the Maine Department of Education McKinney-Vento Statewide Coordination - this includes children in families and may not be reflective of the accurate number of unaccompanied youth experiencing homelessness.*

****Estimates of contributing factors and underlying issues are based on national data obtained through the [Consolidated Annual Performance and Evaluation Reports \(CAPER\)](#).*

Visual Overview of the Plan

Single Adults Experiencing Homelessness – Chronic (~80 Individuals Per Year*)



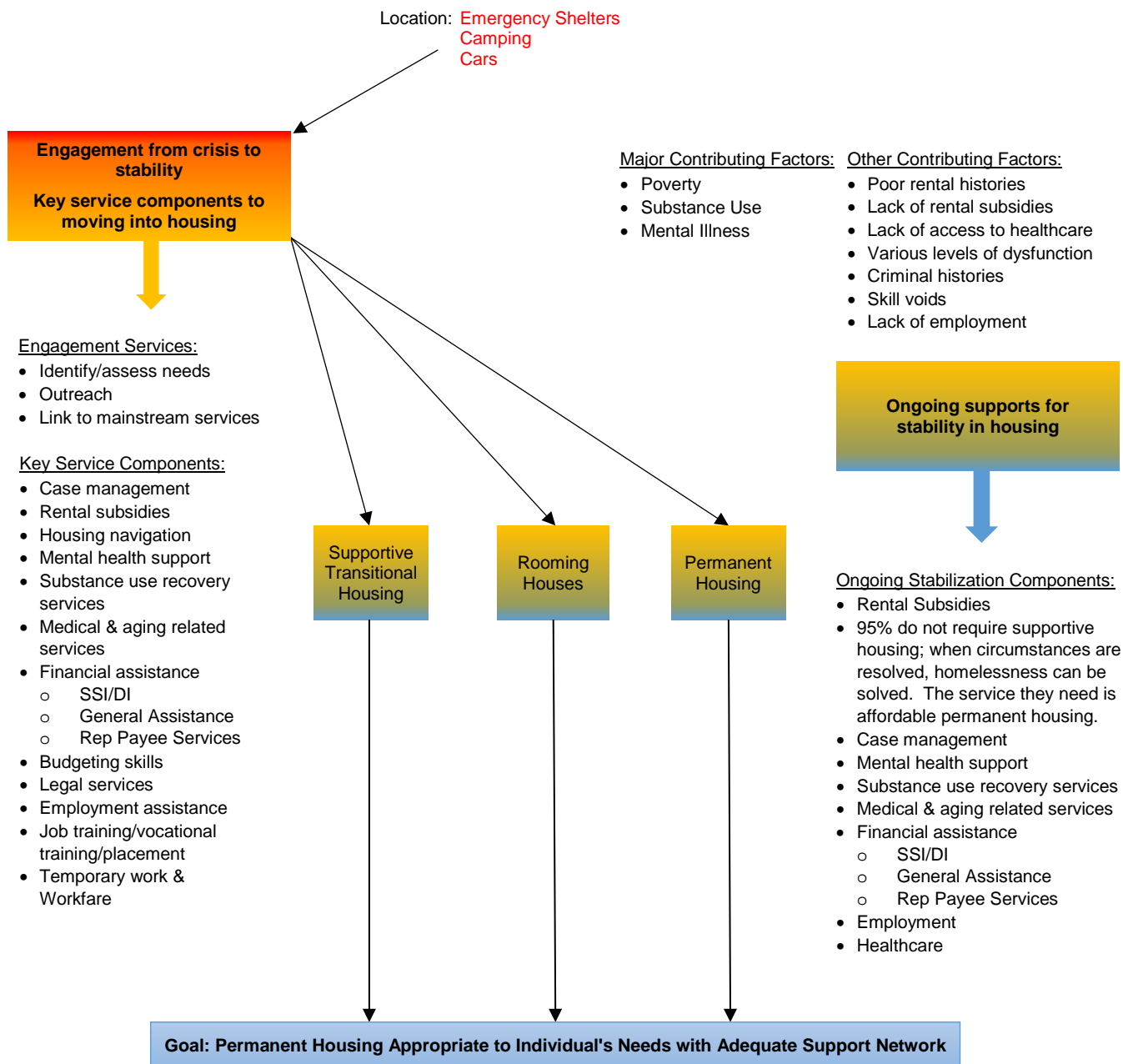
Chronically Homeless – A person with a disability who has been continually homeless for at least 12 months, or on at least 4 separate occasions in the last 3 years, where the combined length of homeless occasions is equal to at least 12 months.

Long Term Stayer – A person staying over 180 cumulative days in shelters or outdoors within a 365-day period (not necessarily consecutive) (Portland); the person with the longest history of homelessness (balance of state).

*Subpopulations are estimates, based proportionally on actual subpopulation data from 2016.

Visual Overview of the Plan

Single Adults Experiencing Homelessness – Circumstantial (3381 Individuals Per Year*)

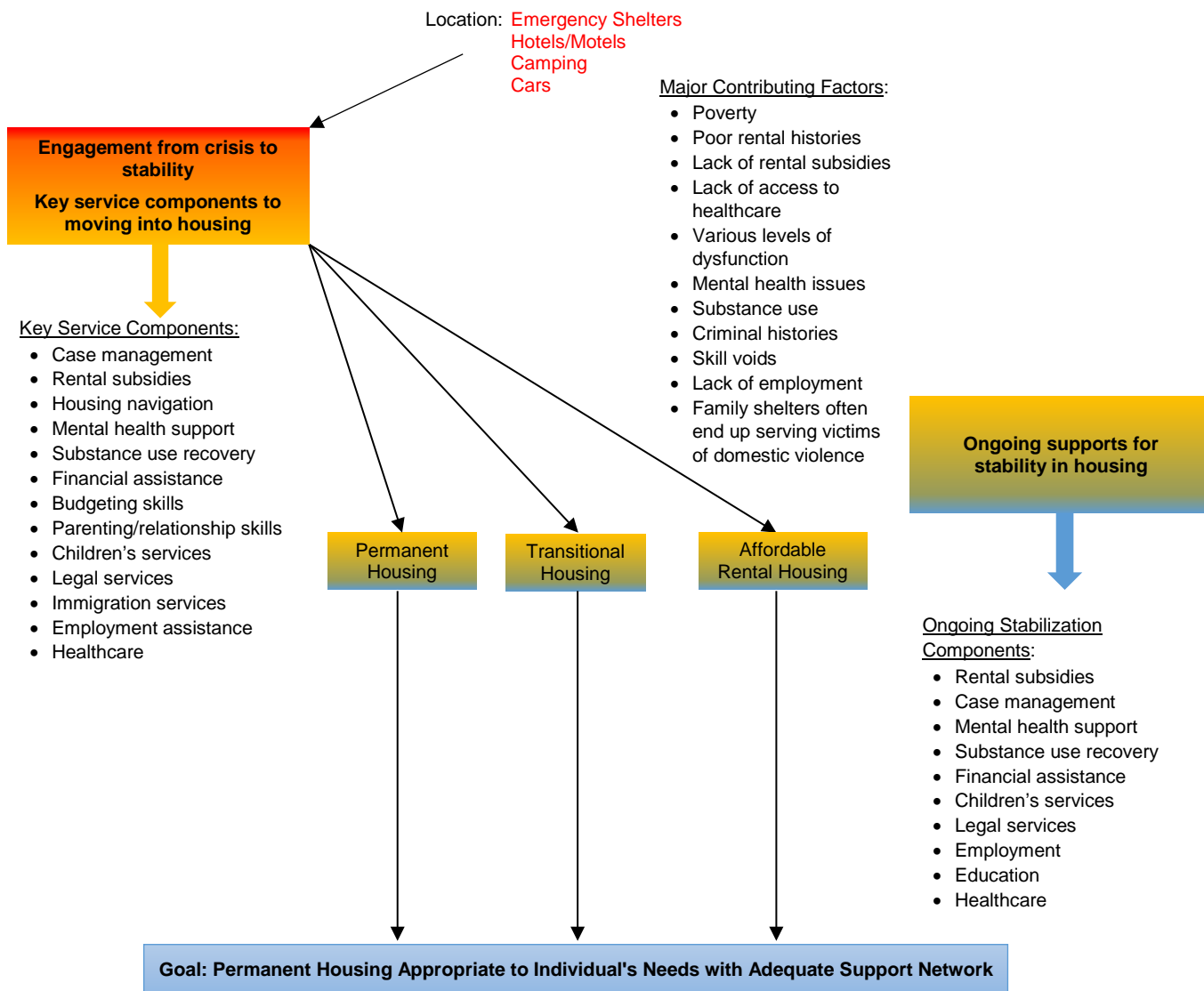


Circumstantial Homelessness – Usually temporary, often caused by lack of affordable housing, poverty, mental health or substance use issues, a medical crisis, relationship change or family conflict, or incarceration.

**Subpopulations are estimates, based proportionally on actual subpopulation data from 2016.*

Visual Overview of the Plan

Families Experiencing Homelessness (1783 People / 550 – 750 Households Per Year*)



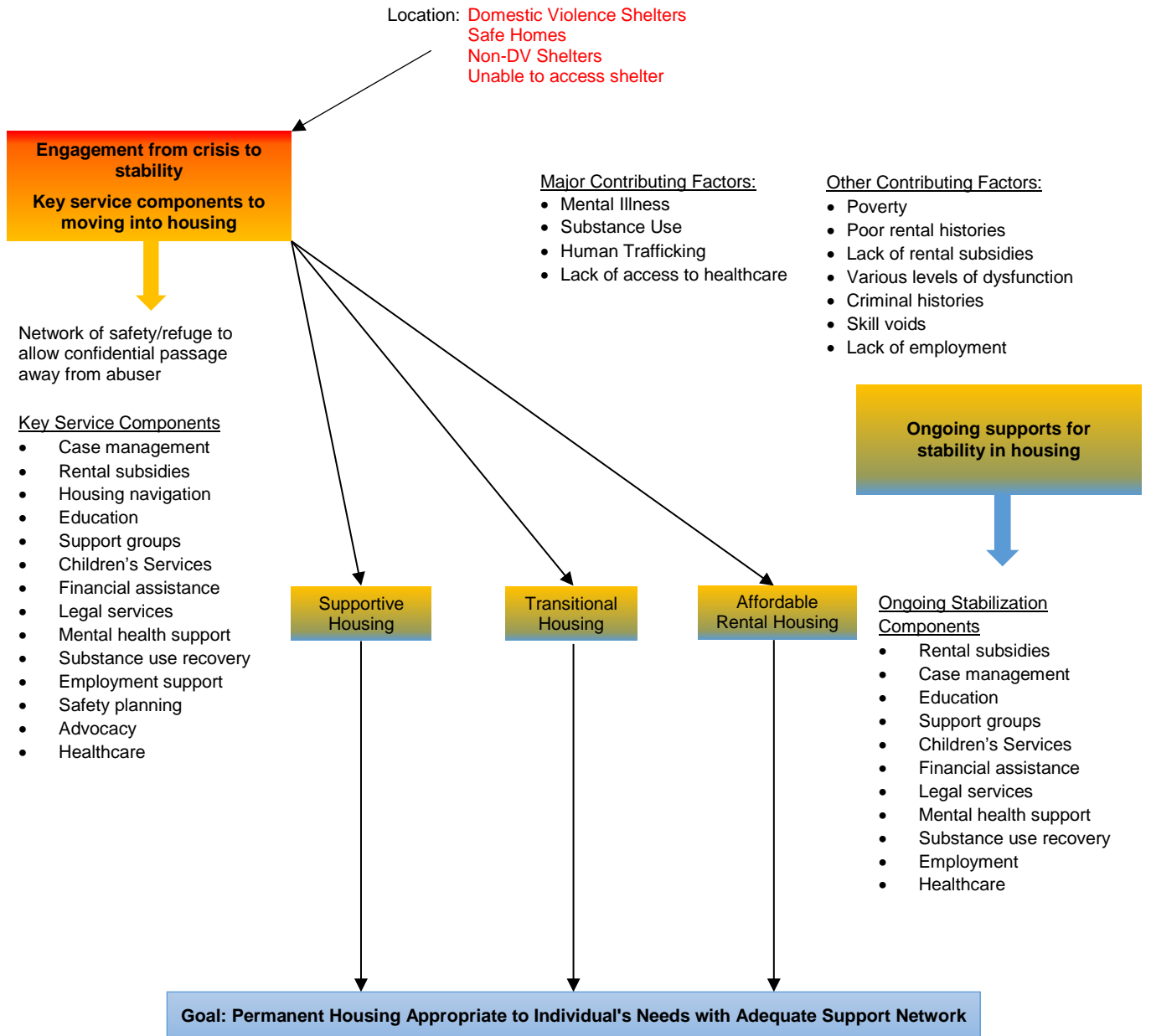
Subsets:

- 2nd Immigrant Refugees (language barriers, cultural differences, large-sized families)
- Rural Families (isolated, not part of shelter system, substandard living/squatting conditions, hidden, self-reliant, distrust)
- Asylum seekers

*Subpopulations are estimates, based proportionally on actual subpopulation data from 2016.

Visual Overview of the Plan

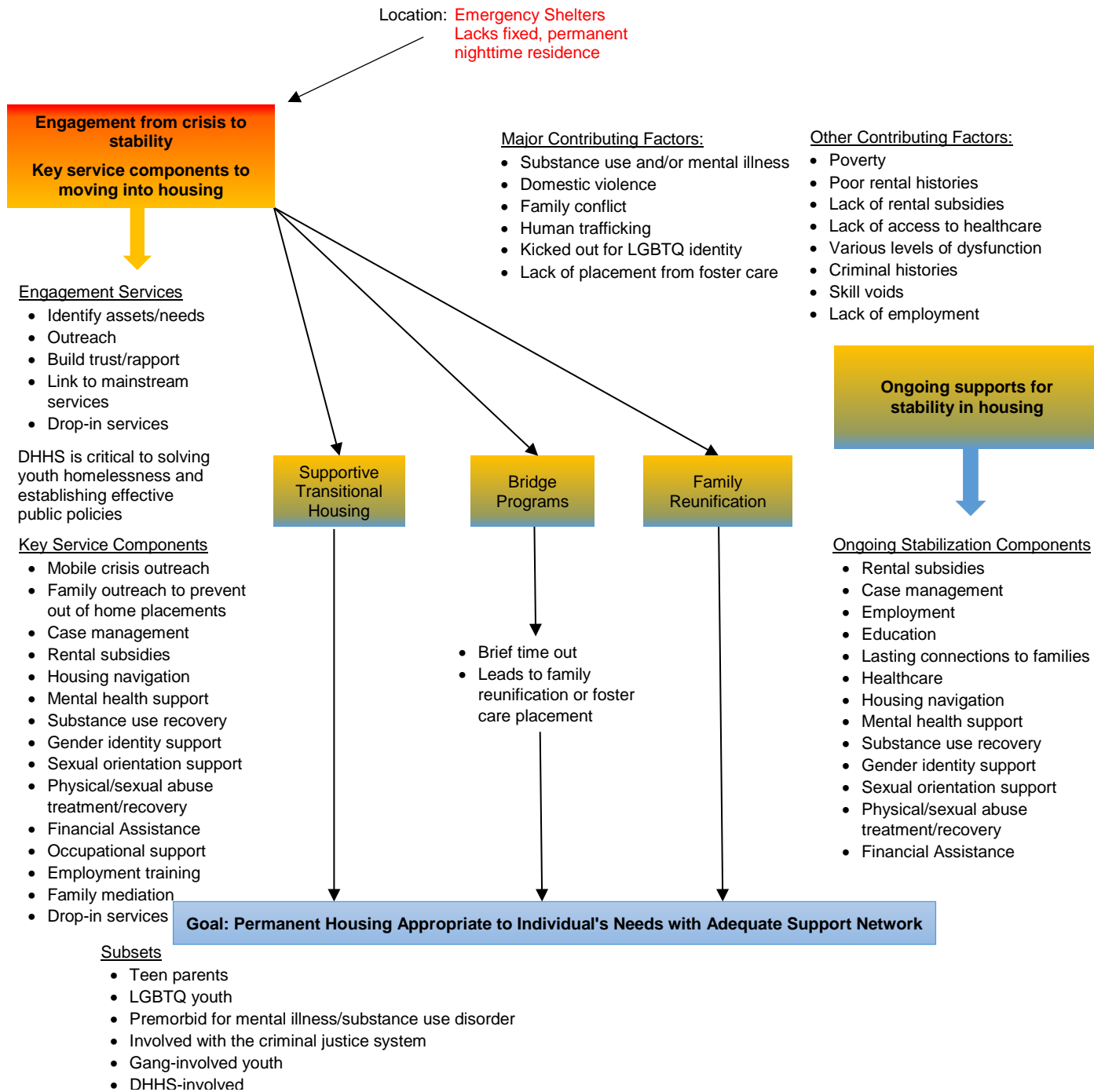
Families/Single Adults Experiencing Homelessness Due to Domestic Violence (863 Individuals Per Year*)



*Subpopulations are estimates, based proportionally on actual subpopulation data from 2016.

Visual Overview of the Plan

Unaccompanied Youth Experiencing Homelessness (913 Individuals Per Year**)



**The unaccompanied youth number is based on HMIS data and the HUD definition of homelessness. Per the Maine Runaway and Homeless Youth Act definition (see last page) the number for school calendar year 2015-2016 was 2,301 as reported by the Maine Department of Education McKinney-Vento Statewide Coordinator - this includes children in families and may not be reflective of the accurate number of unaccompanied youth experiencing homelessness.

Color Key

The goals, strategies, and action steps outlined in this plan have been color-coded based on the population(s) for which they are applicable:

- ✓ All Populations
- ✓ Adults
- ✓ Families

- ✓ Adults & Families
- ✓ Victims of Domestic Violence
- ✓ Unaccompanied Youth

Goals, Objectives, and Strategies



Goal 1: Emergency shelters and outreach programs will provide safety and engagement/support that most efficiently allows housing with adequate support for success.

Objectives and Strategies:

- A. Case management and support services are quickly and adequately in place to facilitate access to health insurance and healthcare, and provide support for clinical and non-clinical needs.**
- Focus and prioritize resources on long term housing stability for people with the longest stays in homelessness. Continue to work from longest to shortest length of stays in homelessness.
 - Each shelter will provide adequate case management and support services to meet the needs of people not yet housed, and people housed from homelessness.
 - Each shelter will educate the appropriate Regional Homeless Council members about how it provides case management and support services, including an assessment of what works well and what doesn't work as well. A review of RHC minutes will demonstrate that this occurred on an annual basis.
 - Take all steps possible to protect the continued availability of services currently provided through Section 13, Section 17, Section 65, Section 92, Section 97, and other relevant sections of the MaineCare rules.
 - Continue to implement ESHAP, evaluating to ensure that its focus is from longest to shortest LOS.
 - Work with DHHS to implement an 1115 Medicaid waiver that opens eligibility for supportive services to people who have been homeless for significant periods of time.
- B. An adequate network of emergency shelters exists, which meets needs appropriate to geographic locations, and shelters work as an integrated system so no individual goes without a place to stay in an emergency, and no one is sent from location to location without assurance of a placement.**
- Each Regional Homeless Council will update their maps that show physical locations of all emergency shelters and services provided, indicating the interconnections between shelters and proactive referral strategies, and describing emergency overflow plans. Each Regional Homeless Council will examine the turn-away/overflow strategies of existing shelters and determine unmet needs.
 - Implement a statewide Coordinated Entry System. Have Homeless Service Providers participate in the Coordinated Entry System. Regional Homeless Councils will annually review, evaluate, and improve the CE system.
- C. Shelter staff and other homeless service providers have knowledge of addiction and mental illness disorders, acquired brain injury, and the dynamics of domestic violence and sexual assault, including the skills necessary to either make appropriate referrals or to provide services.**
- The Statewide Homeless Council will gather training materials, best practices and other resources, and use these resources to develop and deliver statewide or regional trainings for shelter best practices.

- Best practice workshops on the topics will be available at the annual Affordable Housing Conference with two tracks – one on Housing and one on Services.
- D. Shelter staff are skilled at engaging clients and in providing support for finding housing, securing rental subsidies and security deposits, and networking with General Assistance, social services, employment services, etc. for efficient access to housing and support for stability and success in housing.**
- The Statewide Homeless Council will gather training materials, best practices and other resources, and use these resources to develop and deliver statewide or regional trainings for shelter best practices.
- E. General Assistance exists as a safety net and works adequately to meet the needs of people experiencing homelessness.**
- F. Unaccompanied youth have access to supportive services from emergency through stability. These can include, but are not limited to: A lasting connection to families, caring adults, and supportive peers; a safe place to live; and skills and resources necessary for a life of physical and mental well-being, continuous asset building, and dignity.**
- G. An adequate statewide continuum of services exists, including family reunification, emergency shelter, street outreach, transitional living, foster care placements, group care, and permanent housing.**
- Collect accurate data about the number of runaway and homeless youth in Maine.
 - Review and change, as needed, DHHS placement policies to meet the needs of youth who are homeless based on status and need.
 - Develop an emergency placement system for youth, that addresses issues related to criminal justice, child welfare, mental health, substance use, or inappropriate living situations.
 - Explore adding host homes to RHYA as a model for providing emergency shelter in rural areas.
 - Secure adequate funding for youth programs.
- H. Staff are familiar with the Positive Youth Development curriculum, best practices for working with unaccompanied youth, and they possess cultural competency for working with a diverse population.**
- Homeless youth service providers will develop plans for sharing expertise and developing a statewide training strategy through local, regional, and national training options.
- I. Youth are supported in meeting their developmental needs through connection and reconnection with their families, natural support network, and/or are adequately taught independent living skills necessary for success and stability in the community.**
- J. DHHS licensing regulations meet the needs of all the youth populations being served.**
- K. A continuum of age appropriate services for youth exists that addresses their distinct developmental needs and that keeps youth of all ages appropriately housed.**
- L. State agencies provide services that meet state and federal mandates for youth based on need, regardless of budgetary restrictions.**
- M. A consistent process for communication and involvement of youth service providers exists in statewide planning.**
- N. A consistent process for communication and involvement of youth with lived experience exists in the statewide planning process.**

Goals, Objectives, and Strategies



Goal II: Ensure an adequate supply of appropriate housing and rental subsidies to allow housing and stability.

Objectives and Strategies

- A. The Maine Congressional Delegation is educated about the critical need for housing subsidies, affordable and supportive housing development, and supportive of all legislation seeking to increase the supply of subsidies and their availability for project basing.**
- The SHC will meet regularly with all members of the Congressional Delegation to provide education and advocacy about the needs of people experiencing homelessness.
 - The SHC will provide regular updates to the RHCs and the MCoC regarding issues, legislation, and call to action opportunities with the Congressional Delegation.
 - The RHCs and the MCoC will interact frequently with all members of the Congressional Delegation.
 - The SHC will coordinate all activities with other groups as appropriate, including those by the Maine Affordable Housing Coalition, the Maine Coalition for Housing and Quality Services, Maine People’s Alliance, the National Alliance to End Homelessness, and the Corporation for Supportive Housing.
- B. Members of the Maine State Legislature are educated about the importance of major bond issues for affordable/supportive housing development and full reinstatement of the MaineHousing share of the Real Estate Transfer Tax (State HOME fund).**
- The SHC will meet regularly with Legislative leadership to provide education and advocacy about the affordable housing and rental subsidy needs of people experiencing homelessness, and testify on legislation related to the HOME fund.
 - The SHC will provide regular updates to the RHCs and the MCoC regarding issues, legislation, and call to action opportunities with the Maine State Legislature.
 - The RHCs and the MCoC will interact frequently with the Maine State Legislature, and testify on legislation related to the HOME fund.
 - The SHC will coordinate all activities with other groups as appropriate, including the Maine Affordable Housing Coalition, the Maine Coalition for Housing and Quality Services, and the Maine People’s Alliance.
- C. White papers from the SHC are regularly provided to policy makers outlining the steps they can take to end and prevent homelessness.**
- D. The public is aware of Maine’s Plan to End and Prevent Homelessness.**
- The SHC will produce op-eds or other proactive contact with the media at least quarterly, to educate the public about how we can end and prevent homelessness.
- E. MaineHousing devotes adequate development capital, resources, and project-based rental subsidies to allow continued development of supportive housing each year, targeted at homeless populations aiming from longest to shortest in length of stay in homelessness.**
- Use data supplied by MaineHousing in its annual July report, or in other forms as requested by the SHC, to the SHC to determine the number of supportive and affordable housing units that need to be developed to meet the need of families, individuals, and youth experiencing homelessness.
 - Continue to add transitional supportive housing, including rental subsidies, to serve the needs of DV populations.
 - MaineHousing will work with DHHS to see that services are adequately funded for successful supportive housing.
- F. The Department of Health & Human Services devotes adequate resources necessary to provide services in supportive housing.**
- Have DHHS, the Legislature, and the Governor ensure that adequate support services are available.
 - Continue to add transitional supportive housing, including rental subsidies, to serve the needs of DV populations.
 - DHHS will work with MaineHousing to see that services are adequately funded for successful supportive housing.

- G. **Local housing authorities partner with homeless providers to dedicate rental subsidies to local housing projects serving homeless populations aiming from longest to shortest in length of stay in homelessness.**
- H. **All available resources are maximized and utilized to their full potential.**
 - See that existing supportive housing projects have the resources necessary to remain in service.
 - Request that when MaineHousing allocates flexible resources to homeless supportive housing development, that any remaining portion of the allocation is used for activities outlined in this Plan.
 - Request that the MCoC maximize and utilize McKinney-Vento development capital funds to their full potential, to match any leveraged funds.
- I. **The Maine Congressional Delegation is educated about the need to support the reauthorization of the Runaway & Homeless Youth Act.**
- J. **Homeless youth legislation adequately funds supportive housing services.**
- K. **The public has an increased understanding about youth homelessness and what can be done to prevent and end it.**

Goals, Objectives, and Strategies



Goal III: Ensure that medical, mental health, and substance use disorder needs are met to allow long-term stability and success.

Objectives and Strategies

- A. **People who are homeless are adequately assessed and treated/supported for medical and behavioral health needs, to overcome barriers to successful permanent housing.**
 - The DHHS Office of Substance Abuse and Mental Health Services (SAMHS) will provide consistent leadership to each of the RHCs.
 - Service provision and behavioral health systems will partner and create healthy linkages with each other.
 - DHHS will develop regional strategies for dealing with people experiencing homelessness prior to discharge from hospitals and crisis stabilization units, using the Discharge Planning Guidelines previously adopted by the SHC and approved by DHHS.
- B. **All DHHS offices are engaged in serving people who are homeless from emergency through stability.**
 - Help DHHS see through the Blueprint created by the SHC.
 - SAMHS will meet quarterly, or as needed, with representatives from the SHC and RHCs to learn about the service needs of homeless populations and to develop strategies for meeting these needs.
 - DHHS will provide services for people who are homeless, prioritizing the longest, and follow the priorities outlined in this Plan.
- C. **An adequate continuum exists for addiction and recovery.**
 - See that there is a clear, uninterrupted path from detoxification (or early recovery) to stable housing.
 - DHHS will provide for adequate staff experienced in the treatment of substance use disorders to connect with people experiencing homelessness.
 - MaineHousing will partner with SAMHS to create a rental subsidy that will support housing for this population.
 - SAMHS will increase the supply of detoxification beds and recovery residences until it is commensurate with need.
 - DHHS will find a way to serve this population when they lack health insurance.
 - MaineHousing and the MCoC will create transitional or permanent supportive housing for this population until it is commensurate with need across the entire state.
 - The SHC will see that each part of the continuum is adequate for families as well as individuals.
- D. **The strategic plans of all appropriate state agencies include clear goals and strategies directed toward ending and preventing homelessness, and these strategies are in sync with this plan.**

- The SHC will review copies of strategic plans from the Department of Corrections, the Department of Education, the Department of Health and Human Services, the Department of Public Safety, the Department of Labor, and Togus Veterans Administration Medical Center, and provide suggestions for goals and strategies related to homelessness.
- E. **All state departments and MaineHousing support the Maine Coalition to End Domestic Violence (MCEDV) strategic plans to increase safety for victims.**
- F. **Maine addresses the unique needs of a diverse youth population including, but not limited to: pregnant and parenting youth, LGBTQ youth, and youth who have aged out of foster care.**
- G. **Appropriate state and local agencies provide needed health and human services from emergency through stability for youth under the age of 18, and youth ages 18 to 24.**

Goals, Objectives, and Strategies



Goal IV: Ensure that issues underlying homelessness are addressed and that linkage to an effective, on-going support system is securely in place.

Objectives and Strategies

- A. **The entire continuum of care from shelter to stability treats people with dignity and respect, and promotes healthy self-esteem and confidence, based on the assumption that given appropriate support, people will strive to achieve stability (wellness or strength-based model).**
- B. **Services such as case management and housing navigation that are provided by shelter staff or by others in the community are adequately available to promote stable housing placements and permanence beyond shelter.**
- Each shelter will see that services will support a person from emergency shelter through successful transition into stability in the community.
 - DHHS and MaineHousing will see that funding for services and housing is commensurate with need, from the emergency of homelessness to stability in the community.
 - Each shelter/provider will facilitate access to health insurance and healthcare.
- C. **An array of wraparound services is in place to prevent returns to homelessness and promote stability. Wraparound services include employment search, budgeting/money management skills training, representative payee services, access to social security disability, navigation of General Assistance, TANF and other safety net services, and transportation.**
- DHHS will provide annual education to each RHC relative to wraparound services available through DHHS, including eligibility information.
 - DHHS will provide representative payee services commensurate with need.
- D. **Traditionally non-homeless providers will assist with homeless prevention and stabilizing services in the community.**
- E. **There is a coordinated community response to domestic violence that effectively increases safety for homeless victims, and includes traditionally non-homeless providers.**
- F. **Homeless Youth providers coordinate with DHHS and other groups to continually improve the housing and support status of youth leaving foster care in Maine.**
- G. **The entire system excels at identifying youth at risk for homelessness.**
- H. **Prevention services for families at risk are adequate to increase successful prevention of youth entering homelessness.**
- I. **Substance use and mental health intervention for parents as well as children are adequate to meet the needs of families at risk.**

A Note About Unaccompanied Youth Experiencing Homelessness

Ages 12 to 24

This plan targets youth who are not at home with parents or guardians, many of whom cannot return to a stable family living situation. The choice of a broad age range reflects a recognition that there are both younger teens less than 18 who may be eligible for DHHS Children's Services and those that are older who are served by DHHS Adult Services if eligible for any state services.

The broad age space of 12 to 24 is intentional so that the plan can be all encompassing. This includes young adolescents, older adolescents, and young adults. Each of the groups within this span have different needs, and accordingly, services should be tailored to each group based upon their developmental stages and age.

This decision to broaden the age of youth beyond 21 to 24 reflects current thinking in the field about the importance of recognizing the increasing difficulty of transitioning to adulthood for youth and the fact that many youth in their early 20's are often best served by a youth development model.

The plan acknowledges that many youth will have a life-long connection to their natural families and the importance of family within the context of their homelessness. Whenever possible, family reunification will be explored as one of the first options to resolve a youth's homeless situation. The options of family reunification, housing support, and independent living are all needed for all youth. For many homeless youth, working on developing the supports and skills needed to live as independent adults is the most common goal.

The plan supports the important principle that the State maintains responsibility for all younger adolescents who are out of the home, while at the same time recognizing that programs designed specifically for the homeless segment of this population are necessary. Maine Departments of Health and Human Services, Corrections, and Education need fiscal and service delivery plans that meet the needs of homeless youth with emphasis on the role of DHHS in protecting the safety of adolescents under 18.

The Maine Runaway and Homeless Youth Act created a clear plan for services that meet the needs of all youth experiencing homelessness and to encourage all state agencies to participate in developing a meaningful plan to meet these needs.

***Definitions: Per the Maine Runaway and Homeless Youth Act: "Homeless youth" means a person 21 years of age or younger who is unaccompanied by a parent or guardian and is without shelter where appropriate care and supervision are available, whose parent or legal guardian is unable or unwilling to provide shelter and care or who lacks a fixed, regular and adequate nighttime residence. "Homeless youth" does not include a person incarcerated or otherwise detained under federal or state law.*

"Fixed, regular and adequate nighttime residence" means a dwelling at which a person resides on a regular basis that adequately provides safe shelter. "Fixed, regular and adequate nighttime residence" does not include a publicly or privately operated institutional shelter designed to provide temporary living accommodations; transitional housing; a temporary placement with a peer, friend or family member who has not offered a permanent residence, residential lease or temporary lodging for more than 30 days; or a public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings.