CHOM
Community Housing of Maine

February 3, 2023

Senator Pierce, Representative Gere, and members of the Joint Select Committee on Housing, my name is Cullen Ryan, and I am the Executive Director of Community Housing of Maine or CHOM, the largest supportive housing provider for homeless populations in Maine. Our staff of 12 works collaboratively with more than 50 different service provider organizations to house well over 1100 of Maine's most vulnerable people. I also chair the Maine Homeless Policy Committee, the Maine Continuum of Care Board of Directors, as well as the ESAC Long Term Stayers Committee which with 20 participating organizations has housed more than 430 of the longest stayers in homelessness in Maine over the last 7 ½ years, and also demonstrated that this population is as many as 45 times more likely to be in jail and 29 times more likely to be in the hospital when unhoused vs housed. Housing this population saves us a lot of money and is a game changer for each person. Our biggest problem is finding it.

Homelessness is solvable. Housing and services are the key tools we need to do so. We are working on both, as well as ensuring we have an adequate emergency shelter network, so we don't see additional growth in encampments across the state.

Maine's Plan to End and Prevent Homelessness *(attached)*, created and adopted statewide in 2007, revised in 2011 and 2017, recognizes five distinct homeless populations:

1. Circumstantially homeless single adults (including people homeless for long periods of time solely due to the pandemic)
2. LTS/Chronically Homeless Single Adults
3. Homeless Families
4. Homeless Victims of Domestic Violence
5. Homeless Unaccompanied Youth

Ways to solve homelessness for each population:

- 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.
- 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.
- 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.
- 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.
- 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.

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The common goal for all populations is permanent housing appropriate to individual or family needs with an adequate support network.

Necessary Services and Solutions to Homelessness

- The Long Term Stayer Committee has documented with non-extrapolative data that Long Term Stayers (LTS) are as many as **29 times more likely to be in the hospital and 44 times more likely to be in jail when unhoused vs housed**. That is a jaw dropping statistic.
- By name list efforts for LTS has resulted in **430 housed with 93.07% success rate,** as of December 2022.
- Maine has developed a FUSE Collaborative focused on housing the 200 people ricocheting through our most expensive emergency systems
- Maine has developed a low barrier wraparound service component for this population: HOME Provider Program – Health Home model
- Efforts have been made to combined forces with a local Languishing Committee looking at this same population from the perspective of the criminal justice system.

Supportive Housing as an Evidenced-Based Practice

Today in Maine it costs:

- $903 per day, or $47,000 per person per year, to have someone in jail.
- $1000 per person per day to have someone in the ER, not including rescue transportation there or other hospitalization costs that can follow such visits.
- $3073 per person per day, or $159,813 per year, on average to have someone at Riverview.
- $1200 per person/month or $14,400 per year to keep someone in the least expensive emergency shelter, not including food, or other services.

In contrast to the cost to serve frequent users of these many systems, it costs:

- $13,200 to house someone for an entire year in Maine* and approximately $3200 a year for support services**, for a total cost of $16,400 per person per year to be stably housed.
- For the few that need them, additional support services such as Acute Care Team (ACT) are much more efficiently delivered and effective when a person is housed rather than homeless.

Key Takeaways

- Homelessness is solvable.
- Supportive housing works and is cost effective. There are multiple models, and they are all successful.
- The Long-Term Stayer population ricochets through our most expensive emergency systems when unhoused, and all but stops touching any emergency systems once housed.
- Once we house people even with modest support, they tend to stay housed and not return to homelessness. It takes relationship work to get to success.

Attachments:

- Statewide Homeless Council – History and Accomplishments
- Maine's Plan to End and Prevent Homelessness
- FY 2022 Maine Homeless Statistics – HMIS Emergency Shelter Data
- Long term Stayers – Housed vs. Unhoused Graphic
- Long Term Stayers Jail and Hospitalization Data March 2012 – December 2022
- LD 475: Resolve, To Create the Frequent Users System Engagement (FUSE) Collaborative to develop a plan to provide stable housing and community services to 200 persons who are homeless or at risk of homelessness who are the most frequent consumers of high-cost services – Final Report to the Joint Standing Committee on Health and Human Services – January 1, 2022
- State of Homelessness in Maine – Graphics
- LD 2, An Act to Address Maine's Housing Crisis – Outline

** ($813/month for a one-bedroom apartment in Maine; Portland = $1100/month, according to the National Low Income Housing Coalition "Out of Reach 2020" housing cost study.*

*** $80,000 salary and benefits divided by a caseload of 25 people.*

Maine's Statewide Homeless Council

Purpose

The Statewide Homeless Council (SHC) began in 2005 after being established by statute (2004) replacing the Interagency Task Force on Homelessness and Housing Opportunities. The authorizing legislation was amended in 2008 to expand the council's advisory role and to add additional members to the SHC.

The purpose of the SHC is to serve as an advisory committee to the Maine State Housing Authority, the Governor, the Legislature, the Maine Department of Health and Human Services (DHHS) and the Maine Department of Corrections (DOC) on homeless matters. The SHC is charged with providing leadership to end homelessness and providing support to the Regional Homeless Councils; educating people on homeless issues; serving as coordinator of information; assessing statewide needs; identifying potential resources; providing assistance to people who are homeless by identifying resources and improving access to them; and reviewing, monitoring and implementing plans to end homelessness.

Organization

The SHC consists of 14 members. The Governor appoints six members, two from each of the state's three Regional Homeless Councils, based on nomination provided by the three Councils. The Director of the Maine State Housing Authority is a member. Three members are appointed jointly by the President of the Senate and the Speaker of the House, one from each of the three Homeless Councils. The Commissioners of DHHS and DOC, and the Director of the Bureau of Maine Veterans' Services or their designees, are also members. The chair of the SHC was originally a representative from the Governor's Office (the current Administration has not kept with that). Members serve until their successors are appointed and qualified. The Maine State Housing Authority provides staff support to the SHC.

Maine's Plan to End and Prevent Homelessness

The Statewide Homeless Council and the Regional Homeless Council system has done much to bring everyone to the table so that Maine can have a strategic, statewide, non-siloed approach to ending homelessness. To the greatest extent possible, Maine's efforts are unified. One result has been the Maine Plan to End and Prevent Homelessness, created and adopted statewide in 2007, revised in 2011 and 2017.

The Plan recognizes five distinct homeless populations: 1. Circumstantially homeless single adults. 2. Chronically homeless single adults. 3. Homeless Families. 4. Homeless victims of domestic violence. 5. Homeless unaccompanied youth.

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.

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

The Plan was 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.

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).

The Plan is a statewide effort. Homeless service providers and stakeholders, united and working through each Regional Homeless Council, the Maine Continuum of Care, and the Statewide Homeless Council, have committed to work diligently to implement and improve 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.

Statewide Homeless Council History – Major Accomplishments

- Developed and adopted Shelter Standards in 2005 and 2006 (now titled the Homeless Solutions Rule)
- Worked with General Assistance to better serve populations by providing a 24/7 phone number.
- Created and implemented (ongoing) Maine's Plan to End and Prevent Homelessness, initiated in 2007, finalized in 2008
  - Subsequent revisions to the Plan in 2011 and 2017
- Encouraged and supported two major cost of homelessness studies in Maine, 2007, and 2009.
- Developed and helped implement/oversee Maine's actions pertinent to the Homeless Prevention and Rapid Rehousing Program (HPRP) of the American Recovery and Reinvestment Act (ARRA) 2009-2012.
- Initiated and created the Maine Long Term Stayers (LTS) Initiative, concept initiated in 2012, implemented in 2013, finalized materials 3/2014.
- Initiated legislation: LD 598 - Resolve, Directing All Relevant Agencies of State Government to Work in Concert with a Plan To End and Prevent Homelessness To Ensure That Resources Are Available To End Homelessness in the State, 2/2013
- Initiated legislation: LD 2569 - Resolve: To direct all relevant state branches of government to work in concert with Maine's Plan to End and Prevent Homelessness to see that resources are where they need to be to end homelessness in Maine, 10/2013

- Created the "White Paper – Medicaid Waiver for People who have experienced Long-Term Homelessness", 12/2013
- Created Maine's Ending Homelessness Resources Prioritization Chart (which actualizes/directs resources in keeping with Maine's Plan to End and Prevent Homelessness), initiated 12/2014, adopted 3/2015, revised annually thereafter. This forms the basis for our annual Continuum of Care applications to HUD for the most significant portion of our funding to end homelessness.
- Created Op Eds, seven published in total: Portland Press Herald 4/2015; Bangor Daily news 3/2016; Portland Press herald 1/2017; Portland Press Herald 5/2017; Portland Press Herald 12/2017; Portland Press Herald 7/2018, and Portland Press Herald 11/2018.
- Created the Maine Homeless Policy Committee – a joint committee of the SHC and the Maine Continuum of Care, as an effort to tie policy efforts in the state together, 5/2015
- Testified regularly each year on various bills related to homelessness, and fought against cuts to safety net programs. Organized Regional Homeless Councils and CoC to participate as well – 2005 to present
- Created of the Maine Department of Health and Human Services Blueprint for Ending Homelessness, initiated 7/2015, finalized 2/2016
- Provided essential input on the Section 17 rule changes, 3/2016
- Provided essential input on Maine's Housing Trust Fund Allocation Plan, to ensure that the resources be directed towards people experiencing homelessness, 8/2016
- Developed Maine's Ideal Rental Subsidy for Homeless Populations, 2/2017
- Developed Maine's definition of Functional Zero, 4/2017
- Provided essential input from a rural state on the update to the Federal Plan to End and Prevent Homelessness, 12/2017
- Created a policy proposal for a Rental Subsidy for Stabilizing People who are Homeless with a Substance Use Disorder, 1/2018
- Provided input to DHHS on rule change affecting funding for Substance Use Disorder homeless shelters, 9/2018.
- Created legislation for a Low Barrier Rental Subsidy for Long Term Stayers for the 2019 Legislature to consider.
- Developed the Criminal Justice System Blueprint for Ending Homelessness, 7/2019.
- Worked to establish the Frequent Users System Engagement Collaborative in Maine, enacted as Public Law 6/2021.
- Created a Position Statement on Encampments and Best Strategies for Working with Local Encampments blueprint, 8/2021.
- Assisted with the application to the U.S. Centers for Medicare and Medicare Services Medicaid IAP Technical Assistance which led to establishing a new Chapter of MaineCare and the HOME Provider Program health home model, codified in MaineCare Rule, 6/2022.
- Developed the Maine Homeless Policy Committee Policies and Priorities for the 131st Legislature which resulted in LD 2 being introduced by Speaker Rachel Talbot Ross, 1/2023.
- Helped shape annual data released on Homelessness each year.
- Weighed in on MaineHousing's Annual Action Plans and 5-year Strategic Plans.
- Offered input on a wide variety of Federal legislation through Maine's Delegation each year, including SEVRA, RHYA, PATH, VAWA, HEARTH ACT, NHTF, CRA, FSSP, FUP, HOTMA, LIHTC policy, funding for all HUD Programs and particularly Section 8 and HAG, and other pieces of legislation affecting homelessness in Maine.

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

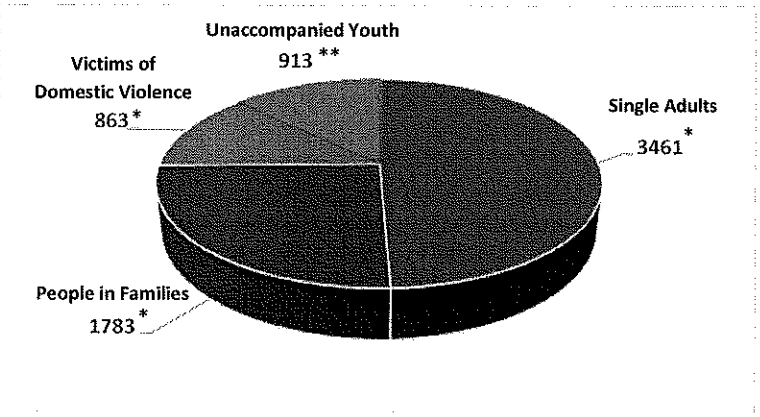
This plan is steadily evolving, and is designed to continually involve everyone working to end homelessness in Maine. It was created by a diverse group of stakeholders from the Statewide Homeless Council and the three Regional Homeless Councils.

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 467 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) →		
Population	**Number***	**Primary presentation**	**Secondary presentation**	**Tertiary presentation**
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

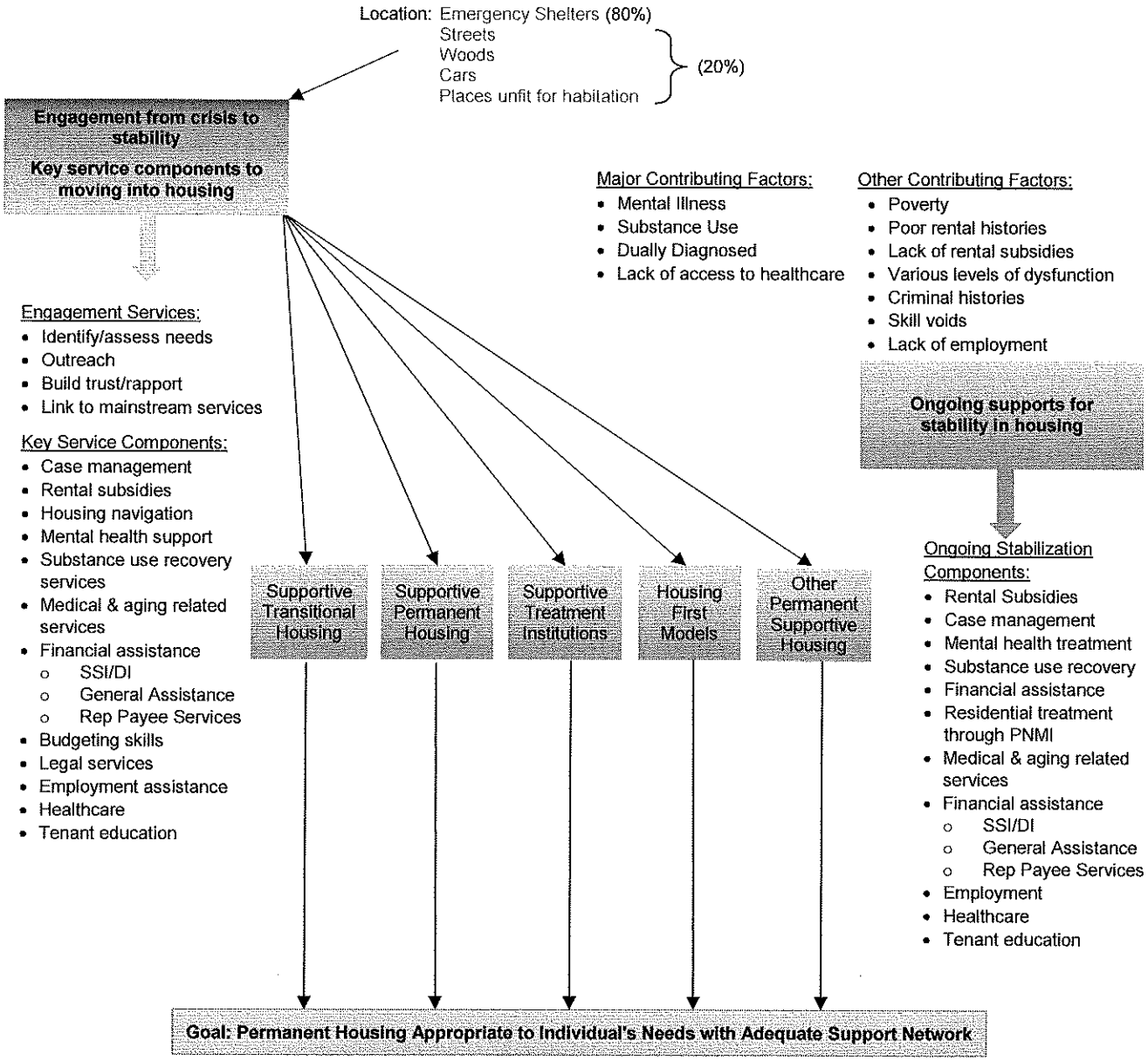
**Subpopulations are estimates, based proportionally on actual subpopulation data from 2016*

***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 467 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*)

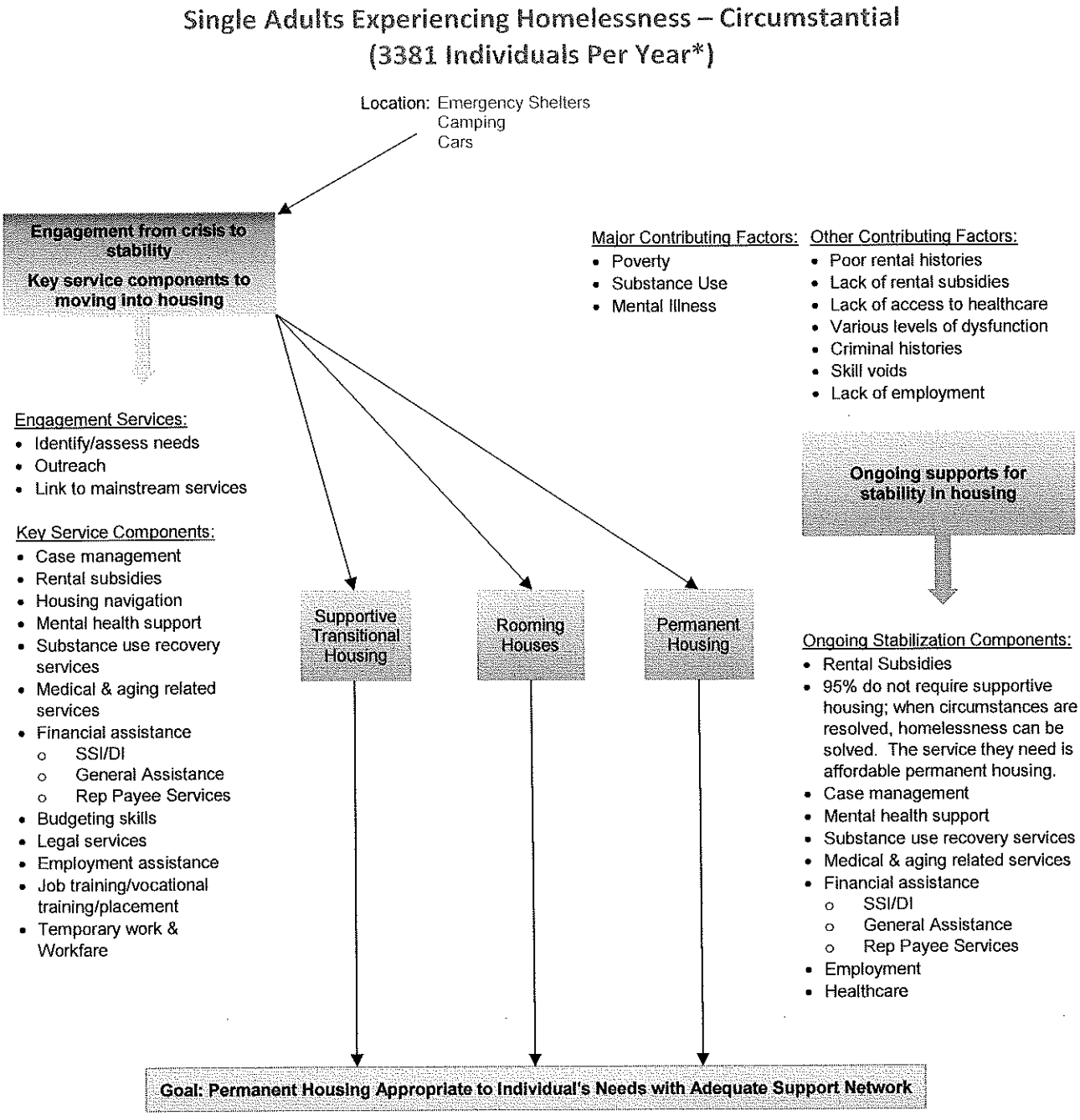


Chronically Homeless – A person with a disability who has been continually homeless for at least 12 months, or on at least 4 separate occasions in the last 3 years, where the combined length of homeless occasions is equal to at least 12 months.

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

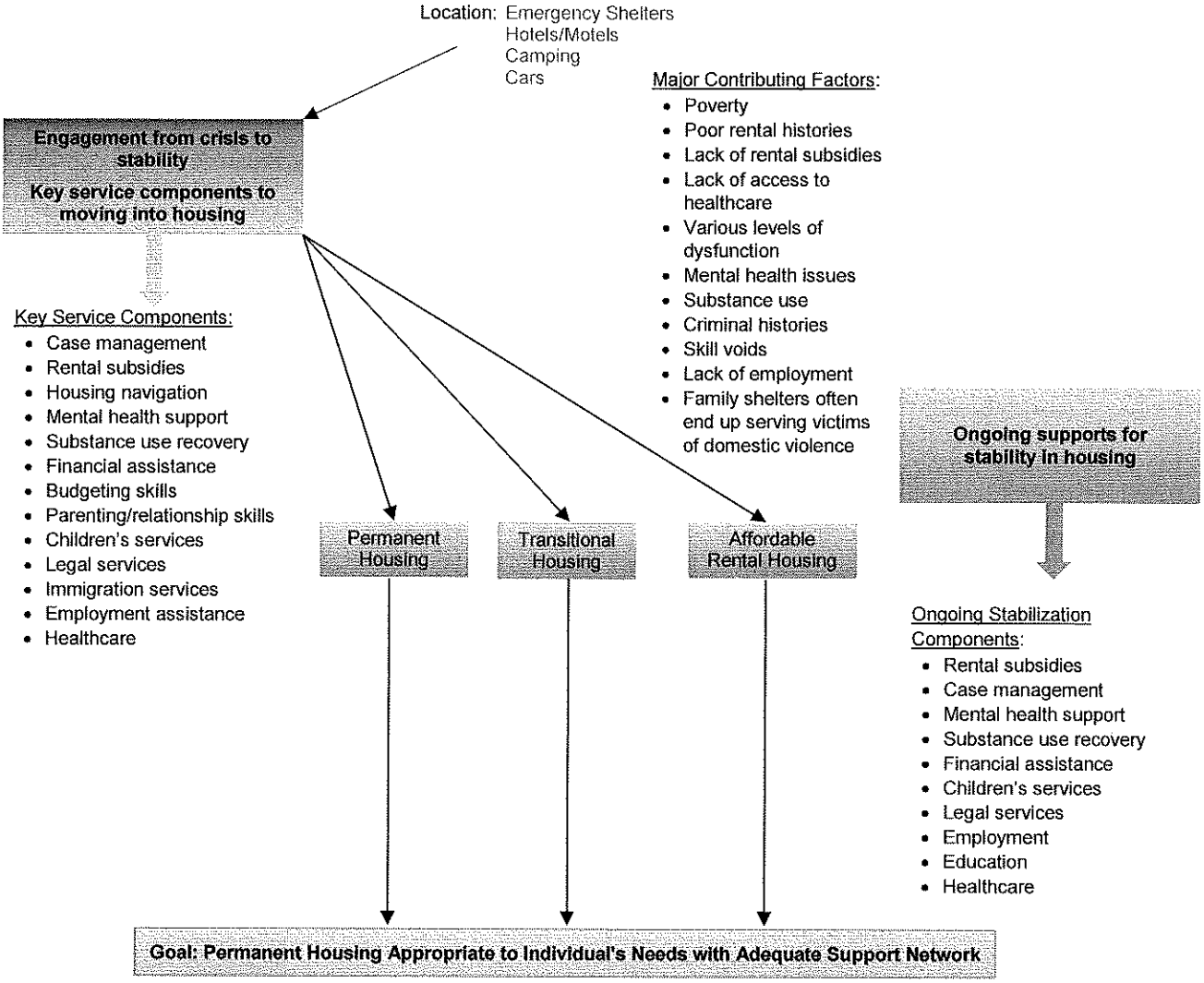


Circumstantial Homelessness – Usually temporary, often caused by lack of affordable housing, poverty, mental health or substance use issues, a medical crisis, relationship change or family conflict, or incarceration.

**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*)



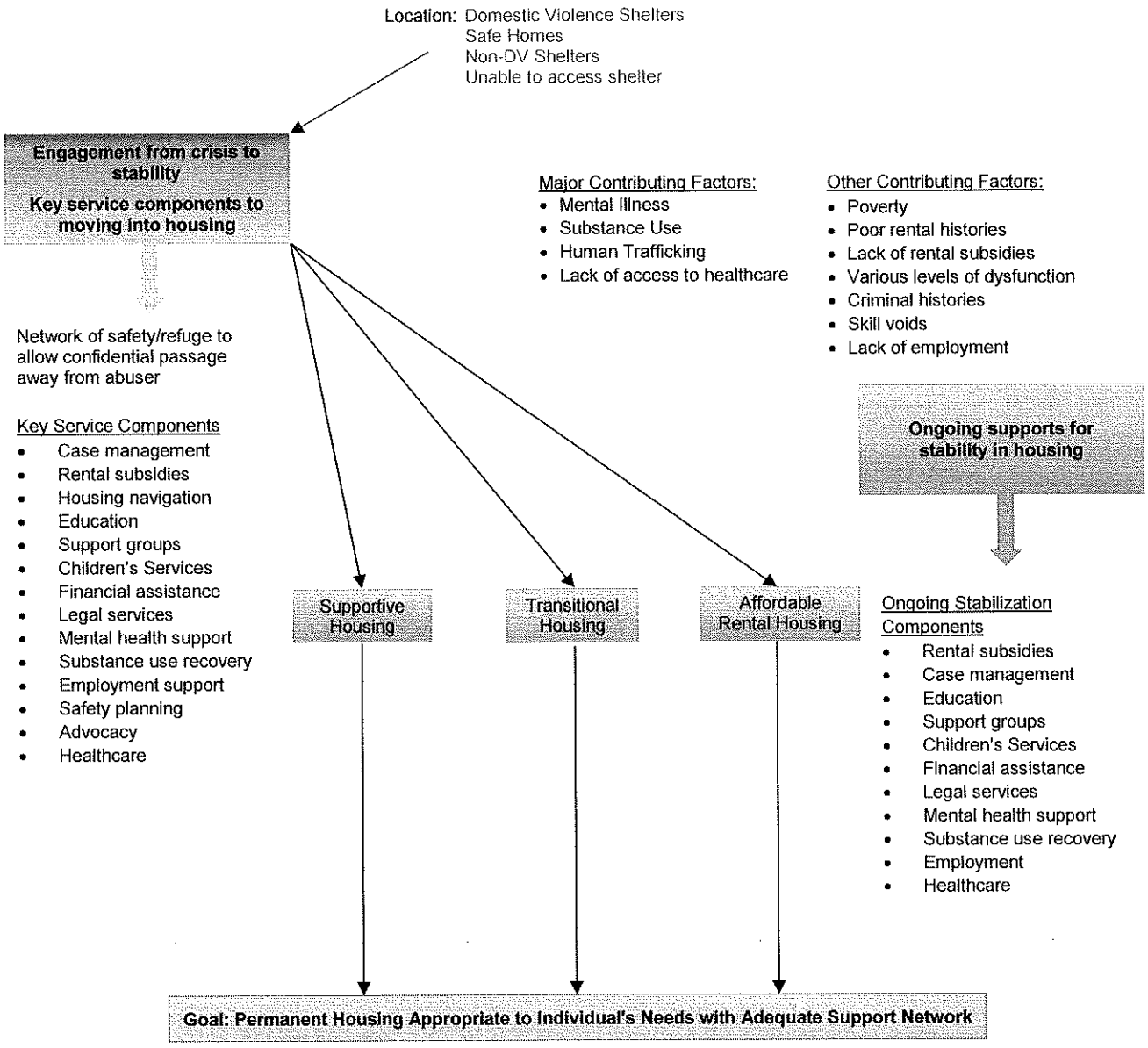
Subsets:

- 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

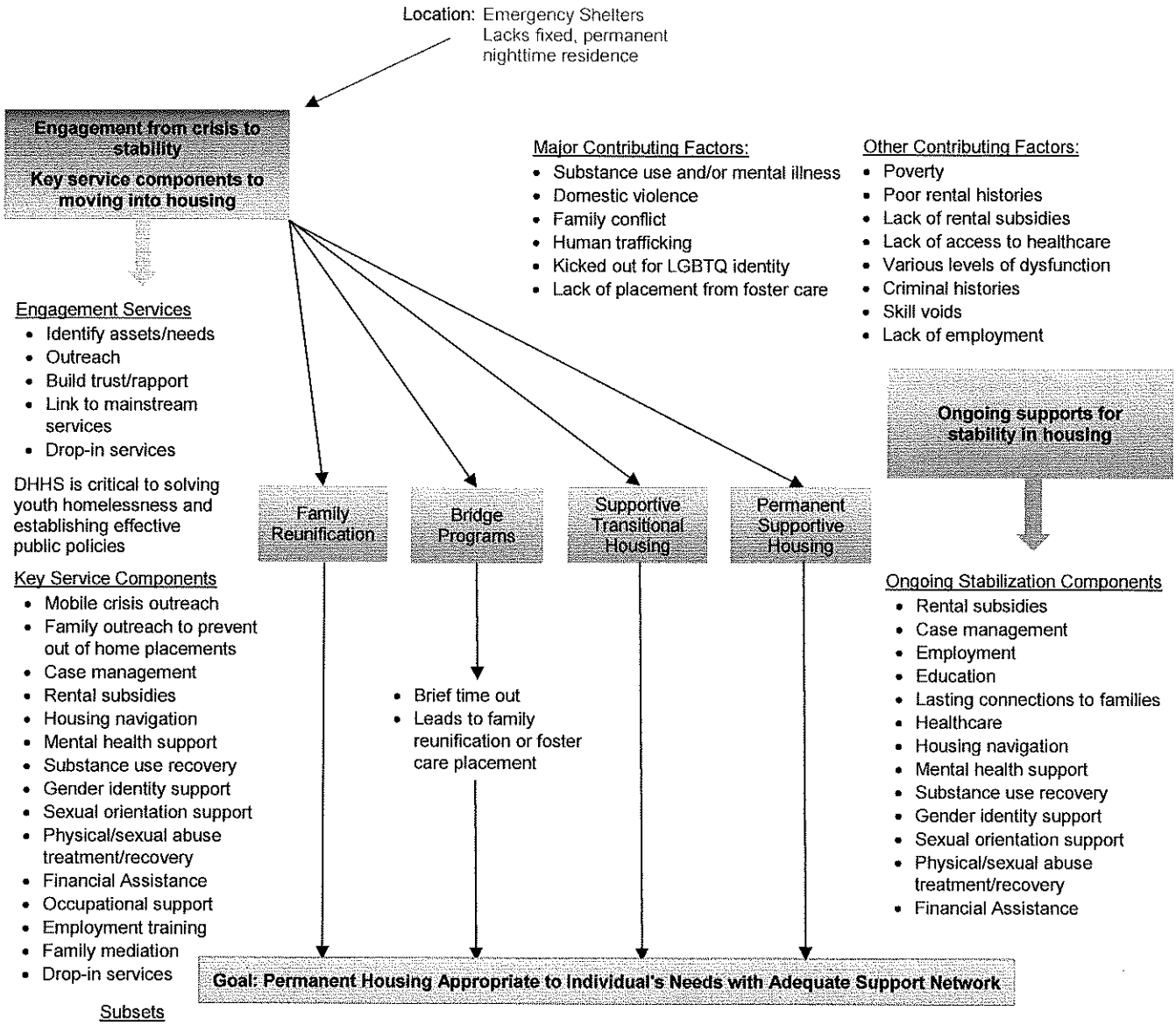
Families/Single Adults Experiencing Homelessness Due to Domestic Violence (863 Individuals Per Year*)



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

Visual Overview of the Plan

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



Subsets

- Teen parents
- LGBTQ youth
- Premorbid for mental illness/substance use disorder
- Involved with the criminal justice system
- Gang-involved youth
- DHHS-involved

***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 467 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, objectives, and strategies 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 I: 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 (LOS) in homelessness, and most vulnerable based on health and behavioral health factors.
- 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, and most vulnerable based on health and behavioral health factors.
- 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 (SHC) 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 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.
   - ❖ Encourage MaineHousing to 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.**
   - Encourage DHHS, the Legislature, and the Governor to work to ensure adequate support services for supportive housing are available.
   - ➢ Continue to add transitional supportive housing, including rental subsidies, to serve the needs of DV populations.

- ❖ Encourage DHHS to 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 SHC will work with the DHHS Office of Substance Abuse and Mental Health Services (SAMHS) to encourage it to 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 be encouraged to 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.
- The SHC will work with SAMHS to encourage it to 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 be encouraged to provide services for people who are homeless, prioritizing the longest LOS, and most vulnerable based on health and behavioral health factors, 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.
- The SHC will work with DHHS to encourage it to provide for adequate staff experienced in the treatment of substance use disorders to connect with people experiencing homelessness.
- MaineHousing will be encouraged to partner with SAMHS to create a rental subsidy that will support housing for this population.
- The SHC will work with SAMHS and encourage it to increase the supply of detoxification beds and recovery residences until it is commensurate with need.
- DHHS will be encouraged to find a way to serve this population when they lack health insurance.
- The SHC will work with MaineHousing and the MCoC to encourage the creation of permanent or transitional 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 or 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 be encouraged to provide funding for services and housing that 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 be encouraged to provide annual education to each RHC relative to wraparound services available through DHHS, including eligibility information.
   - DHHS will be encouraged to 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.

FY 2022 Maine Homeless Statistics - HMIS Emergency Shelter Data

State Fiscal Year 2022 - 7/1/2021 – 6/30/22

In Maine, currently about 95% of people who experience homelessness show up in emergency shelters. About five percent stay outside or in places unfit for human habitation.

Highlights:

- **6,491 people were homeless in 2022** vs. 5,485 in 2021, an increase of 18%.*
- There was a **33% decrease in Veterans on the By-Name List experiencing chronic homelessness** in 2022 vs 2021.
- There has been **an almost doubling of single adult Long Term Stayers (LTS) in FY 22 vs FY 21, but it still represents a 13.4% decrease in since 2013: 227 people** in 2022 vs 262 in 2013.
- However, there was **a 20-day decrease in the average length of stay** in 2022 vs. 2021.

FY 2022 statewide totals: In FY 22 there were: **6,491 unique individuals who experienced homelessness** at some point during the year (vs. 5,485 in FY 21, 5,178 in FY 20, 5,886 in FY 19, 6,454 in FY 18, 6,373 in FY 17, & 7,020 in FY 16). The composition of households experiencing homelessness in FY 21:

- **88% of households did not have children**
- **10% of households had at least one child**
- **2% of households were children only (unaccompanied youth)****

***This represents youth captured in HMIS in shelters. We know there is widespread couch surfing amongst this population and that data is not captured.*

Changes over time: **In FY 22 there was:**

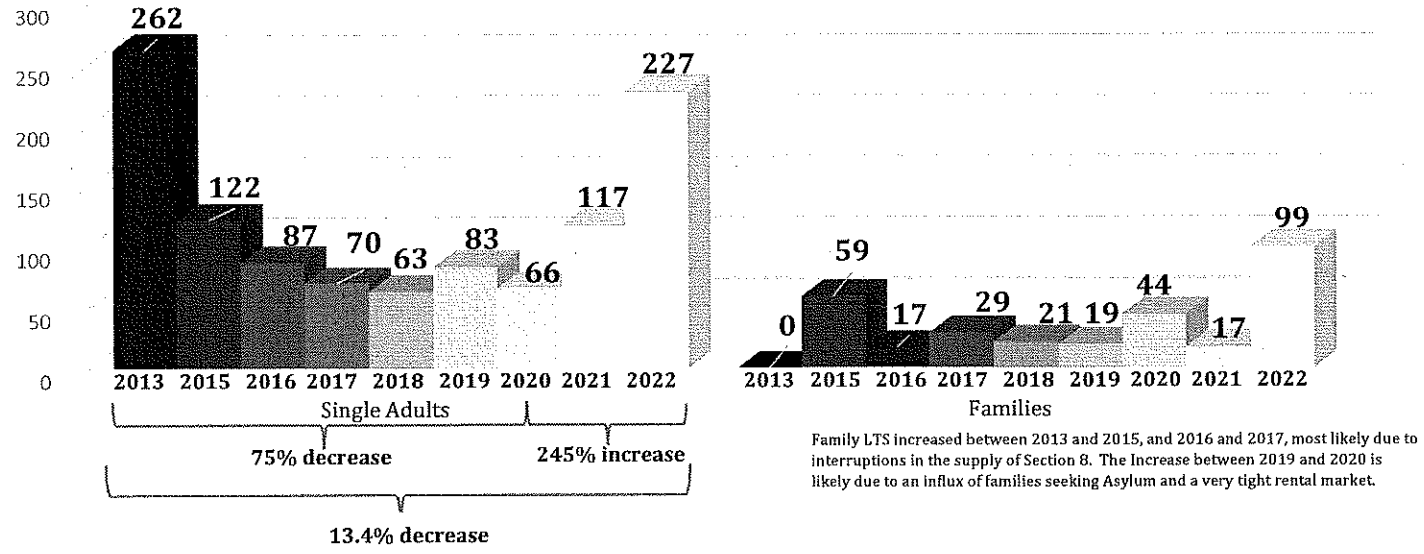
- A 18% increase in people experiencing homelessness (1,006 people) compared to FY 21. FY 22 is 7.5% below where we were 6 years ago in FY 16.
- A 20-day decrease in the average length of time people remain in homelessness compared to FY 21.

Homeless Veterans: Maine's progress on the U.S. Interagency Council on Homelessness (USICH) criteria and benchmarks for ending Veteran homelessness: As of August 31, 2022, 137 people remain on the Homeless Veterans Action Committee By-Name List vs. 181 in FY 21, a 24.3% decrease. Of this group, 30 Veterans (21.8%) were chronically homeless per the USICH benchmarks, versus 45 in FY 21 (a decrease of 33%), 4 in FY29, 5 in FY 19, and 18 in FY 18. The challenges in the rental market remain and are creating situations where veterans remain homeless longer. The average number of days from identification to permanent housing move-in is 202 days. In FY21 it was 232 days and in FY20 during the early days of the pandemic it was taking 111 days from identification to permanent housing. In February of 2020 it was taking 90 days. The statistics on Veteran homelessness are trending in the right direction but are still significantly off from pre-pandemic levels.

Maine's Long Term Stayers *(see below for history/explanation)*: Long Term Stayers (LTS) were originally defined as people staying more than 180 cumulative days in shelters or outdoors within a 365-day period. Because of the success in housing this population, the definition was amended in March 2016 to the longest stayer in homelessness in shelters or outside as determined by local shelters and homeless outreach providers for all parts of Maine except Portland. Portland has retained the original definition.

Overall, LTS represent 5% of the overall population, up from 2.4% in 2021.

- 227 117 LTS were single individuals, up from 117 in July 2021, a 94% increase, but this still represents a decrease of 55% since 2013.
- 99 LTS were people within families, up from 17 in July 2021, a 482% increase, likely due to families seeking Asylum staying in GA-paid hotels.



Family LTS increased between 2013 and 2015, and 2016 and 2017, most likely due to interruptions in the supply of Section 8. The Increase between 2019 and 2020 is likely due to an influx of families seeking Asylum and a very tight rental market.

**The 18% increase in FY 22 of the number of homeless persons may be attributed to improved systems during the COVID-19 pandemic resulting in more accurate statistics i.e. including of households residing in hotels funded by General Assistance and Emergency Rental Assistance programs. It is likely that there is still an undercount of the population.*

FY 2022 Maine Homeless Statistics - HMIS Emergency Shelter Data

State Fiscal Year 2022 - 7/1/2021 – 6/30/22

Urban LTS Statistics: In 2022 there were 245 LTS (including people in families) in urban locations (75.2% of the total LTS). 76 percent of these were in Portland. By city:

Augusta – 14 (up from 7 in 2021)
Bangor – 11 (down from 44 in 2021)
Brunswick – 17 (up from 8 in 2021)
Lewiston – 3 (up from 0 in 2021)
Portland – 187 (up from 50 in 2021)
Waterville – 13 (up from 3 in 2021)

Rural LTS Statistics: In 2022 there were 47 LTS (including people in families) in rural locations (24.8% of the total LTS). Rural shelters are defined as any program based in a community which is not listed as urban (Augusta, Bangor, Brunswick, Lewiston, Portland, and Waterville). Unlike urban shelters, all rural shelters serve families, and few serve single adults exclusively.

Long Term Stayers and COVID-19: Maine's traditional LTS population was almost exclusively comprised of individuals with complex presentations due to serious and persistent mental illness, substance use disorder, traumatic brain injury, or other significant trauma. These underlying issues complicate and prolong homelessness in most situations and require a permanent supportive housing (PSH) intervention. During the COVID-19 pandemic we saw people more likely to be circumstantially homeless – languish in homelessness, perhaps choosing to ride out the pandemic in hotels or in shelters, or unable to locate housing because of lack of turnover and an extremely tight housing market. While both may have long stays in homelessness, the former population will most likely require a PSH intervention, and the latter will not; they will simply require affordable housing and some initial support for stability. The HMIS data is unable to differentiate between these two very distinct populations.

Long Term Stayers (LTS) were originally defined as people staying over 180 cumulative days in shelters or outdoors within a 365-day period (cumulative). Because of the success in housing this population, the definition was amended in March 2016 to the longest stayer in homelessness inside or outside as determined by local shelters for all parts of Maine except Portland. Portland retained the original definition.

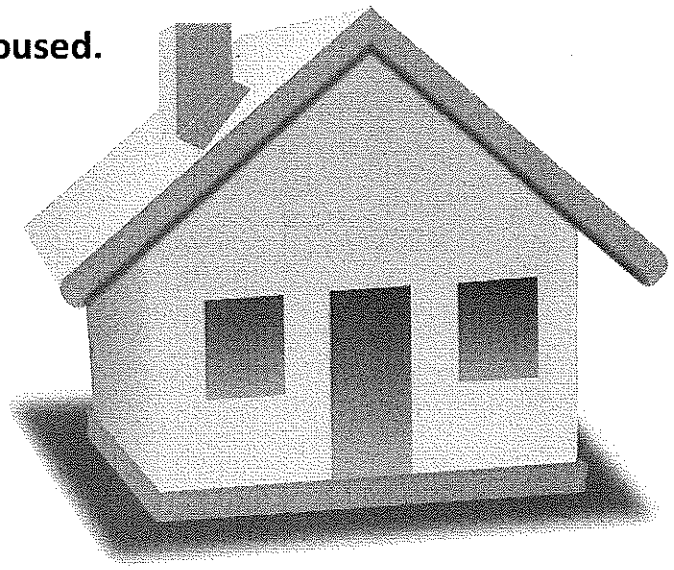
This definition was created because HUD's Chronic Homelessness definition did not work well in rural areas of Maine where single adults tend to bounce from shelter to shelter so that their lengths of stay in any one shelter did not meet the HUD definition of chronically homeless. (Chronically homeless were difficult to find. LTS have been far easier to find, and upon investigation 100% have also met the definition of chronic homelessness). Chronically homeless (and LTS) have tended to be single adults.

Efforts began across the state in 2013 to prioritize resources to house the LTS population. In July 2013, when the LTS were first counted, there were 262 single adults that met the criteria. Since then, sequestration has reduced the supply of Section 8 in Maine, which, following a multiple decade pattern resulted in families languishing in homeless shelters. Since 2013, families have now entered the group of LTS, but their stays have just barely edged over 6 months. The single adult LTS population found in 2013 included a significant portion that had been homeless for years and even decades.

LONG TERM STAYERS - HOUSED VS. UNHOUSED

This is a finite population - about 200 people.
It is up to us whether they are housed or unhoused.

When housed, LTS have > 93% success rate remaining housed, and rare contacts with hospitals or the criminal justice system.

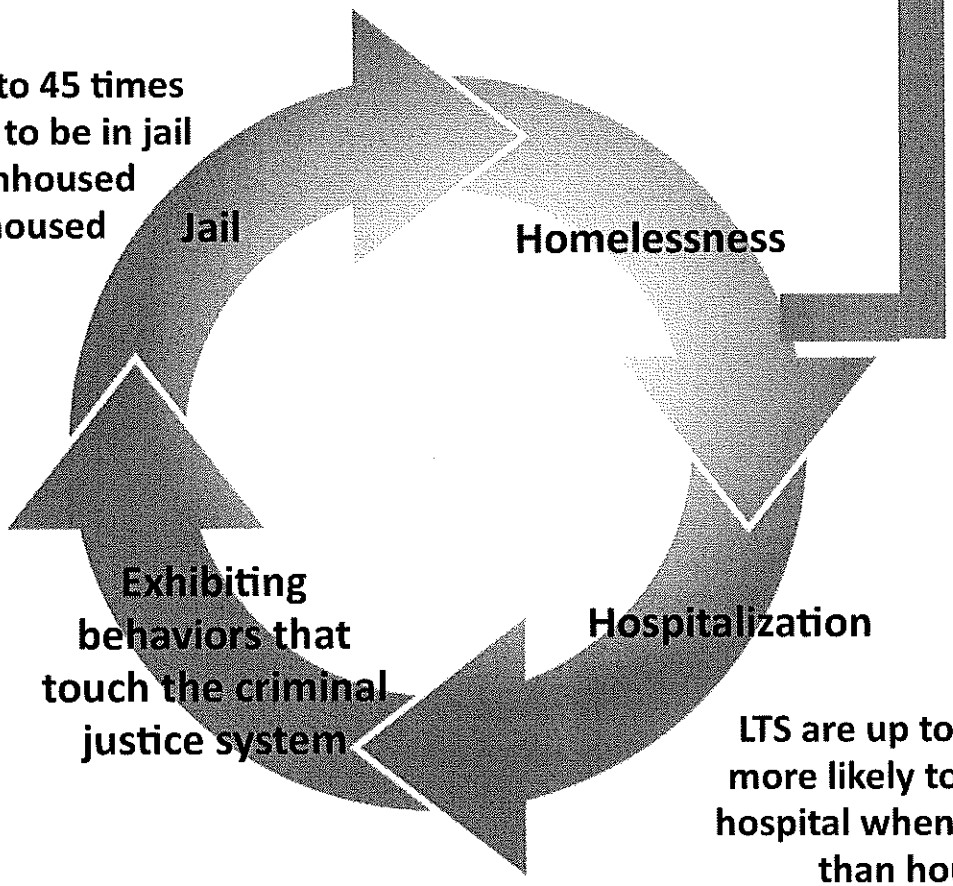


PERMANENT SUPPORTIVE HOUSING

HOUSED

UNHOUSED

LTS are up to 45 times more likely to be in jail when unhoused than housed



LTS are up to 19 times more likely to be in the hospital when unhoused than housed

THE VICIOUS CYCLE OF EMERGENCIES

	Mar 2021	Apr 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022
Same Population (Yes) N=	445	431	431	426	421	424	428	429	429	422	426	425	474	472	474	477	512	489	502	497	497	497
Total on Active List	144	128	120	117	113	112	109	108	108	138	138	129	125	123	120	118	147	142	141	127	121	119
Active List - Jail	8	9	11	14	14	14	16	15	13	15	9	12	15	13	13	16	15	14	15	17	22	20
%	5.55%	7.03%	9.17%	11.97%	12.38%	12.50%	14.68%	13.89%	12.04%	10.87%	6.50%	9.30%	12%	10.57%	10.83%	13.56%	10.20%	9.86%	10.64%	13.39%	18.03%	16.81%
Active List - Hospital	4	4	4	3	3	6	6	8	9	8	7	6	4	4	3	4	3	5	8	10	6	5
%	2.70%	3.13%	3.33%	2.56%	2.65%	5.36%	5.50%	7.41%	8.33%	5.80%	5.07%	4.65%	3.20%	3.25%	2.50%	3.40%	2.04%	3.52%	5.67%	7.87%	4.92%	4.20%
Total on Housed List	301	303	311	309	308	314	319	321	321	334	337	346	349	349	354	359	365	369	361	370	370	373
Housed List - Jail	1	3	3	2	4	1	3	1	1	1	0	1	1	1	0	2	2	2	2	4	2	2
%	0.30%	0.99%	0.96%	0.64%	1.30%	0.32%	0.94%	0.31%	0.31%	0.30%	0%	0.29%	0.29%	0.29%	0%	0.56%	0.55%	0.55%	0.55%	1.08%	0.54%	0.54%
Housed List - Hospital	1	2	3	2	2	2	3	2	2	1	1	0	0	0	1	1	1	1	1	1	2	2
%	0.30%	0.66%	0.96%	0.69%	0.65%	0.64%	0.94%	0.62%	0.62%	0.30%	0.30%	0%	0%	0%	0.28%	0.28%	0.27%	0.28%	0.28%	0.27%	0.54%	0.54%
Likelihood to be in jail when unhoused vs housed	19.5 x	7.1 x	9.6 x	18.7 x	9.5 x	39 x	15.6 x	44.8 x	38.8 x	36.2 x	*see note below	32 x	41.4 X	35.5 X	** see note below	24.2 X	18.5 X	17.9 X	19.3 X	12.4 x	33.39 X	31.13 X
Likelihood to be in the hospital when unhoused vs housed	9 x	7.4 x	3.5 x	4.1 x	4.1 x	8.4 x	6 x	12 x	13.4 x	19.3 x	16.9 x	** see note below	** see note below	** see note below	8.9 x	12.14 X	7.6 X	12.57 X	20.25 X	29.15 X	9.11 X	7.78 X

22 month Average

Likelihood to be in jail when unhoused vs housed	25.23 x	On average, LTS unhoused were more than 25 times more likely to be in jail than LTS who were housed
Likelihood to be in the hospital when unhoused vs housed	11.11 x	On average, LTS unhoused were more than 11 times more likely to be hospitalized than LTS who were housed.

* No one who was housed this month was in jail making the likilhood of being in jail when unhoused compared to housed infinitely higher.

** No one who was housed this month was hospitalized making the likilhood of being hospitalized when unhoused compared to housed infinitely higher.

LD 475: Resolve, To Create the Frequent Users System Engagement (FUSE) Collaborative to develop a plan to provide stable housing and community services to 200 persons who are homeless or at risk of homelessness who are the most frequent consumers of high-cost services

A report to the Joint Standing Committee on Health and Human Services

January 1, 2022

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Purpose

The 130th Maine Legislature established the **Frequent Users System Engagement (FUSE) Collaborative** (L.D. 475) tasked with the following:

> "That the collaborative shall develop a plan to provide stable housing and community services to 200 persons who are homeless or at risk of homelessness who are the most frequent consumers of high-cost services, such as psychiatric hospitals, emergency shelters, emergency rooms, police, jails and prisons."

Target Population

The target FUSE population is defined as follows:

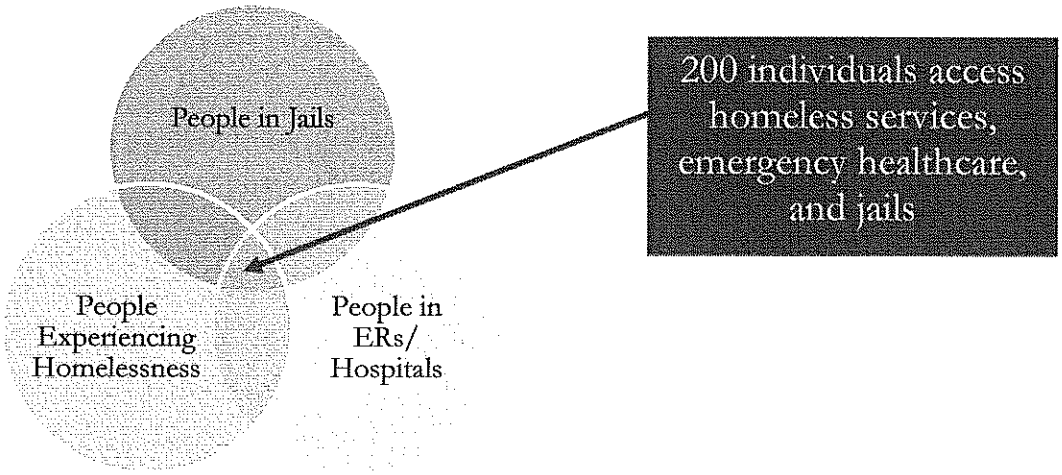
Individuals must be identified as having long-term homelessness as defined as having resided in a place not meant for human habitation, a temporary outdoor shelter, an emergency shelter, homeless shelter, or a setting of institutional care or incarceration for a minimum total of 180 days out of the last 365 days. Stays in a setting of institutional care or incarceration may not account for more than 90 of the member's total homeless days in any one 365-day period; AND have two chronic conditions or one chronic condition with a qualifying risk factor of having a second chronic condition.

Background

Description of Frequent Users System Engagement (FUSE) Approach

The Frequent Users Systems Engagement (FUSE) systems planning model was developed by Corporation for Supportive Housing (CSH). The model combines data driven population targeting, multi-stakeholder engagement, and targeted supportive housing for the frequent users of emergency services.

The target population for FUSE includes those individuals who meet criteria for frequent utilization of crisis systems, including homelessness, low income, behavioral health concerns, chronic physical health conditions and frequent emergency room and/or hospitalizations. This population often has frequent interaction with law enforcement as well. The diagram below indicates the intersection of homeless services, emergency healthcare, and jails where we would find the population of individuals frequently accessing all three – estimated at about 200 individuals in Maine.



The FUSE approach has worked in nearly 40 other communities across the country that target this population for supportive housing. FUSE data suggests that:

- 30% of our resources are being spent on 1% of our homeless population because they remain homeless
- We can safely predict that cost per person served will be a fraction of the resources now spent on individuals in the FUSE population
- This population does not do well when unhoused and tends to do better when housed
- The intervention that works best for them is Permanent Supportive Housing (PSH), providing sufficient supports for housing stability and improvements in overall health
- Once this population is housed, shelters, jails and emergency rooms will not be crowded with the same people and law enforcement and EMS personnel will be able to focus on the general public rather than the same small group of people

FUSE Outcomes in Other States:

Connecticut Statewide FUSE program:

- $7,800 annual cost reduction;
- 92% supportive housing retention rate; and
- Significant decreases in overnight hospitalizations (68%) and ER visits (62%).
- 73% reduction in jail stays after 1 year; and
- A near total decrease in emergency shelter usage (99%) for the first 120 people housed through the initiative.

Minnesota – Hennepin County FUSE program:

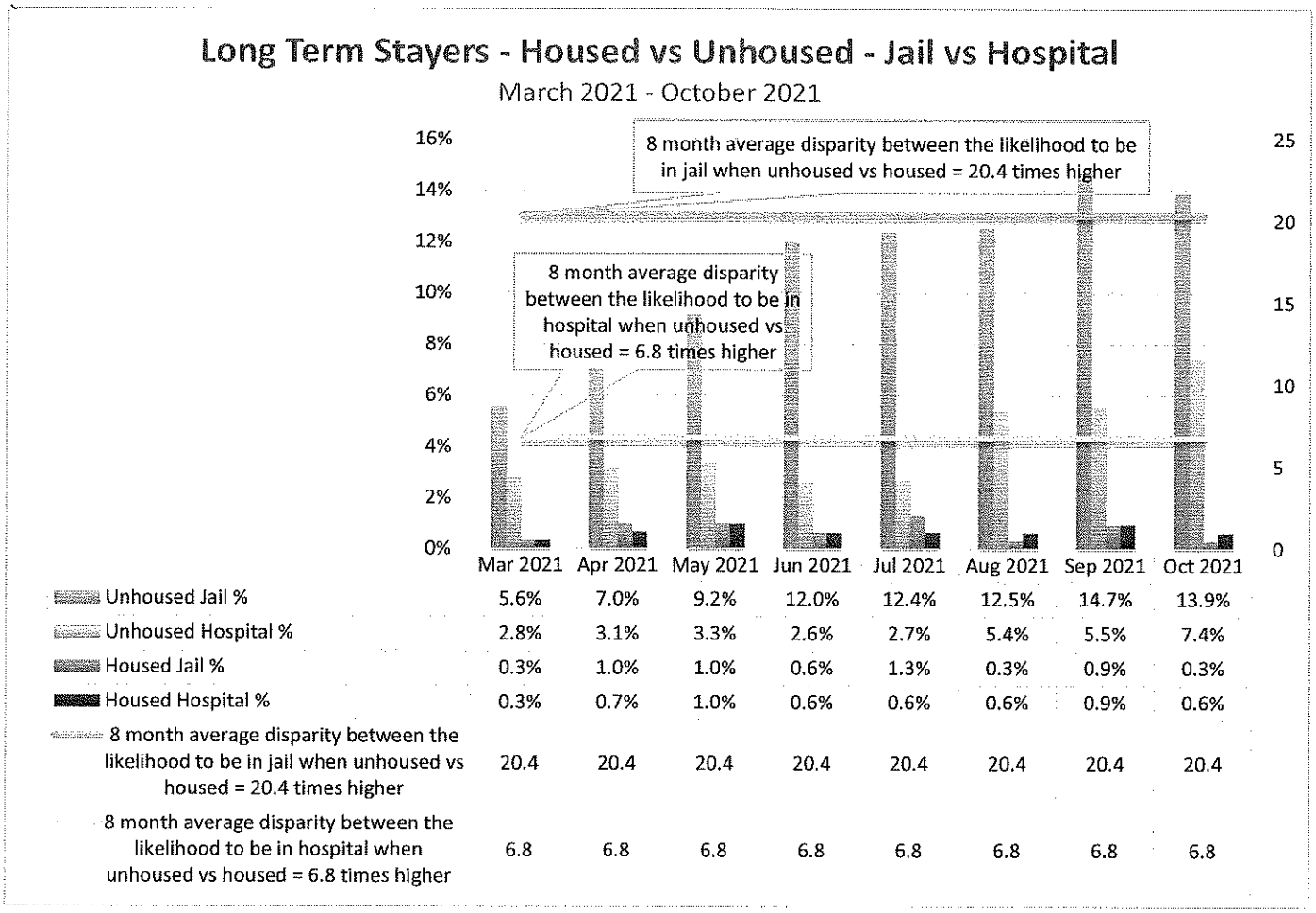
- $13,000 in annual cost savings for Hennepin County per person;
- 60% fewer arrests (with 45% having had 1 or no arrests);
- 700 fewer nights in jail (39% reduction);
- 1,704 fewer shelter nights (39% reduction);
- 85% remained housed after 6 months;
- 90% avoided returning to shelter; and
- 80% avoided returning to jail.

Michigan – Washtenaw County FUSE program:

- 81% housing retention rate;
- 87% enrolled in Primary Care;
- 46% zero ER utilization;
- 56% zero inpatient hospital stays.

What Has Worked in Maine to Date

Since April 2015 Portland's Emergency Shelter Assessment Committee has focused on a by name list effort to house and keep housed the longest stayers in homelessness (Long Term Stayers – LTS) in the city. Sixteen organizations have been working together on this and as of November 2021 the group has housed 355 individuals, with a success rate of 90.3% in remaining stably housed.



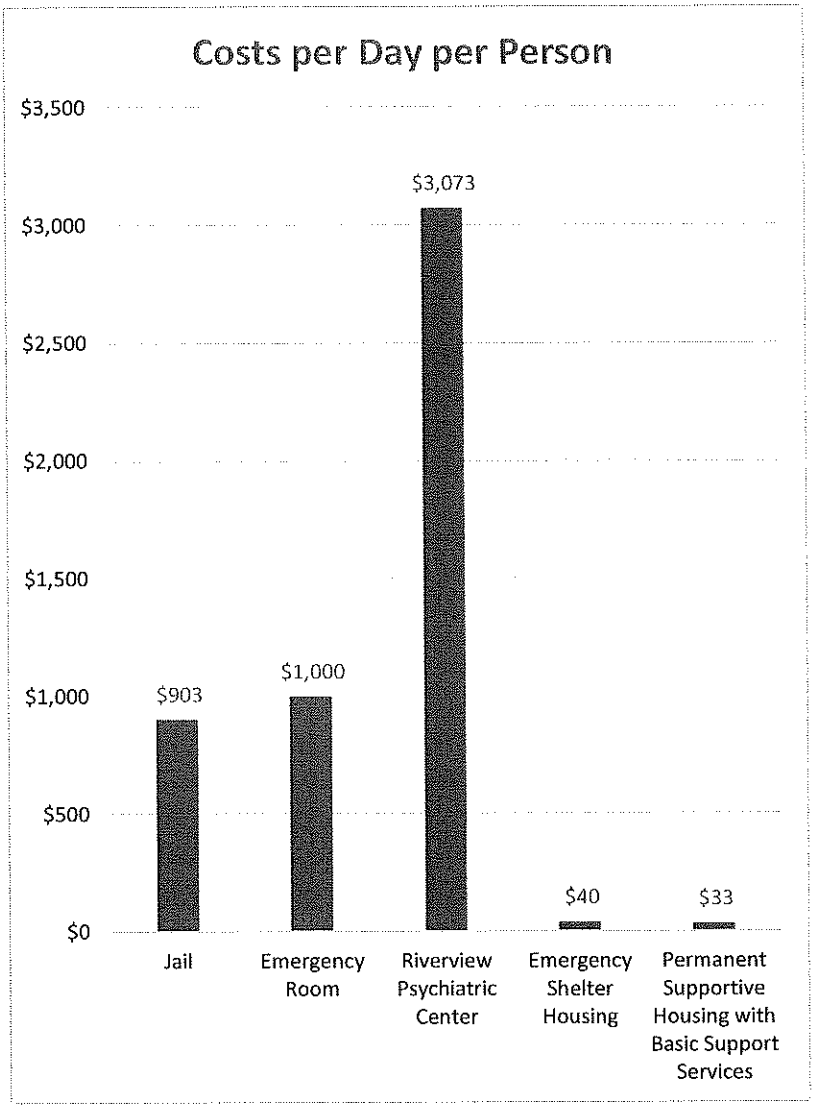
	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021
Unhoused Jail %	5.6%	7.0%	9.2%	12.0%	12.4%	12.5%	14.7%	13.9%
Unhoused Hospital %	2.8%	3.1%	3.3%	2.6%	2.7%	5.4%	5.5%	7.4%
Housed Jail %	0.3%	1.0%	1.0%	0.6%	1.3%	0.3%	0.9%	0.3%
Housed Hospital %	0.3%	0.7%	1.0%	0.6%	0.6%	0.6%	0.9%	0.6%
8 month average disparity between the likelihood to be in jail when unhoused vs housed = 20.4 times higher	20.4	20.4	20.4	20.4	20.4	20.4	20.4	20.4
8 month average disparity between the likelihood to be in hospital when unhoused vs housed = 6.8 times higher	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8

This chart shows that over an eight-month period in Cumberland County individuals who remained unhoused were over 20 times more likely to be in jail and almost 7 times more likely to be hospitalized than their peers who found stable housing.

Potential Cost Savings in Maine

Today in Maine it costs:

- $903 per day to have an individual in jail
- $1,000 per person per day to have an individual in an emergency room, not accounting for emergency transportation or potential hospitalization following such visits
- $3073 per person per day to have an individual at Riverview Psychiatric Center
- $40 per person per day to keep an individual at the least expensive emergency shelter (Oxford Street in Portland), not accounting for food and other homeless services



It currently costs:

- $9,756 to house an individual for an entire year in Maine ($813/month for a one-bedroom apartment in Maine; in Portland $1,100/month, according to the National Low Income Housing Coalition's "Out of Reach 2020" housing cost study).
- And approximately $2,400 per year for support services ($60,000 salary and benefits divided by a caseload of 25)

For a total cost of $12,156 per year per individual ($15,600 in Portland) to provide Permanent Supportive Housing with basic support services. This is a mere **$33** per day or $43 per day in the Portland-area housing market.

Maine Challenges and Opportunities

Challenges

- **Housing Supply:** There is a significant lack of available permanent supportive housing units for this population, along with inconsistency in the availability of rental subsidies
- **Barriers to Housing:** It is difficult to find housing that this population can't be rejected from or kicked out of. Most face barriers to obtaining housing, including:
  - a record of evictions
  - poor credit histories
  - stigma and discrimination toward both the population and rental assistance such as Housing Choice Vouchers or Shelter Plus Care
  - no appeal process for private landlords denying housing
  - a lack of intensive case managers that can work with landlords to support individuals in housing.
- **Service/Treatment Funding:** Individuals struggling with long-term homelessness often require a high level of care to address their physical and mental health needs. While there are programs that can provide ongoing services for people with complex needs, all of these programs are voluntary and based on client choice. This creates challenges for housing providers when an individual becomes housed and decides they no longer need formal services. Current services do not uniformly allow for assertive engagement efforts required to help people stay engaged in treatment (see sect. 17 Assertive Community Treatment regs "outreach through a closed door" as a positive example).
- **Support Funding:** There is no funding mechanism to provide ongoing supportive housing for individuals choosing not to engage in formal behavioral health services.
- **Barriers to Engagement:** This population tends to be isolative, distrustful, and paranoid – and sometimes in denial of needing any assistance.
  - Lack of a successful strategy for engagement in general
  - Lack of successful strategy for continuity of engagement from pre to post tenancy
  - Constant crises are an impediment to long term service implementation
  - This population tends to disappear, either due to being unsheltered or lost in another system, interfering with long term service plans

Opportunities

- **Collaboration:** there are partners from multiple systems working to find solutions for this population. These include the two key components of MaineHousing and Office of Behavioral Health working together to find pathways to permanent supportive housing.
- **Established Permanent Supportive Housing (PSH) Program:** MaineHousing has an annual funding source for PSH through the federal Housing Trust Fund.
- **HOME ARP:** The American Rescue Plan provided approximately $20 million to Maine to address homelessness, including the creation of new housing units which could include permanent supportive housing units.

- **MaineCare Homeless Health Home Program:** A new MaineCare service is in the approval process which will targets this population for both pre and post tenancy support.
- **Long Term Stayers Initiatives:** There are already systems in place to identify and house this population in the urban areas where most reside – particularly Portland and Bangor. These models can be easily replicated across the state.
- **City of Portland Tax Increment Financing:** Portland has put stipulations on affordable housing supported by TIFs to be inclusive of permanent supportive housing for Long Term Stayers. This is slowly increasing the supply of housing opportunities for this population.
- **Maine Homeless Response System ReDesign:** A new regional homeless services delivery model is being implemented in the state. Nine Homeless Service Hubs are being established which will first work to build a By Name List of all sheltered and unsheltered homeless individuals in their area. This population will continue to be prioritized for permanent supportive housing resources, as it has been since 2013.
- **Built for Zero:** Maine has contracted with Community Solutions to be a part of the national Built for Zero collaborative which has demonstrated success in decreasing chronic homelessness across the country.

Recommendations

The FUSE Collaborative makes the following recommendations to MaineHousing and the Department of Health and Human Resources:

Goals/Objectives

- **Our overarching goal is to have an adequate supply of low barrier permanent supportive housing units inclusive of low barrier, flexible, and ongoing wraparound services for the target population of approximately 200 individuals, and to have all 200 access and retain their housing placement.**

More Specific Goals, Objectives and Strategies include the following:

GOAL: House 200 Individuals Meeting FUSE Criteria by December 2026.

OBJECTIVE 1: Ensure a variety of housing and subsidy models

Strategies:

- Ensure adequate supply of rental subsidies - exploring flexible subsidies for nontraditional uses
- Explore master leasing options and shared housing

- Explore alternative housing providers/collaborators such as hospital funded and staffed PSH, and jail and DOC staffed supportive housing
- Combine comprehensive wraparound services that incorporate assertive engagement strategies (e.g. Assertive Community Treatment, Community Rehabilitation Support) with 'housing you can't get kicked out of'
- Develop funding mechanisms to cover the ongoing 24/7 building supports necessary for individuals struggling with long-term homelessness, especially for those not ready to engage in formal services, similar to the operational subsidies developed for Recovery Residence style housing. Housing supports include:
    - House managers
    - Daily living support workers
    - Front desk staff
    - Maintenance

OBJECTIVE 2: Create 150 new PSH units by December 2026

Strategies:

- Utilize existing and new PSH funding streams through MaineHousing – Housing Trust Fund and HOME ARP
- Develop a funding mechanism through MaineHousing that provides funding to fill operational gaps due to inability of clients to pay rent similar to the current Recovery Residence model.
- Include Project Based Vouchers with newly funded PSH projects
- Explore land acquisition of state and municipally owned land/buildings
- Engage more mission-based developers to house this population - engaging Genesis Fund for technical assistance and considering making pre-development funds available
- Create additional Housing First projects targeting this population
- Identify land zoning barriers and work to solve them
- Acquire hotels and/or office buildings and convert to housing
- Explore LIHTC inclusion, with owner engagement/commitment and adequate support services

OBJECTIVE 3: Identify short to medium term 'bridges' to PSH

Strategies:

- Use hotels as bridge to housing, especially for those barred from shelters
- Ensure funding for staffing of hotels to support individuals in experiencing a successful hotel stay

GOAL: Ensure Long Term Support Services for the Population by December 2023.

OBJECTIVE 1: Ensure funding mechanisms for uninterrupted permanent support

Strategies:

- Target MaineCare Health Home service to this population
- Utilize Private Non-Medical Institution (PMNI) support services with an apartment as well as several one bedroom unit PNMIs in one site
- Explore changes to MaineCare Section 13 Targeted Case Management and Section 17 Community Support Services that would expand eligible activities for service providers
- Pursue Certified Community Behavioral Health Clinic model to fund a population health approach using outreach support
- Explore team-based approaches that can include wraparound support
- Ensure people don't have to drop out of services to access other forms of support
- Ensure staff have competencies to assist individuals in maintaining benefits similar to the SSI/SSDI Outreach, Access, and Recovery program
- Explore links with MaineHousing's Emergency Shelter and Housing Assistance Program

OBJECTIVE 2: Ensure engagement with individuals that incorporates long-term relationship work to build trust.

Strategies:

- Update existing MaineCare regulations to allow behavioral health and homeless service providers to participate in long-term/permanent engagement that results in housing for each individual
- Have community health workers/peer supports engage the population
- Continue direct funding through the Office of Behavioral Health that supplements MaineCare billing models to fill gaps.
- Create 'outreach through a closed door' models designed for persevering in engagement and relationship
- Explore sustainable funding for Community Health Outreach Workers (CHOWs), such as collaboration with OBH funded CHOWS and inclusion in MaineCare Certified Community Behavioral Health Clinic (CCBHC) model

Implementation Plan

PHASE ONE (Years 1 through 3)

Phase One will focus on the creation of new housing models/units and support services that match this populations' needs. There will also be a focus on incorporating FUSE activities into the recently launched regional Homeless Response Service Hub delivery system and working towards quality data to understand what strategies are effective and what needs to improve.

Coordinate Efforts

- Incorporate FUSE efforts into the recently launched Homeless Response System Re-Design (see Appendix A), and establish local and statewide collaborations to ensure the system works well and case conferencing for this population is a priority across the nine regional Homeless Service Hubs.
- Use and enhance existing LTS focused By Name List efforts. Ensure all players are at the table.
- Ensure that everyone understands that interagency work on housing people is not to be confused with protected health information.
- Revisit data sharing agreements and solve for barriers to having housing case coordination and conferencing for these individuals.
- Find pathways to the development and utilization of Releases of Information that will ensure success – both with clients and provider requirements.

Establish Data Dashboards and Reporting Tools

- Support Homeless Service Hub Coordinators in collecting and reporting on accurate counts for this population in real time – both sheltered and unsheltered individuals.
- Utilize the Homeless Management Information System (HMIS) to track progress in housing this population and keeping them stably housed. Analyze trends for potential challenges and to develop improvement strategies.

Develop Various Models of Housing for the FUSE Population – with a goal of a minimum of 30 new units per year

Some models/strategies to consider:

- Support creative models with extremely low barrier access for this population.
- Encourage hospitals and jails/DOC to create PSH for this population.
- Expand the operations funding model for Recovery Residences so they can target this population.
- Expand the HOUSE pilot based on what is found to be working.
- Create at least one additional bricks and mortar Housing First project.
- Create a point incentive in the Housing Trust Fund RFP so that Permanent Supportive Housing targets this population.
- Create a point incentive in the Qualified Allocation Plan (QAP) and effective continuous wraparound support services so that Low Income Housing Tax Credit housing can be inclusive of this population.

Ensure Low Barrier Access and Continuity of Wraparound Support Services

Some models/strategies to consider:

- Create a network of Intensive Case Managers or similar to ensure low barrier access, gap filling, and continuity of care for this population from outreach engagement through to permanent stability, and ensure quantity of this type of staffing is commensurate with need.
- Ensure the MaineCare Homeless Health Home model is a standalone formula for the effective provision of wraparound support services from outreach engagement through permanent stability or is seamlessly braided with other chapters of MaineCare so it is a go-to model for effective services delivery.
- Review existing chapters of MaineCare to ensure they are effective with this population as well, including Section 13 and 17, Health Home Models and Assertive Community Treatment, etc.
- Explore setting up PATH (Projects for Assistance in Transition from Homelessness) or a portion of PATH is set up for continuity of services from outreach through to permanent stability.
- Ensure success of scattered site placements with S+C and BRAP through effective and continuous wraparound support services.

PHASE TWO – EVALUATION AND SUSTAINABILITY (Years 4 through 5)

Phase Two will focus on continuation of housing development and implementation of new models of housing paired with wraparound support services. It will also focus on evaluation strategies to determine which models produce the most successful outcomes for individuals. Less successful models will be adjusted as needed to improve outcomes.

By the end of Phase Two a cost effectiveness study should be completed to justify any new streams of funding attached to this initiative.

Suggested Legislation

- A bill that provides ongoing funding for the development and operations of a housing model similar to Recovery Residences for this population. This legislation should look to leverage existing local, federal and/or private grant funding to maximize the reach of the funding.

- A bill that will create and fund a statewide network of 10 to 12 Intensive Case Managers within the Department of Health and Human Services to work directly with the FUSE population.

Group Composition and Planning Process

FUSE Collaborative Members:

Member	Affiliation	Representation
Daniel Brennan	MaineHousing	Director
Lauren Bustard	MaineHousing	Senior Director Homeless Initiatives
Jessica Pollard	Department of Health and Human Services	Commissioner's Designee
Jodie Johnson	Department of Corrections	Commissioner's Designee
Stephanie Primm	Statewide Homeless Council	Chair
Joel Merry	Maine Sheriffs' Association	Sagadahoc County Sheriff
Melissa Skahan	Northern Light Health	Emergency Health Services
Lee D'Attilio	MaineHealth	Emergency Health Services
Sarah Calder	MaineHealth	Emergency Health Services
Aaron Geyer	City of Portland	Municipal Officer
Aimee Brown	Riverview Psychiatric Center	Psychiatric Hospital
Leanne Robertson	Riverview Psychiatric Center	Psychiatric Hospital
Ben Strick	Spurwink	Community-based Behavioral Health Services
Meredith Smith	Community Health and Counseling Services	Community-based Behavioral Health Services
Cullen Ryan	Maine Continuum of Care	Board Chair
Josh D'Alessio	Penobscot County Health Center	Low Barrier Emergency Shelter
Oliver Bradeen	Milestone Recovery	Substance Use Disorder Program/Shelter
Erin Kelly	Preble Street	Permanent Supportive Housing
Donna Yellen	Preble Street	HOUSE Project (FUSE Pilot) - Portland
Carter Friend	York County Community Action Corporation	HOUSE Project (FUSE Pilot) - Sanford
Cheryl Harkins	Homeless Voices for Justice	Person with Lived Experience
Victoria Morales	Quality Housing Coalition	Legislator, Housing Service Provider

Meetings

The Collaborative met four times during the months of September through December 2021.

Appendix A

Homeless System Re-Design Initiative Final Report and Recommendations – Corporation for Supportive Housing (CSH), June 2021

REGIONAL HOMELESS SYSTEM DESIGN AND IMPLEMENTATION

Based on findings from both quantitative and qualitative analysis, along with learnings from similar states such as Alaska and Connecticut, the Statewide Homeless Council (SHC) has endorsed a multi-tiered strategy that includes centralized, coordinated entry and organizes the homeless response system into nine (9) local "Service Hubs". Additionally, the SHC has identified the overall need for housing and service interventions such as diversion, rapid rehousing and supportive housing as well as training, capacity and infrastructure recommendations to support the system for the long term. The Service Hubs will operate from a framework from which coordination of activities such as provider training, coordination, referrals and distribution of housing resources can be efficiently deployed. This new structure will allow homeless service providers to effectively plan and launch the new Coordinated Entry System, standardize training, engage other mainstream systems such as justice and healthcare and remove access barriers for individuals seeking support. Coordinated Entry is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Through coordinated entry, a Homeless Response Continuum of Care (CoC) ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible. Each Hub will determine its own governance structure and process for system engagement going forward, but with commitment to similar driving principles of person-centered care.

What Is the Benefit to The Current System?

Establishing Local Service Hubs allows for greater cooperation, coordination and equitable distribution of housing resources at a manageable level. Such an approach allows for local communities to serve people where they are and reduces pressure on organizations serving individuals in population centers. Furthermore, Local Service Hubs provide a local structure to engage mainstream systems such as Justice and Healthcare not well integrated with housing and shelter, but nonetheless integral components both driving homelessness and critical partners to ending homelessness.

What Are the Responsibilities of Each Hub?

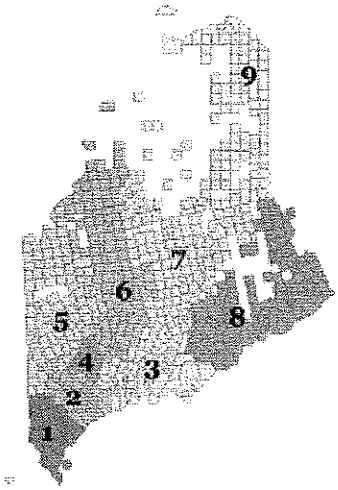
Broadly speaking, the Service Hubs will lead the processes of Coordinated Entry within their defined geographic area in accordance to outlined policies and procedures adopted by the Coordinated Entry Committee and the CoC. This includes facilitating case conferencing meetings, management of the prioritization list and matching individuals to available housing resources. Service hubs will have at least one "Access Point" for intake into HMIS and the prioritization list alongside "Referral Partners" who work regularly with individuals experiencing housing instability.

Geographic Structure of Local Service Hubs

To better understand the landscape and array of providers in Maine, CSH utilized the GIS Mapping Software Tableau to map existing providers and resources relevant to this Re-Design Initiative. The purpose is to guide decision-making relating to the re-design and ensuring equitable distribution of resources among hubs as much as possible. In addition to mapping existing resources, this tool was

used to assist providers in determining the geographic structure of local Service Hubs, a critical objective to this initiative. Interactive versions of these GIS maps visualizing the assets and resources within the Service Hubs across Maine will be made available to MaineHousing and the Statewide Homeless Council for publication.

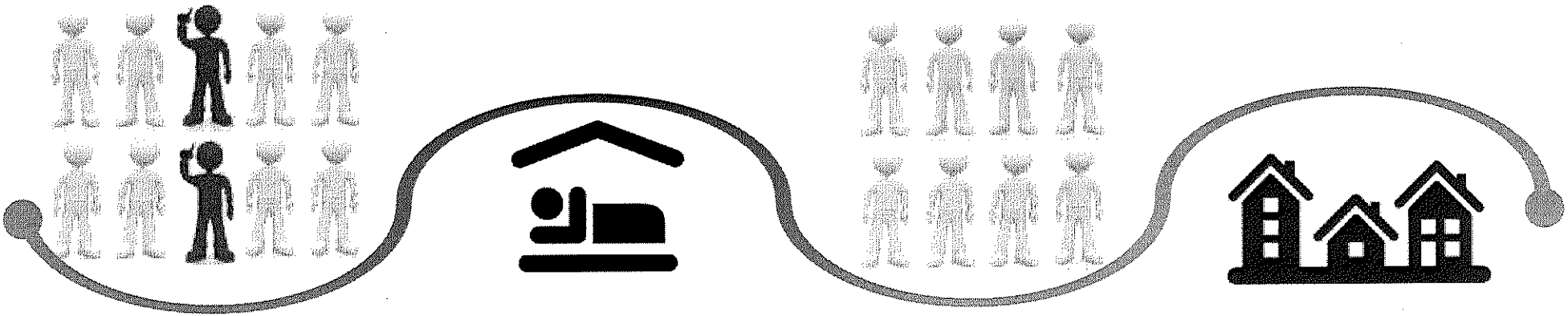
Maine Homeless Response System
Service Hub Structure



Hub 1: York
Hub 2: Cumberland
Hub 3: Midcoast: Sagadahoc, Knox, Lincoln, Waldo and Towns of Brunswick and Harpswell
Hub 4: Androscoggin
Hub 5: Western: Oxford, Franklin and Towns of Livermore and Livermore Falls
Hub 6: Central: Somerset and Kennebec
Hub 7: Penquis: Penobscot and Piscataquis
Hub 8: Downeast: Washington and Hancock
Hub 9: Aroostook

STATE OF HOMELESSNESS IN MAINE: PRE-PANDEMIC

Steady INFLOW into homelessness + Relatively BRIEF stay in emergency shelters + Good OUTFLOW into housing = CAPACITY in the homeless service system



About 75% of the people falling into homelessness are circumstantially homeless and have very brief or relatively brief stays in emergency shelters.

About 25% have a bit longer stays in homelessness because they require a more significant intervention - such as RRH, Transitional Housing (DV and youth) or Permanent Supportive Housing (LTS/Chronic).

For the most part, people are getting out of homelessness rather predictably. 2% are staying, occupying beds for long periods of time.

Maine engaged in increasing capacity by creating outflow for the 2% LTS population - people with complex needs languishing in homelessness, and homeless Veterans. The by name list strategies showed good results, but both efforts were incomplete.

STATE OF HOMELESSNESS IN MAINE: PANDEMIC!

Steady INFLOW into homelessness

+

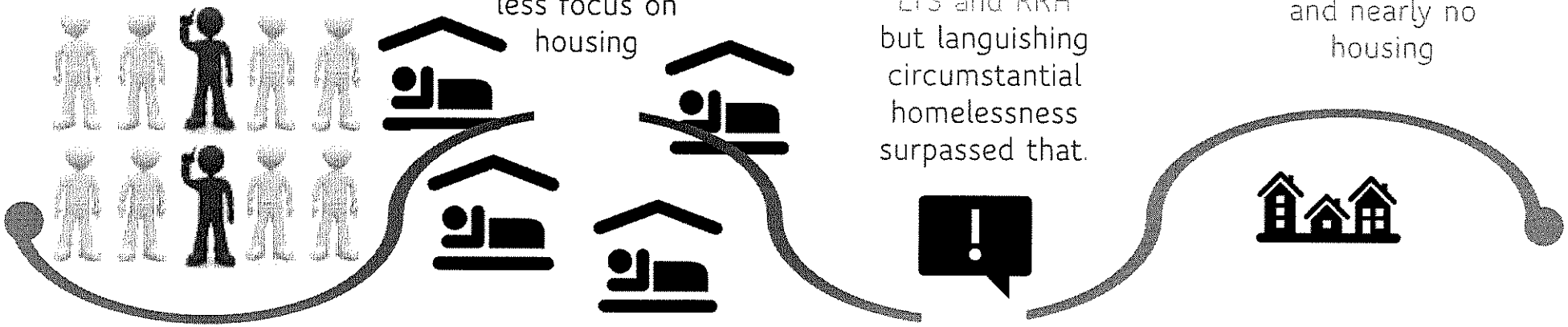
Shelter and hotel placements for decompression; less focus on housing

+

Nearly NO OUTFLOW into housing except LTS and RRH but languishing circumstantial homelessness surpassed that.

=

NO CAPACITY in the homeless service system, and nearly no housing



About 75% of the people falling into homelessness are circumstantially homeless but LANGUISH in emergency shelters and especially hotels.

About 25% have a bit longer stays in homelessness because they required a more significant intervention – such as RRH, Transitional Housing (DV and youth) or Permanent Supportive Housing (LTS/Chronic).

Essentially everyone is staying in shelters or hotels and stacking up.

LTS continue to be housed and those numbers continued to slowly decrease. Veterans increase then decrease again.

Maine's Homeless System is in CRISIS. Hotels are suddenly closing, there is no housing, and shelters are at capacity. The system is saturated.

EXITS TO PERMANENT HOUSING WERE 90% LOWER IN APRIL 2022 THAN APRIL 2021

Think about that.

TRAIN CONTINUES TO BOARD, BUT DOESN'T GO ANYWHERE

STATE OF HOMELESSNESS IN MAINE: 7/22-12/22

Steady INFLOW into homelessness

+

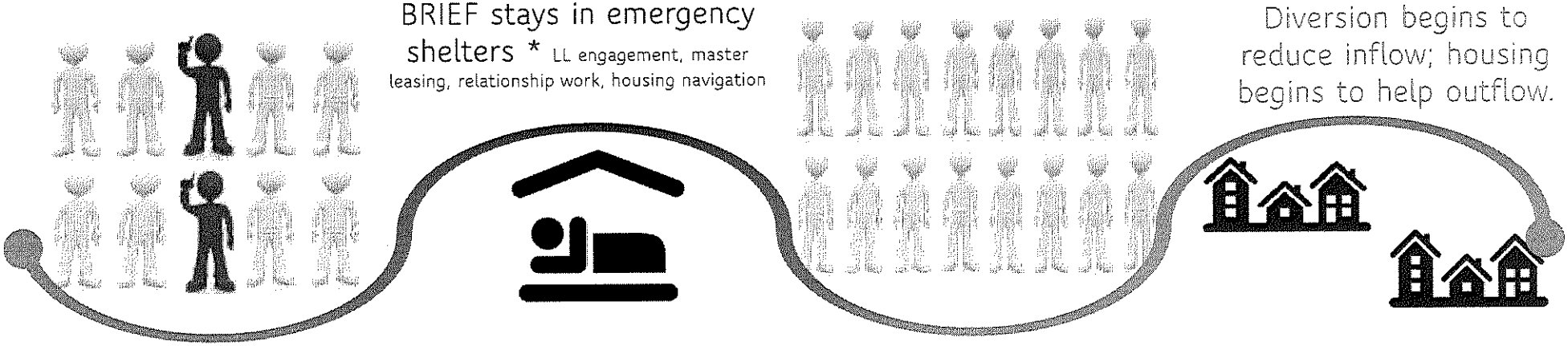
Invigorated HOUSING FOCUSED SOLUTIONS* return system to inflow-sized group with relatively BRIEF stays in emergency shelters * LL engagement, master leasing, relationship work, housing navigation

+

Good OUTFLOW into housing

=

CAPACITY in the homeless service system is restored. Navigation empties the overflow; Diversion begins to reduce inflow; housing begins to help outflow.



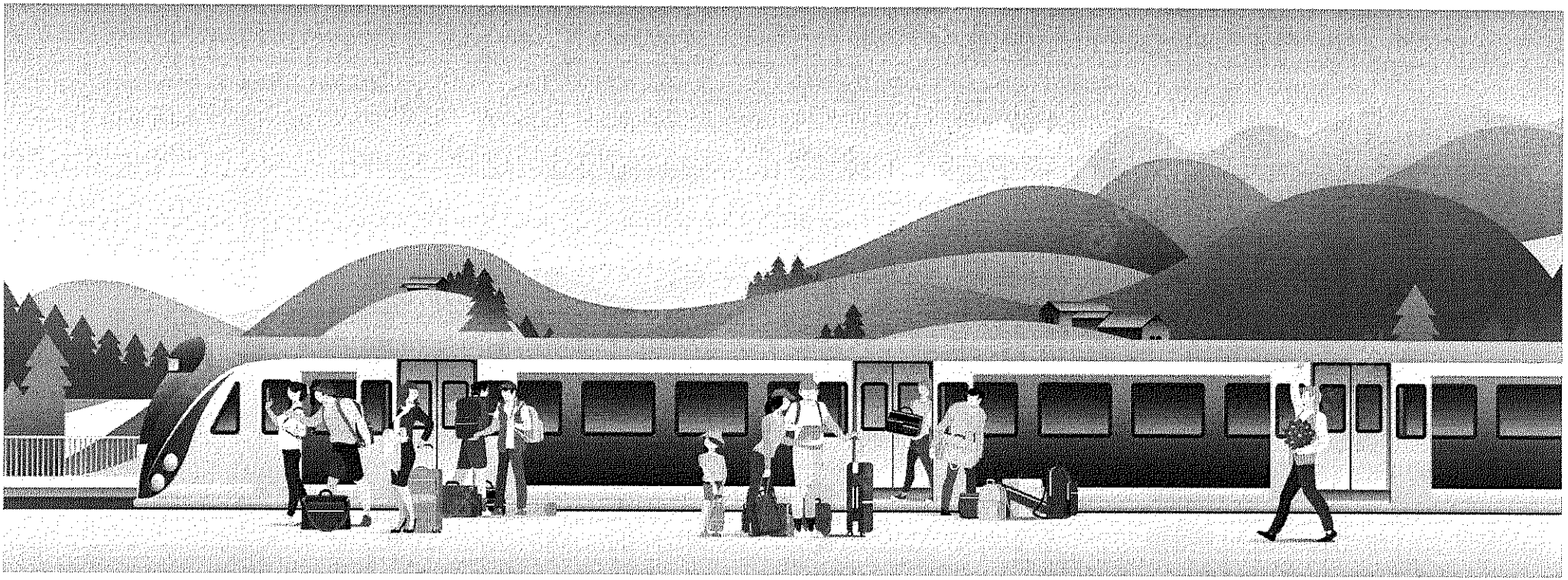
About 75% of the people falling into homelessness are circumstantially homeless and have very brief or relatively brief stays in emergency shelters.

About 25% have a bit longer stays in homelessness because they require a more significant intervention - such as RRH, Transitional Housing (DV and youth) or Permanent Supportive Housing (LTS/Chronic).

LTS continue to be housed and those numbers continued to slowly decrease. Veterans decrease again. Other by name list efforts and HUB Coordination begin to increase outflow.

Results are analyzed and strategies are optimized at the HUB and state level. New services, housing, and coordination begin to optimize system.

HELP ARRIVES TO EMPTY THE TRAIN AND PUT IT BACK IN MOTION



Housing navigators board the train and pull people off to put them one by one into housing until the train is at normal fullness. Train then gets back to normal efficient movement – shelter to housing. (And this is a way better train.)

STATE OF HOMELESSNESS IN MAINE: 2023 →

Steady INFLOW into homelessness

+

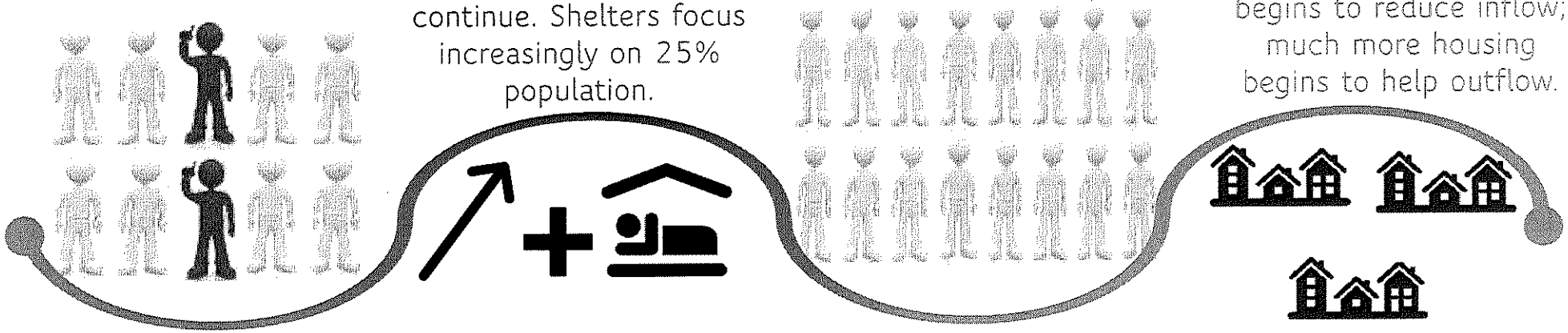
Rapid Resolution and Diversion reduces inflow. Housing Focused Solutions continue. Shelters focus increasingly on 25% population.

+

Good OUTFLOW into housing

=

CAPACITY in the homeless service system is restored. Diversion begins to reduce inflow; much more housing begins to help outflow.



About 75% of the people falling into homelessness are circumstantially homeless and are increasingly diverted or have brief stays in emergency shelters.

More and more are diverted – never touch shelters.

About 25% have a bit longer stays in homelessness because they require a more significant intervention – such as RRH, Transitional Housing (DV and youth) or Permanent Supportive Housing (LTS/Chronic).

LTS and Veterans continue to be housed and those numbers trend toward zero.

Other by name list efforts and HUB Coordination continue to increase outflow.

PSH/Affordable Housing arrives to target the 25%. Results are analyzed and strategies are optimized at the HUB and state level. New services, much more housing, and coordination/data analysis begin to optimize system.

LD 2 – An Act To Address Maine's Housing Crisis

Summary: This bill focuses resources to ensure people have access to housing or safety net services so that homelessness is avoided entirely or rare, brief, and one time when it occurs. Policies and resources are focused on lowering barriers and adequately funding homeless shelters, creating alternatives for people unsheltered due to lack of access to shelters, increasing the supply of housing including low-income and supportive housing, ensuring an adequate safety net by improving and simplifying General Assistance laws and policies, enhancing diversion efforts, creating flexible housing stability workers, and supporting other efforts that simplify efforts to end homelessness in Maine.

Priorities:

- ✓ **Fund emergency shelters. Develop longer-term sustainable resources for emergency shelters, promote the transition to low-barrier shelters and non-congregate shelters, and fund shelter operations and further best practices.**
- ✓ **End outdoor homelessness. Advocate for resources to establish 30-40 motel or non-congregate accommodations across the state for Long Term Stayers who remain unsheltered due to a lack of access to shelter or housing.**
- ✓ **Ensure an adequate supply of housing. Increase the supply of low-income and supportive housing.**
- ✓ **Ensure there is an adequate safety net. Improve and simplify General Assistance (GA) laws/policies to remove barriers and simplify access/use specifically for housing, and focus on diversion, preventing people from becoming homeless.**
- ✓ **Create Flexible Housing Stability Workers. Use these positions to engage challenging populations, ensure continuity of care, and stabilize people in permanent supportive housing.**
- ✓ **Support the Decriminalization of Homelessness. Housing is less expensive and much more effective than jail. Properly serve people with serious and persistent mental illness and substance use disorders and solve for housing in Maine's approach.**

1. **Goal I - Shelters/coordination from homelessness through to housing/sharing of best practices:**
   - ➔ Develop longer-term, sustainable resources for shelters, including low-barrier and non-congregate shelters. Fund shelter operations and further best practices. Implement best practices; scaffold up funding to fully deliver these best practices.
     - o Invest in adapting shelter settings to lower barriers and accommodate needs.
     - o Ensure there are warming/cooling centers and other sufficient locations for people to go in all worrisome weather and look to ensure an adequate supply of accessible sanitation facilities for people who are outside.
     - o Boost outreach and housing first response to unsheltered homelessness and encampments. Be proactive, preventive, and solution oriented.
   - ➔ Set aside resources to establish 30-40 motel or non-congregate accommodations in areas across the state for people languishing outside - Long Term Stayers who remain unsheltered due to a lack of access to shelter or housing. Hoteling people experiencing unsheltered homelessness, when done correctly, has been a successful intervention with long term benefits because of being person centered and trauma informed. Continue this practice for this specific population and include wrap around resources services adequate to meet the needs while placed in hotels and help them secure permanent supportive housing. Focus in particular on the needs of older and medically compromised individuals.

2. **Goal II Housing and Rental Subsidies:**
   - ➔ Increase the supply of low-income and supportive housing.
     - o Make sure we achieve the gains from LD 2003 which allows for the development of duplexes, accessory dwelling units, and in some cases, 3- or 4-unit buildings.
     - o Support LR 358, the affordable housing bond.
   - ➔ Ensure there is an adequate safety net. Examine barriers including restrictions that result in people being barred from General Assistance (GA) as a safety net for 120 days.
     - o Simplify the GA law so it is easy to read and interpret, and particularly – follow, with special emphasis on emergency assistance portions of the law.
     - o Eliminate the dual penalty that can result in people losing GA and Food Stamps for a technicality.

- Ensure state enforcement of GA policies. Ensure clear and supportive appeal process.
- Look at a longer presumptive eligibility period – 60 or 90 days – particularly for housing assistance.
- Ensure all people are served locally.
  - Ensure training can be provided so GA is widely understood and any of the support providers are able to intervene and help.
- Ensure emergency assistance can be used for eviction prevention to pay rent or arrears.
- Examine the needs of people just over income qualifications (homeowners who can't stay due to building shortcomings or substandard living situations, and older populations). Make sure people in challenging situations have a "helper" (community resource navigator) with navigating resources and meeting needs.
- Collect data about GA distribution changes due to the disappearance of the Emergency Rental Assistance program.
- Ensure people who cannot access home care receive navigation services to successfully access resources and maintain their housing (remove trash, address hygiene issues, etc.) so that they won't be evicted for these issues. (This is duplicated under support services as it fits in both)
- Create a wraparound diversion resource to accompany the safety net to divert people from entering homelessness. This might involve helping people navigate complexities or paying a bill to allow someone to maintain their housing or paying for a new tire so a car can pass inspection and perpetuate successful employment.

3. **Goal III Support Services for SPMI, SUD, TBI:**

➔ Create Flexible Outreach Workers known as "Housing Stability Workers" both for permanent supportive housing (to fill in gaps in MaineCare funded services) and to expand homeless youth and adult resources in Maine (to enhance HUD investments from the YHDP). Have this be a general appropriations bill covering all populations. Look to other state models to replicate in Maine.

- Create Housing Stability Workers to fill gaps in the continuum. Ensure they have flexibility for continuity of care.
- Ensure people who cannot access home care receive navigation services to successfully maintain their housing (remove trash, address hygiene issues, etc.) so that they won't be evicted for these issues. (This is duplicated under GA above as it fits in both).
- Ensure Housing Stability Workers are community-based.
- Ensure Housing Stability Workers are collectively able to cover the state.
- Ensure at least some Housing Stability Workers are placed or fairly distributed to agencies to pay for flexible support services. This will provide homeless service agencies flexible funds to hire people who can meet client's housing and stability needs. Make sure hiring protocols do not require a mental health license – set this effort up to hire people who are good at going out and engaging the population and providing outreach support. Create an RFP to supplement MaineCare to cover funding shortcomings for service provision, ensuring the viability of MaineCare funded services.
- Ensure that Housing Stability Workers are not time limited in their interventions – they need to be flexible to offer up to permanent support, while working to have MaineCare funded services successfully step in whenever possible. To be successful, their role must not be unnecessarily or arbitrarily abbreviated and must instead be flexible on a case-by-case basis, to meet the success needs of each person served.
- Ensure referrals out to behavioral health services are a core goal, but there can be any amount of overlap necessary to ensure success.
- Include the ability to focus on the needs of older and medically compromised individuals, families with children, transition-aged unaccompanied youth, and people transitioning from criminal justice system.
- Include diversion resources to mitigate crises and keep households stable. Set aside housing stability funds to be applied surgically and sparingly to keep people stable.

Separate legislative effort (LR 1357):

4. **Goal IV Addressing issues underlying of homelessness:**
   - ➔ Decriminalize homelessness. Focus specifically on the decriminalization aspects which may be more feasible and may save money. Consider aspects of Cori Bush's Federal Homeless Bill of Rights. Align with Rep. Victoria Morales' previous legislation. [17A in the Maine Criminal Courts – reference AG template for municipalities].
     - o Look at this as an umbrella approach – an overarching principle of the other legislation.
     - o It may be possible to include the right to counsel here (this is to slowly build understanding and buy in for future legislation).
     - o Consider the right to shelter or housing.
     - o Be proactive with resolving evictions.
     - o Fund public defender office in the state. (This may be so huge that it could pose an issue for the success of this bill)
     - o Increase funding for civil legal services.
     - o Ensure this is examined through a racial equity and restorative justice lens.
     - o Create a defense to certain charges based on the fact that the person is unhoused.
     - o Explore whether Veteran or homeless courts can be a tool to prevent homelessness.

   - ➔ Find pathways to strict data requirements such that there is real time data about evictions for landlords, but longer-term issues can be expunged.
     - o Create data protection for tenants similar to data protections for borrowers.
     - o Support homeless prevention by assisting people with issues that may cause homelessness, such as inability to remove trash or address hygiene issues. Support people with cognitive decline or dementia that may lead to homelessness.