**Statewide Homeless Council**

**August 8, 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 (CHOM), Donna Kelley (KBH), Josh D’Alessio (PCHC), Chet Barnes (DHHS), Dan Brennan (MaineHousing), William Higgins (HVJ), Arron Dombroski (Maine BVA), Rob Parritt (City of Portland)

**Guests:** Ginny Dill (Shalom House), Alley Smith (Veterans, Inc.), Mary Frances Bartlett (City of Augusta), Joanie Klayman (Preble Street), Jenny Stasio (Family Crisis Services), Chris Bicknell (New Beginnings), Cindy Namer (MaineHousing), Ed Jordan (Guest), Norm Maze (Shalom House), Leah Bruns (MaineHousing), Allison Gallagher (MaineHousing)Melissa McEntee (RGH), Gayle Erdheim (Maine Dept. of Education)

**Minutes:** Scott Tibbitts (MaineHousing)

**Minutes from the July 11,** **2017** meeting were reviewed and approved as submitted.

**Announcements:** The next SHC meeting is scheduled for Tuesday September 12, which is the same day as the Grand Opening of Huston Commons from 10:00 to 11:00. With this in mind, it was decided to move the SHC meeting to Portland, 196 Lancaster Street, Back Bay Conference Room, starting around 11:15, so that SHC members and guests can attend the opening.

**Policy Committee:** (please see Policy Committee notes, attached, for full details)

**Federal:**  11 people from Maine attended the NAEH Conference in Washington last month and had the chance to meet with Senators Collin and King, and Representative Pingree. The Senate version of the THUD budget includes a slight increase overall compared to the House version. Both have increases for Homeless Assistance, but deep cuts in other important areas and there has been no movement on other homeless/housing related bills.

**State:** The State Budget has been accepted, and the Veto/override process is over. None of the proposed cuts to GA, TANF, or SNAP survived, which is good news for the safety net for homeless populations. LD970 would have provided funding to support Housing First Services, and LD808, which would have restored eligibility for case management services to some adults with Bi-Polar disorder & PTSD, both died.

The Legislature reallocated $2.5 Million of State HOME funding that would otherwise have gone to MaineHousing. This is not as much as they have sometimes taken in the past, but still a loss. Other funding designated for homeless programs was not touched.

**Continuum Updates:** The NOFA is out! Final Due Date is September 28th. The group is working to conduct Monitoring of all projects and prepare scoring tools for New and Renewal Applications.

**Regional Homeless Council Updates:** R3 – stillleading the charge on Coordinated Entry and dealing with local issues. R2 – had a good discussion regarding Chronically Homeless in R2 shelters, and what VI-SPDAT Score should be an indicator that could trigger a higher level of assessment might be needed. R1 – The new Preble Street schedule is in effect. Oxford Street is reporting an increase in overdoses in and around the shelter. They are conducting overdose prevention trainings. Preble Street reported 17 OD’s in 2016, and 22 already so far in 2017. PCHC in Region 3 reported what appears to be a decline in clients with opioid use disorder at their shelter, but this is most likely due to that population simply not going to the shelter right now. PCHC opened an Opioid Health Home in June, and while it is too early to have any meaningful data, they have seen more people seeking treatment. DHHS still has funding available for OHH programs. Region 2 providers have not seen as much opioid use/abuse but that may simply be because most of the shelters are for families or other specific populations, not just single adults. Back to Region 1, Spice is also a huge problem – even if someone just blows the smoke in your face you can be seriously affected by it.

**LTS:** The Portland By-Name list is down to 41 people, and there are more than 120 people who were on the list who are now in housing. Last year Milestone had 16 LTS’s, they are now down to 3. Bangor’s list is about 4 to 6 right now. All have vouchers but not housing yet. One has had 5 vouchers – they need a different sort of solution. Bangor’s coordination with hospitals and jails has been very helpful.

-For LTS’s, DHHS is looking at VI-SPDAT scores to see what else may be needed in terms of additional assessments. Working to make PNMI part of the referral process for homelessness – not just for hospital discharge. There are PNMI beds that have been vacant for months. Many people refuse BRAP, mostly due to the higher portion of their income that would go toward the rent, and want to hold out thinking they will eventually get S+C or HCV. We need to raise awareness that having BRAP actually increase the odds that they will get S+C or HCV. As a system, we need to ensure that people with MH/SA issues have access to appropriate housing and supports, not just let them languish in shelters or on the streets for lack of documentation or coordination among various efforts.

-MaineHousing surveyed shelters with LTS’s to help identify barriers and found that one reason is people are simply refusing available housing options. Other reasons include legal issues and disabilities – which can be addressed. They also found that some ‘LTS’ clients were gone, but had not been properly exited from HMIS so they were still showing up on reports, which points to the importance of the By-Name list and knowing who you’re working with. All STEP/HTS/TBRA Applications now require Navigators to include 3 additional pieces of information: VI-SPDAT Score, Prioritization Category, and Length of Time Homeless (data sharing allows them to see this across shelters) to help determine the most appropriate resource. MaineHousing also has vouchers that are not being used – we need to use them but we need to do it appropriately – as we have seen, placing someone in housing that does not fully meet their long terms needs is only a temporary solution.

- Rob stated that agrees with and supports of this, but cautioned that the VI-SPDAT is not a clinical tool. It is a shortened and vulnerability focused version of the full SPDAT, which is much more detailed and clinically focused and could better determine the type and level of supports someone may need longer term.

-Navigators can always submit additional information with an application to help put VI-SPDAT/Prioritization/LOS into context. Maybe someone only scores a 2, but the Navigator has other information that would indicate a higher level of need – that’s important.

-Also, are these ‘available’ resources geographically appropriate? Someone who has been homeless in Portland for a significant period may not want to move to Skowhegan. Maybe shared housing needs to be an option. The idea that everyone gets a one bedroom apartment all alone may not appeal to someone who has come to depend on a social/community network of friends and supports.

-Birth Certificates and ID’s in general are often a barrier – is there some way around that? Can there be a fund to help with the cost or a fee waiver? Sometimes this can hold someone up for months. PCHC has started asking for Birth Certificates at intake – not because they really need them but because so many housing programs do – and if someone does not have it, they can start the process to get one right then, for a modest amount of money.

- Lots of good discussion, good ideas, and good work being done, but here in Maine, we know who these people are. We know who needs help the most. We don’t want to get bogged down with more assessments and more paperwork that delays getting them into housing. Coordinated Entry will deal with people we do not already know when they first connect to the system. We need to focus on the ones we do already know, the ones who are already in the system, so we can get them housed. We should not just give up on them.

-But getting these other assessments and more information is part of how we can help them access more appropriate housing options. These folks are the hardest to house because they have needs beyond just putting them in an apartment – the more ‘supportive’ housing options require more documentation so we need to establish eligibility to get them in there. Navigators looking at length of stay is also part of that. The person may only be at their shelter a few days, but if the Navigator looks in the system and sees a long history of stays at other shelters, that is a very different situation and requires a different approach.

**DHHS Updates:** Funding is available for Opioid Health Homes. PCHC opened an OHH in June. It is too early to have any meaningful data but they have seen an increase in the number of people attempting to access treatment.

**MaineHousing Updates:** All Maine Public Housing Authorities (PHA’s) have now agreed that specialized vouchers, such as MaineHousing’s Home to Stay, can be used across jurisdictional boundaries. This is something MaineHousing has been working toward for some time.

-The Homeless Rule revision is done. It was a complicated process but we seem to be back on track now.

-After all the discussion about freezing HCV, HUD called and authorized MaineHousing to issue a limited number of vouchers – about 40 HTS HCVs will be made available. Many Applications are already in process. These are not ‘New’ vouchers –they are ones that have ‘turned over’. About 6 of every 10 vouchers that MaineHousing turns over go to homeless applicants, and about 45% of all the vouchers issued do not result in a lease up.

-The National Housing Trust Fund RFP has received 14 ‘pre-apps’ and final applications are due August 16. Awards should be announced sometime in October.

-The Annual Consolidated Plan update is in the works. This plan looks at how several sources of federal funding are used and coordinated within a jurisdiction. In Maine, CDBG funds are handled by Community Development, and MaineHousing handles HOME, ESG, CoC and HTF.

-Cullen said he has heard there is a mis-match between STEP (which uses Fed HOME funds), and the populations that we need to serve and asked if MaineHousing would consider moving more money to ESG for Navigators and away from STEP since the short term subsidy is not what people need most. Dan said that he is very interested in hearing what is working and what is not. He has made and effort to meet with EDs at every shelter now and he did not hear anyone say STEP is not working. Quite the opposite, though obviously is does not work for everyone, as it is not designed to. Nonetheless, MaineHousing wants to know what is or is not working and has shown we are willing to make changes if we can improve a program, like changing STEP from 1 year to 2. Also, each pot of money has a different set of rules attached. MaineHousing cannot just shift all our HOME funds to ESG activities if those are not eligible uses for HOME funds.

-Rob said that STEP success or usability often depends more on the shelter than the voucher. Oxford Street Shelter has a hard time effectively using STEP, but he knows other shelters where it is the best option. Is there a way to redirect STEP to shelters where it can best be utilized, and provide some other resource to those shelters where it is difficult to use STEP? The demographics have changed but the resources have not.

-Josh said STEP is great if someone shows up at your shelter, they have a job, they want to move on with their live, STEP can get them a voucher, an inspection, and a lease up in just a couple weeks – that’s amazing. The problem is that that end of it has been so successful that Navigators are now so busy meeting with client who are in housing, to help keep them in housing, that it is hard to keep up on the front end, the applications. The problem is we have allocated $1.2M to STEP, but 60% of the population we see are not going to succeed with STEP- it misses the state’s priority for Chronic Homeless and Long Term Stayers.

-The vast majority of folks who show up at shelters are circumstantially homeless and STEP can help them. Maine also has millions of dollars of BRAP and sometimes Shelter Plus Care available for those who need a higher level of support services and longer term rental assistance. BRAP and S+C can also get people into housing quickly if the applications are complete and all the documentation is in order – it’s the fact that the paperwork is so often not complete that slows everything down.

**Discussion Topic: Who are the most vulnerable and how do we prioritize them?**

The LTS Initiative has made great strides. We need to apply that same approach to other vulnerable populations. HUD is looking at more than just length of time homeless (LOT), and this year’s NOFA makes several references to vulnerability. Not everyone with a long LOT is necessarily the most vulnerable. Josh proposes a formula that factors VI-SPDAT score, Length of Time Homeless, and age. We need more of a triage approach. If you’re in an ER treating someone with a broken finger, and someone having a heart attack comes in, you don’t make the heart attack wait until you’re done with the broken finger just because the broken finger was there longer. Most of the time, LOT will be the determining factor, and people ‘jumping the line’ will be the exception, but it is important that we have a way to allow for those exceptions.

-The criteria for vulnerability may also depend on the community and the available resources as much as on the individuals themselves. Some who has been living in a tent for a 30 days and now has developed a serious medical condition is probably more vulnerable that someone who has been staying in a shelter for 60 days.

-Maybe we don’t need a huge statewide spreadsheet for all this. It could be as simple as allowing each shelter to have a 10% set aside of their resources that they can use for folks they determine to be highly vulnerable, regardless of LOT.

-DV populations face a similar thing. Someone may not have been in shelter long, but how long were they in an unsafe situation prior to arriving at the shelter? How much trauma, fear, suffering have they been through?

-Shelter Plus Care used to have meetings where all the workers would sit at a table and discuss clients and come to an agreement on who would get the next available voucher. Can we work like that now? That is too subjective. Some people can tell a better story than others – clients and worker both – some have access to more information. That doesn’t always lead to the best answers.

-It was proposed that a small group meet to discuss all this in more detail: Rob, Josh, Joanie.

-Chris added that if we are looking at a vulnerability tool, we will need one specific to youth.

-How do we provide the housing component for people who qualify for Opioid Health Homes? There has been lots of focus on this and it seems likely there will be increased funding in the future. We need to view housing as a component of Health Care – there is a Dr. in Hawaii who made the news for writing a Prescription for Housing!

- If we start now we might be able to present something in the next Legislative cycle for a 1115 Waiver to create a “BRAP like” program for Housing and ESHAP like services for SAD (BRAP cannot be used).

**The Maine Plan To End and Prevent Homeless:** Waiting for new numbers.

**Press Release Topics for September**: Housing First! Written for a target audience of Landlords, Property Managers, and Developers. Preble Street has some great data on Cost Effectiveness.

-Last month’s press conference was good. They got the message correct. It is important to recognize and acknowledge success while making it clear we are not done yet.

**Populations:**

**Substance Use Disorder:** (already covered extensively above)

**Veterans:** HVAC is doing good work with the By-Name list and coordination with HMIS.

**Age 55+:** (no new info)

**Youth:** Senator King will be touring New Beginnings tomorrow.

-DOE is finishing up a Homeless Education Rule revision for McKinney Vento Services with an emphasis on keeping kids in school, at their school of origin, and the understanding that kids are allowed and supported to go to school first and foremost, and the details can come later. Also working to develop more supports and professional development opportunities for Liaisons with a focus on early intervention services.

-There are new DOE positions now in Bangor and Augusta, and ongoing efforts in Portland, Westbrook, Lewiston, and Merrymeeting Bay (Bath/Brunswick/Topsham).

-Many programs seem to be seeing a decrease in ‘older school age youth’ and an increase on the younger end.

- About 70% of the families DOE work with are double up/couch surfing. We need a better way to bring all the various ‘counts’ and data together.

**DV:** Historically, each DV provider had individual contracts with DHHS. Now, there is one contract for all, which should help to make things more consistent statewide.

-A small amount of funding is available through DHHS for AS counseling in DV shelters.

-FCS in Portland reports that they typically have to turn away 5 to 7 people a day, but it is important to note that they do their best to assess the level of danger someone may be in and only turn away those who are not in immediate danger. Sometimes Court orders around visitation make moving outside a given area impossible, which can make it very difficult for DV victims to find a safe place.

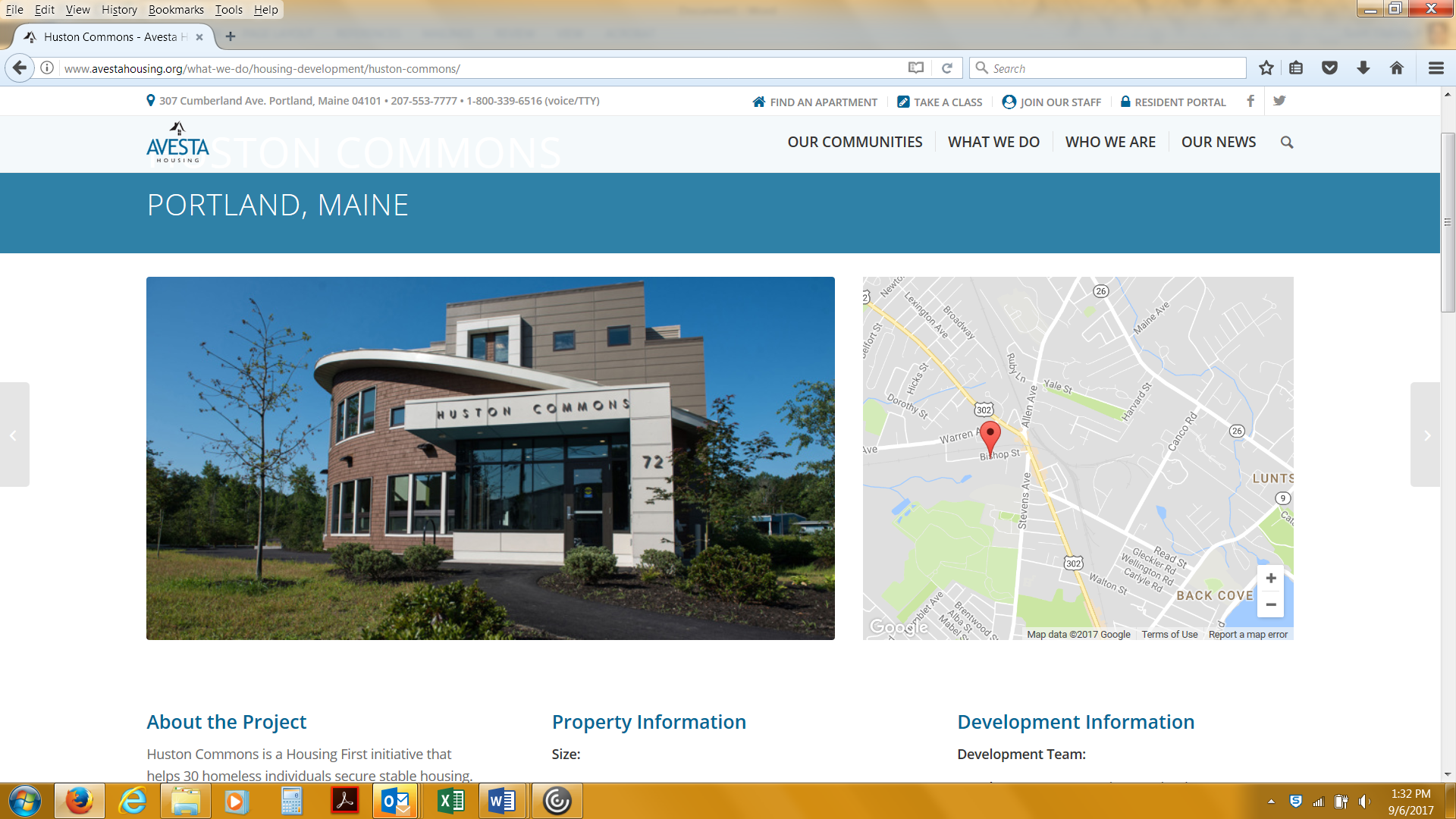
**Families:** The Portland Family Shelter is full to overflowing.

-Bangor GA is working with 2 local hotels to house families at very reasonable rates and weekly/monthly terms, though some families are approaching the 24 month limit on GA assistance.

**Other Business:** SHC Goals for 2017 – Need to become more structured and accountable.

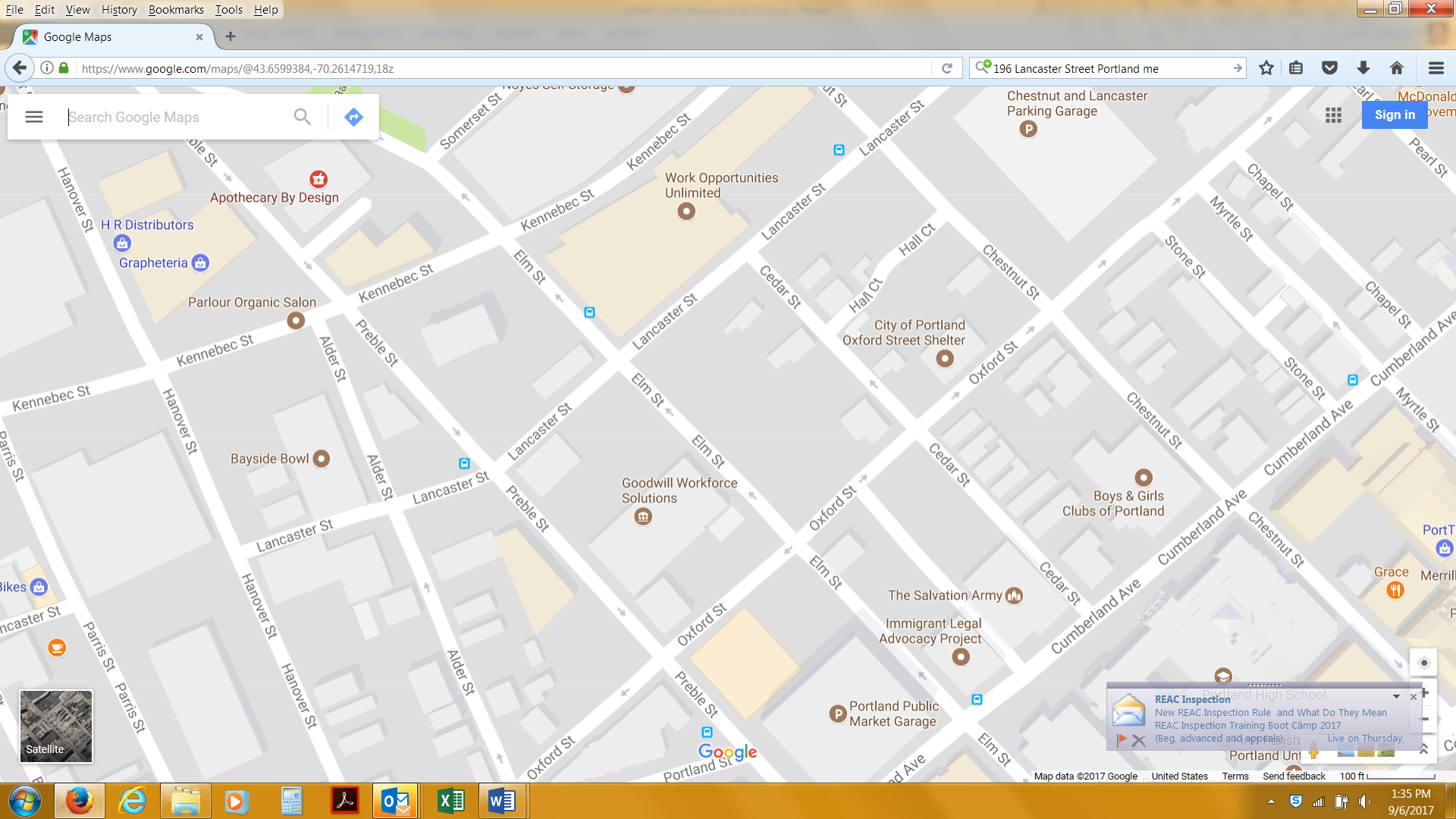
**Next Meeting: IN PORTLAND!!!!**

**All SHC Members and Guests are encouraged to attend the Grand Opening of Preble Street’s Huston Commons Project on Bishop Street in Portland from 10:00 to 11:00.**



**SHC Starts at ~ 11:15 at 196 Lancaster Street, Back Bay Rm**

**(Parking is available in the lot across the street from the lot in front of the building)**



Parking

196 Lancaster Street Entrance