

Ending Homelessness: Maine's Strategic Plan

- Interagency collaborative
- Identified scope and nature of problem
- Catalogued existing efforts
- Established process and framework for creating a
State Action Plan

Participation

Subcabinet on Homelessness

Members:

Kevin Concannon, Commissioner, Department of Human Services

Lynn F. Duby, Commissioner, Department of Behavioral and
Developmental Services

Martin A. Magnusson, Commissioner, Department of Corrections

Michael L. Finnegan, Director of Maine State Housing Authority,
Chairperson

Interagency Task Force on Homelessness

Members:

Peter Walsh, Deputy Commissioner of Department of Human Services

Lynn Duby, Department of Behavioral and Developmental Services

Michael Finnegan, Director of Maine State Housing Authority

Don Gean, Director of York County Shelter

Helen Hemminger, Habitat for Humanities

Valerie Landry, Commissioner of Department of Labor

Martin Magnusson, Commissioner of Department of Corrections

Mark Swann, Executive Director of Preble Street Resource Center

Daniel Vachon, Past District Governor of Rotary International

Thomas Nelson, York County community Action Corporation

Dana Totman, York Cumberland Housing Development

Mary Ann Chalila, Department of Health and Welfare, Chairperson

Senior Staff Committee to End Homelessness

Members:

Becky Hayes-Boober, Department of Human Services
Andrea Paul, Department of Human Services
Sheldon Wheeler, Department of Behavioral and Developmental Services
Neal Meltzer, Department of Behavioral and Developmental Services
Jim Davis, Department of Behavioral and Developmental Services
Cindy Namer, Maine State Housing Authority
Jona Dorso, Maine State Housing Authority
Barbara Hamblin, Department of Human Services
Kyme Ferenc, Maine State Housing Authority
Tim McClellan, Department of Labor
Shelly Reed, Department of Education
Michael R. DeVos, Maine State Housing Authority, Chairperson

Mission Statement

Our mission is to work to end the cycle of homelessness in Maine through interagency collaboration, reallocation of state resources and increased access to immediate services, and development of new strategies. Using shelters as a point of contact, we will identify the services and housing needs of people who are homeless, provide immediate services, and create solutions needed to move people from homelessness to housing and self-sufficiency.

State of Maine Action Plan to End Homelessness

- Took over one year, work performed by eleven Work Issue Teams
- Overseen by Senior Staff Committee
- Eight-five participants (non-profits, municipalities and state agencies)
- Seven Regional forums with comments from approximately 200 other participants
- Reviewed by Federal Interagency Council on Homelessness
- Concrete goals and strategies

Goals and Strategies

Through the work of the eleven Work Issue Teams and members of the Advisory Council, several broad areas of focus emerged that the State of Maine, its local communities, and provider agencies need to address in order to work toward the mutual goal of ending homelessness in the state. These broad goals include:

- Increased access to and availability of housing for homeless individuals and families
- Improvement of access to and expansion of services for homeless individuals and families
- Improve coordination and planning
- Improved and expanded access to Federal resources
- Homeless prevention and public engagement
- Improved data collection

Goal 1: Increase Access to and Availability of Housing for Homeless Individuals and Families

Sub Goal A: Create 750 units of supportive housing for chronically homeless individuals with the next five years. These units will be created through the following mechanisms:

Strategy 1 Maximize units of Section 8 Moderate Rehabilitation and sponsor-based Shelter Plus Care through Maine Balance of State Continuum of Care for chronically homeless individuals

Strategy 2 Maximize access to and use of Mainstream Section 8 Vouchers for persons with disabilities by chronically homeless individuals

Strategy 3 Increase set-aside in Low-Income Tax Credit (LIHTC) program to 15% for those projects dedicating units to people who are homeless

Strategy 4 Use affordable housing bond funds to create housing

Strategy 5 Allocate StateHOME funds for supportive housing for the chronically homeless

Sub Goal B: Create 1,500 units of supportive housing for special needs populations, including homeless, over the next five years

Strategy 1 Increase use of LIHTC resources for persons who are homeless

Strategy 2 Increase use of CDBG funds to create housing for people who are homeless

Strategy 3 Provide an annual allocation of service funds from BDS and DHS to be attached to the creation of new units or alternatively develop methods to link existing service funds to these units

Strategy 4 Use affordable housing bond funds to create housing for the homeless

Strategy 5 Increase use of State HOME funds for supportive housing for special needs populations

Strategy 6 Provide technical assistance to non-profit developers to increase interest and skill in developing housing for persons who are homeless

Strategy 7 MSHA to set aside 40 Section 8 vouchers for project-based subsidies dedicated to homeless individuals and families

Strategy 8 MSHA to sponsor statewide initiative to educate, support and encourage Public Housing Authorities (PHAs) to encourage access by homeless persons to Section 8 Housing Choice Vouchers

Strategy 9 Encourage other PHAs in the state to maximize Section 8 resources for project-based subsidies dedicated to persons who are homeless

Strategy 10 Encourage all PHAs in the state to adopt a homeless preference in their Section 8 Housing Choice Voucher Programs

Strategy 11 DBDS and MSHA to facilitate training for all state PHAs and non-profit organizations about the three Section 8 programs for persons with disabilities and to help PHAs apply for these subsidies

Strategy 12 Create a pool to fund security deposits, moving costs, first and last months rent

Strategy 13 Establish a network of housing counselors to assist homeless persons with Section 8 and other vouchers to obtain housing

Strategy 14 Create housing for people at risk of homelessness earning less than 30% of the area median income

- Dedicate LIHTC resources to target housing for this population
- Use HOME funds to target housing production for this population

Strategy 15 Increase TANF special needs housing allowance

Strategy 16 Increase Shelter Plus Care for homeless families

Strategy 17 Ask PHAs to allocate vouchers to homeless families

Strategy 18 Apply for mainstream vouchers for homeless families and homeless youth

Strategy 19 Maximize vouchers that PHAs apply for each year

Strategy 20 Create a Housing First demonstration program for families that includes screening, vouchers, access to General Assistance and wrap-around services

Housing Vouchers – low hanging fruit

- Gains in efficiencies/Increasing Utilization
 - Tracking # of vouchers in four programs that are being used for homeless
 - Tracking amount of subsidy unused

- Interagency housing teams in each region
 - State service agency, non-profit service organization, municipal official, shelter provider, housing agencies meet weekly
 - PHAs
 - Section 8 administrator
 - Shelter plus Care administrator

- Tracking each client
 - Use of resource
 - # of successes
 - recidivism

- Increasing # of vouchers
 - Offering trainings on Mainstream Vouchers, technical assistance with applications, links to providers with experience in SA/MH services
 - Increase PHA utilizations for homeless participation in efforts (through RHCs with local providers), education through visits
 - Maximize the number of Shelter plus Care thru the Continuum

- Direct assistance to Clients/Housing Counselors
 - DV group as model
 - Advocate Transportation
 - HQS
 - Relationship with landlord
 - Follow up with agencies/services

- New Voucher programs
 - BRAP
 - RAC+

Housing Development

- Housing Trust Fund
- General Obligation Bonds
- Continuum of Care Match
- LIHTC
- List of 200

Housing Trust Fund

- Source of revenue - Real Estate Transfer Tax
- Chronic Homeless RFP
 - Must meet the eligibility criteria for MaineCare
 - Must have a clinical mental illness diagnosed
 - Must meet the definition of chronic homelessness
 - Has been homeless for 30 or more days with the most recent 12-month period
 - Have documentation supporting that the client has experienced four or more episodes of homelessness with the last three years
 - Must comply with the McKinney-Vento Act definition of homelessness

General Obligation Bond

Program	State GO Bond			
	Allocation	Expended	Committed	Balance
Homeless Mental Health RFP	\$1,000,000	\$0	\$1,000,000	\$0
Continuum of Care - Homeless Mental Health	\$750,000	\$0	\$750,000	\$0
Continuum of Care - Homeless	\$1,750,000	\$79,159	\$1,670,841	\$0
Homeless Youth RFP	\$1,000,000	\$0	\$1,000,000	\$0
Domestic Violence	\$2,000,000	\$840,211	\$1,159,789	\$0

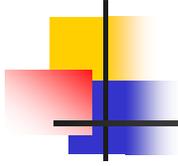
Low Income Housing Tax Credits

- Points for projects that have a preference for 20% of the units for homeless persons or persons with special needs
- Set-aside for SRO or housing for the homeless
- Working with funded partners with Municipalities, state service agencies and non-profits

SRO Housing and Housing for the Homeless Set-aside.
\$400,000 of the annual available Credit will be set aside for Projects that satisfy the following criteria.

- The Project must be SRO Housing or Housing for the Homeless and meet all requirements of the Code ensuring eligibility for Credit
- The Project may be situated on scattered sites
- The Applicant must submit a service plan for the tenants, acceptable to MSHA, and the commitment by a qualified services provider(s) to provide the services described in the plan with its Application
- An Applicant must indicate its desire to compete in this set-aside in its Application and must receive the maximum points under Section 7.C of this Rule (Creation of Affordability for Lowest Income Tenants)

Successful Applications under this set-aside are eligible to receive, if MSHA makes the resource available, project-based Section 8 rental subsidy through MSHA for at least 25% of the total units in the Project.



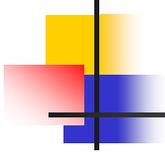
Maine State Housing Authority

Rental Assistance Coupon Plus Program (RAC+)



Program - Overview

- \$1,313,000 FedHOME funds
- Pilot w/ City of Portland and Bangor Housing Authority
- Voucher program w/ self-sufficiency contract
- Housing Counselor and Integrated Case Management
- Collaboration with City and State Agencies
- Serves homeless clients in shelters 7 days or more
- Sub-population include youth (18-24), single clients with domestic violence issues, people coming from corrections and families



Program Verification

- Verification of chronic homelessness 7 days or more:
 - 1. Written notice from a shelter where applicant is residing;
 - 2. Written statement from law enforcement agency, welfare or social service agency or Dept. of Corrections.



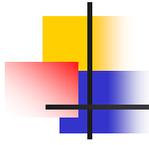
Income Eligibility

- Household income must be at or below 60% of Area Median Income (AMI).
- For 10% of the households served, income may be as high as 80% AMI.



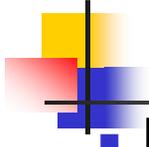
Scope/Length of Assistance

- Term of the rental assistance will be in six-month terms - up to a maximum of 24 months.
- Applicant will be responsible to pay the greater of 30% of their income or \$50.00 for gross rent each month
- Applicants will be eligible to receive security and utility deposit assistance



Self-Actualization Program

- Each head of household is required to complete a Personal Responsibility Contract
- Tenant will be asked to identify reasonable and attainable goals in the following areas: employment, education, transportation, personal welfare, and household skills/management



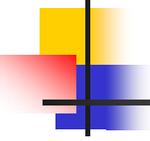
Housing Counselors

- Responsibilities include:
 - Assist client with Personal Responsibility Contract (PRC) using an integrated case management approach
 - Assist client in applying for appropriate housing program
 - Determine eligibility
 - Assist in search for housing
 - Advocate on client's behalf with landlord/community



Housing Counselors

- Responsibilities include:
 - Telephone contact/written documentation on each tenant 7 days after lease up.
 - Follow-up interview on each tenant 30 days after lease up.
 - Ongoing follow-up to ensure tenant is achieving a successful tenancy.
 - Participate with Integrated Case Management Team to ensure tenant is achieving PRC goals.



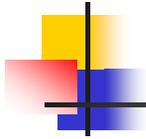
Integrated Case Management Team

- Provides ongoing follow-up necessary to ensure that tenant is:
 - obtaining necessary services
 - achieving self-actualization
 - achieving a successful tenancy



Pilot Expansion

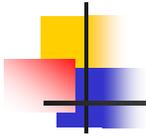
- \$800,000 FedHOME funds.
- Alfred/Sanford, Lewiston/Auburn, and Waterville/Augusta.
- Additional Housing Counselors to cover new areas.
- Collaboration with city and state agencies.
- Collaboration with local Public Housing Authorities.



RAC+ Testimonials

"The RAC+ program has given me the opportunity to pursue my goals and dreams such as going back to school. Though it is possible to accomplish goals, while being homeless, it's definitely a lot easier and healthier by having an apartment. The RAC+ program has allowed me to be stable in my life, as well as, having structure. I can't thank the RAC+ program enough and I only wish more programs like this existed."

"The RAC+ program has helped me shoot towards my independence. It's helped me turn my life around. It's helped me better myself. It's given me a chance to shoot towards my goals. It's a really good program that helps people turn their lives around."



RAC+ Program Funding

- In 2002 \$1.313 million for pilot in Bangor and Portland.
- In 2003 \$800,000 for expansion of pilot in Androscoggin, York and Kennebec counties.
- In 2004 \$1.25 million renewal of pilot to a permanent program.

State of Maine Action Plan to End Homelessness

Maine's vision is that we will end and prevent homelessness by assuring individuals and families have economic security, readily accessible, safe affordable housing and a comprehensive array of supportive services.

(As approved by the Homeless Policy Academy and faithfully submitted to Governor John Baldacci on June 18, 2004)

Executive Summary

Homelessness exists as an intransigent feature in Maine's society today. We are no closer to eliminating this problem now than we were in the 1980s when Maine's first shelters opened. In fact, the number of homeless people has increased dramatically over the last two decades. However, today in Maine there is hopefulness about our ability to make a significant difference, to begin a journey to end homelessness. A renewed focus about homelessness across the country inspires this environment of hopefulness. Organizations such as the National Alliance to End Homelessness and the Corporation for Supportive Housing have begun national campaigns to end homelessness. Federal funding agencies such as the Departments of Housing and Urban Development, Health and Human Services, Substance Abuse and Mental Health Services Administration and the Veterans Administration are calling for an end to chronic homelessness. Maine was fortunate to send a team of homeless providers and policy makers to work with these agencies in their Federal Policy Academy in April 2002. The Policy Academy Team embraced the opportunity to develop strategies to address the needs of the chronically homeless, which supported a meaningful partnership between state agencies, municipalities, and nonprofit providers to plan and coordinate efforts to end homelessness. The culmination of this partnership, working with the administrations of both Governor Angus King and Governor John Baldacci, the Interagency Task Force on Homelessness and Housing, and the Homeless Policy Academy Team, is embodied in this document, Maine's Action Plan to End Homelessness.

The Action Plan is the roadmap that will lead us on our journey to eliminate homelessness in the State of Maine. This plan is the second step in Maine's three-step process to end homelessness. The first step resulted in Ending Homelessness: Maine's Strategic Plan which documented the extent and nature of the state's homeless problem, surveyed current efforts to combat homelessness, and provided a framework for attacking homelessness with the following elements: a higher level of cooperation among state agencies and providers, a local planning and evaluation process that measures our progress, a resource development strategy, public leadership at the highest levels, and a long term commitment. The Strategic Plan, released by Governor Angus King, identified eleven critical issues confronting the homeless population and called for the development of an action plan to address each of these eleven issues. Over the last two years, eleven working groups comprised of close to 100 knowledgeable individuals representing municipalities, shelters, nonprofit service providers, and state agencies researched these issues and compiled the strategies which constitute the core of Maine's Action Plan to End Homelessness, our second step. With the release of this plan, Governor Baldacci's administration informs public policy, and guides us in our third and final step, the implementation of these strategies and the ongoing measurement of progress in the battle to end homelessness.

Simply put, the key to ending homelessness in Maine is making affordable housing, services, and income supports available and accessible to those in need. This plan provides critical direction regarding the efficient delivery of appropriate housing and services to Maine's homeless people and serves as the foundation for Maine's campaign to end homelessness. The plan calls for implementation of strategies tailored to the needs of homeless persons, for systemic change to support these strategies, and for a coordination of efforts to optimize the use of existing resources. Future efforts should be built upon this plan and the partnership that made this plan possible.

The Action Plan identifies the following as overarching objectives to end homelessness in Maine:

- **Increase the availability of and access to housing for homeless individuals and families**
- **Improve access to and expand services for homeless individuals and families**
- **Improve coordination and planning**
- **Improve and expand access to federal resources**
- **Enhance homeless prevention efforts**
- **Improve data collection**

Within each area, teams have provided the details of actions we must take collectively to achieve our goal of ending homelessness.

The creation of Maine's Action Plan is a testament to the improved state of coordination and cooperation among the major partner-groups that share the burden and responsibility of assisting the homeless. We must maintain this improved level of energy, focus and cooperation if we are going to make a meaningful difference in the lives of Maine's homeless people. The consensus symbolized by this plan will be needed throughout the implementation of these strategies. Enduring partnerships will ensure that providers, municipalities, and multiple state agencies bring an interdisciplinary and integrative approach to solving problems at a local level. We cannot help the chronically homeless individual with mental health problems by providing mental health services unless we also provide an appropriate housing option or income support. Nor can we expect long term success if we offer housing to a homeless substance abuser without proper services to address the underlying issues that caused the homelessness.

The plan calls for locally based solutions and implementation, with coordination and support to be provided from the state level. Local providers have the best knowledge of their homeless problem and service system. They are in the best position to effect change. Yet our efforts will yield the greatest benefits if they are coordinated at a statewide level and given appropriate support from state agencies, the Governor's office, the Interagency Task Force, the Homeless Policy Academy Team and the Legislature.

The plan calls for monitoring of implementation and measurement of progress at the local level. Without these features, there will be no continuity and we can neither understand nor improve our system's ability to serve the homeless.

Last, the Action Plan calls for a long term commitment to the cause of ending homelessness. It is fitting that the first step, the Strategic Plan, was completed under the King Administration, while the call for specific system recommendations is completed under the Baldacci Administration. Our work must span administrations to succeed. And our success relies upon the enduring commitment and the inclusive partnership which made this achievement possible.

The many people who participated in creating Maine's Action Plan to End Homelessness understand in a direct way the day to day struggles of Maine's homeless people. Their challenges are real, and the scope of the problem is forbidding. But we have agreed that their problems can be solved. Solving these problems will require our best effort; the most destitute members of our communities deserve our best effort. To succeed, we must accept the challenge and work together as we move forward, showing the wisdom and compassion of caring Maine citizens.

Chapter 4: Goals and Strategies

Through the work of the eleven Work Issue Teams and members of the Advisory Council, several broad areas of focus emerged that the State of Maine, its local communities, and provider agencies need to address in order to work toward the mutual goal of ending homelessness in the state. These broad goals include:

- Increased access to and availability of housing for homeless individuals and families
- Improvement of access to and expansion of services for homeless individuals and families
- Improved coordination and planning
- Improved and expanded access to federal resources
- Homeless prevention and public engagement
- Improved data collection

Goal I: Increase Access to and Availability of Housing for Homeless Individuals and Families

Sub Goal A Create 750 units of supportive housing for chronically homeless individuals within the next five years.¹ These units will be created through the following mechanisms:

Strategy 1 Maximize units of Section 8 Moderate Rehabilitation and sponsor-based Shelter Plus Care through the Maine Balance of State Continuum of Care for chronically homeless individuals.

Strategy 2 Maximize access to and use of Mainstream Section 8 Vouchers for persons with disabilities by chronically homeless individuals.

Strategy 3 Increase set-aside in Low-Income Housing Tax Credit (LIHTC) program to 15% for those projects dedicating units to people who are homeless.

Strategy 4 Use affordable housing bond funds to create housing.

Strategy 5 Allocate State HOME funds for supportive housing for the chronically homeless.

¹ Chronically homeless individuals are individuals with disabilities who have been homeless consistently for one year or more or who have had three episodes of homelessness over the past four years.

Sub Goal B Create 1,500 units of supportive housing for special needs populations, including homeless, over the next five years.

Strategy 1 Increase use of LIHTC resources for persons who are homeless.

Strategy 2 Increase use of CDBG funds to create housing for people who are homeless.

Strategy 3 Provide an annual allocation of service funds from BDS and DHS to be attached to the creation of new units or alternatively develop methods to link existing service funds to these units.

Strategy 4 Use affordable housing bond funds to create housing for the homeless.

Strategy 5 Increase use of State HOME funds for supportive housing for special needs populations.

Strategy 6 Provide technical assistance to non-profit and for-profit developers to increase interest and skill in developing housing for persons who are homeless.

Strategy 7 MSHA to set aside 40 Section 8 vouchers for project-based subsidies dedicated to homeless individuals and families.

Strategy 8 MSHA to sponsor statewide initiative to educate, support and encourage Public Housing Authorities (PHAs) to encourage access by homeless persons to Section 8 Housing Choice Vouchers.

Strategy 9 Encourage other PHAs in the state to maximize Section 8 resources for project-based subsidies dedicated to persons who are homeless.

Strategy 10 Encourage all PHAs in the state to adopt a homeless preference in their Section 8 Housing Choice Voucher Programs.

Strategy 11 DBDS and MSHA to facilitate training for all state PHAs and non-profit organizations about the three Section 8 programs for persons with disabilities and to help PHAs apply for these subsidies.

Strategy 12 Create a pool to fund security deposits, moving costs, first and last months rent.²

² Modeled after the New Hampshire Rental Guarantee Program.

Strategy 13 Establish a network of housing counselors to assist homeless persons with Section 8 and other vouchers to obtain housing.

Strategy 14 Create housing for people at risk of homelessness earning less than 30% of the area median income.

- Dedicate LIHTC resources to target housing for this population.
- Use HOME funds to target housing production for this population.

Strategy 15 Increase TANF special needs housing allowance.

Strategy 16 Increase Shelter Plus Care for homeless families.

Strategy 17 Ask PHAs to allocate vouchers to homeless families.

Strategy 18 Apply for mainstream vouchers for homeless families and homeless youth.

Strategy 19 Maximize vouchers that PHAs apply for each year.

Strategy 20 Create a Housing First demonstration program for families that includes screening, vouchers, access to General Assistance and wrap-around services.

Goal 2: Improvement of Access to and Expansion of Services for Homeless Individuals and Families

Strategy 1 Develop a method to evaluate state and federal provision of services to people who are homeless, including Medicaid, TANF, and mental health and substance abuse services, SSI/SSDI, and housing (both tenant-based and project-based).

Strategy 2 Study the feasibility and possible outcomes of establishing an integrated case management system with one lead case manager who would coordinate with other appropriate agencies, and, pursue the establishment of such a case management system if doing so is consistent with the results of the study. Client choice will be an integral part in all aspects of planning and implantation.

Strategy 3 Coordinate a homeless conference for providers to review current issues, services and intervention strategies.

Strategy 4 Obtain funding (potentially from the Social Services Block Grant or the Robert Wood Johnson Foundation) to establish housing counselors to work directly with shelters and General Assistance.

Strategy 5 Investigate the use of Medicaid to fund additional case management services.

Strategy 6 Educate shelter providers regarding the option of providing Medicaid-reimbursable mental health and substance abuse services onsite by providing the staff with training and support materials to be able to meet Medicaid requirements and billing procedures in an efficient manner.

Strategy 7 Establish a mobile drop-in center to visit rural sites providing medication monitoring and mental health and substance abuse services as well as physical and dental health follow-up care.

Strategy 8 Develop shelter protocols to create consistency among shelters regarding the provision of services. Create standards by which shelters can be evaluated to assess their delivery of services.

- a) Establish protocols in shelters regarding timely linkage and referral for needed services and housing.
- b) In concert with shelter providers, conduct a review of current practices to establish an efficient system for engagement, assessment, and referral.
- c) Develop a standard assessment tool that will be administered in every shelter.
- d) Create a plan for each individual in every shelter that describes the necessary steps to resolve their homeless condition.
- e) Look at whether shelters reintroduce trauma due to the rigidity of their rules and/or the setting through which people are entered into 'the system'.
- f) Ensure that shelters are adequately prepared to screen for domestic violence and sexual assault.

Strategy 9 Improve approval rate for homeless people who are eligible for SSI/SSDI.

- a) Encourage applicants to identify a third-party representative.
- b) Create regional specialists to conduct outreach in shelters and assist people who are homeless with the application process.

Strategy 10 Establish a network of organizations that are willing to provide Representative Payee Services.

Strategy 11 Increase utilization of "ticket to work" strategies, and PASS (Plans for Achieving Self-Support) Plans for individuals for whom returning to work is a feasible option.

Strategy 12 Continue state insurance benefits for people with disabilities who do return to work and lose their public insurance benefits.

Strategy 13 Provide training to health care providers who work with homeless individuals on effective ways to appropriately document the medical conditions and disabilities that make an individual eligible for SSI.

Strategy 14 Increase access to MaineCare by homeless families.

- a.) Advocate for increasing the income maximum.
- b.) Educate DHS staff regarding homeless issues.
- c.) Educate providers regarding the MaineCare program.

Strategy 15 Ensure accessibility to TANF by homeless families

- a.) Encourage municipalities to work with DHS to locate adequate interview space.
- b.) Develop methodologies for enabling homeless families residing in communities at a distance from the nearest DHS office to meet TANF application requirements.

Strategy 16 Enhance housing stability by increasing TANF monies available to meet housing needs.

Strategy 17 Improve linkage of General Assistance to homeless persons.

- a.) Implement evaluation of local jurisdictions' provision of General Assistance to homeless persons.
- b.) DHS to provide training to General Assistance Directors regarding residency laws, right to file an application for General Assistance, the right to receive a written explanation of denial of General Assistance benefits.
- c.) Shelter providers and homeless advocates should all have access to the GA "Hotline 800" telephone number.
- d.) Develop a statewide system for tracking General Assistance denials.
- e.) Support efforts of the legislatively appointed group reviewing General Assistance maximum benefits.
- f.) Support current efforts to establish 100% state reimbursement for general Assistance granted to homeless individuals and families.
- g.) Designate the General Assistance account a "carrying account" to prevent the return of unexpended monies to the General Fund.

Strategy 18 Expand the availability and affordability of relevant, culturally competent mental health and substance abuse services for homeless families and youth with or without diagnoses of serious mental illness.

Strategy 19 Department of Labor (DOL) to develop effective outreach program for unemployed homeless to include job training opportunities for living wage jobs for people who are homeless.

Strategy 20 Increase childcare options for homeless families.

Strategy 21 Facilitate enrollment of homeless children into Head Start.

Strategy 22 Increase access by homeless families to Child Psychiatry services.

Strategy 23 Develop and implement a program to train medical and mental health providers in the identification of domestic violence issues.

Strategy 24 Alert relevant personnel [case managers, etc] to the need to insure access to medical care and dental care by homeless families and individuals, being attentive to the need for timely immunizations, screening for TB, and acute care. Insure that attention to behavioral health issues does not overshadow the concurrent need for medical care.

Strategy 25 Adopt procedures to ensure that all eligible homeless persons entering shelters are enrolled in Medicaid as allowed by the Medicaid state plan.

Strategy 26 Evaluate data for homeless youth to track for chronic homelessness.

Strategy 27 Develop program to transition minor homeless youth to independent stable permanent housing as minors and 18 and older.

Goal 3: Improve Coordination and Planning

Strategy 1 Create Regional Homeless Councils in the three identified regions of the state made up of local planning partners and key stakeholders. The Regional Homeless Councils will have co-chairs with one being a member of the private sector and one from the public sector. Structure and decision-making processes will be established by local membership. Each Regional Homeless Council will be responsible for enacting the recommendations of this Action Plan in its region, and identifying and eliminating existing barriers to services wherever possible through improved coordination and collaboration.

Strategy 2 Change the composition of the Interagency Task Force on Homelessness and Housing Opportunities. This body will assume responsibility along with the Regional Homeless Councils and the Homeless Council Working Group for implementing the state's plan to end homelessness with accountability to both the governor and state legislature. The Interagency Task Force will consist of 20 people appointed as follows:

- A. The commissioners or a deputy commissioner from each of the following departments
 - The Department of Health and Human Services
 - The Department of Labor
 - The Department of Corrections
 - The Department of Economic and Community Development
 - The Department of Education
- B. The director or deputy director of
 - The Maine State Housing Authority
- C. Three persons appointed jointly by the President of the Senate and the Speaker of the House of Representatives as follows:
 - One member to represent a community action agency
 - One formerly homeless person
 - One member to represent municipalities
- D. Four persons appointed by the Governor, at least three of whom must be chosen from a list of nominations provided by a statewide coalition for the homeless to represent homeless or formerly homeless people and low-income tenants
- E. Two members from each of three regional homeless councils

Strategy 3 Governor to provide commitment to support, oversee, and monitor implementation efforts and progress.

Strategy 4 State legislature to provide commitment to support effort to streamline and coordinate various planning efforts. Also provides commitment to oversee and monitor implementation efforts and progress.

Strategy 5 Ensure Veterans Administration, Department of Labor, Department of Education, Public Housing Authorities, and other relevant parties have representation at all Regional Homeless Councils.

Strategy 6 Maximize the use of TANF funds and any year-end unspent TANF funds to prevent homelessness among TANF eligible families and assist families who are homeless.

Strategy 7 Develop and implement strategies for assessing the needs of immigrants, migrants, Native Americans, other people of color who are vulnerable to or become homeless, and integrate effective ways of meeting those needs in homeless planning and implementation activities, including creating culturally competent housing and services programs.

Strategy 8 Ensure that homeless providers identify the veterans among those they serve, including women, and learn how to access additional resources available to female veterans.

Strategy 9 Create a continuum of models of response appropriate to the specific needs and life circumstances of individuals and families who become homeless that at least includes:

- Housing only
- Housing + case management
- Housing + services
- Services only, etc.

Strategy 10 Expand access to MaineCare support for targeted case management to all Maine counties, possibly through the use of administrative case management.

Strategy 11 In partnership with publicly-funded institutions and systems of care, develop discharge policies, procedures, protocols and resources to provide for housing needs of those transitioning to the community, thus preventing homelessness at discharge.

Strategy 12 Implement presumptive eligibility for homeless children and youth for MaineCare and SSI.

Strategy 13 Engage psychiatrists [specifically BDS' medical director] and other mental health providers in a program to educate physicians, health care centers and other medical providers in the identification of mental health, substance abuse issues and appropriate resources for referral.

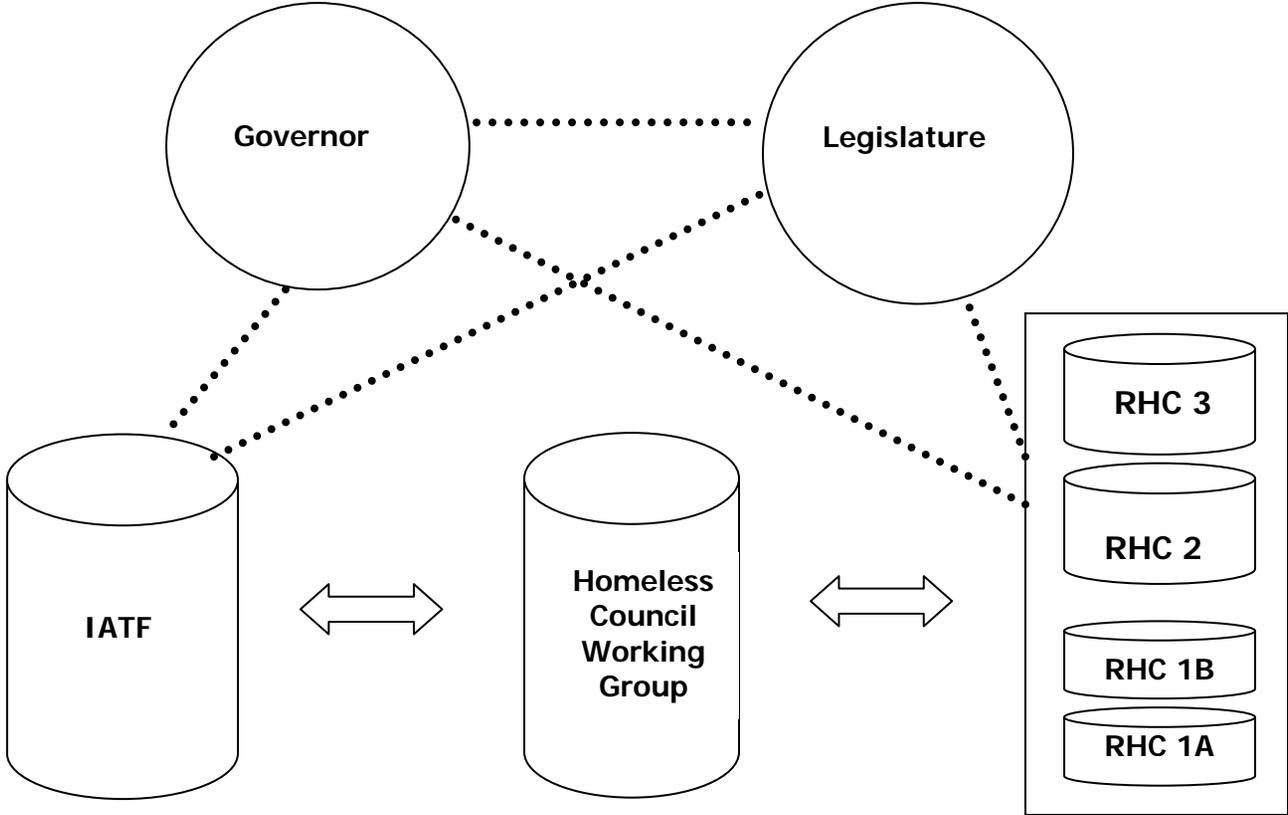
Strategy 14 Pursue the possibilities identified in forthcoming federal guidance on services covered under the Medicaid Rehabilitation Option [i.e., counseling].

Strategy 15 Make referrals to and encourage use of mainstream health care settings by families and individuals who are homeless.

Strategy 16 Create and sustain a long term, evidence based comprehensive model of care rather than a short tem response approach to care.

The chart on the following page reflects the proposed organizational structure for implementation of the Action Plan.

◇ = local planning groups, including those identified in the attached charts.



Goal 4: Improve and Expand Access to Federal Resources

Strategy 1 Expand use of Center for Mental Health Services (CMHS) resources to target persons who are homeless.

- a.) Create a set-aside of these funds dedicated to serving homeless persons.
- b.) Ensure that CMHS funds support outreach activities to homeless persons with mental illness.

Strategy 2 Maximize use of Federal HOME and CDBG funds to create housing for homeless persons.

- a.) Track number of homeless persons housed each year through HOME and CDBG funds.
- b.) MSHA to facilitate training/education on using Low Income Housing Tax Credit Program and HOME funds.

Strategy 3 Maximize use of LIHTC to create housing for homeless persons by tracking number of homeless persons housed each year through LIHTC.

Strategy 4 DBDS to provide technical assistance and training to service providers regarding Section 811 development opportunities.

Strategy 5 Expand access to Housing Opportunities for Persons with AIDS (HOPWA) funds by MSHA providing training and technical assistance to non-profit organizations.

Strategy 6 Increase access to and utilization of Section 8 Housing Choice Vouchers by homeless people by requiring Section 8 administrating agencies to regularly meet with the homeless shelters. Provide incentives in administrating agency contracts to achieve targets to serve people who are homeless.

Strategy 7 Resolve Section 8 Housing Choice Voucher portability issue to remove existing barriers to people who are homeless from accessing the program.

Strategy 8 Expand Portland's Health Care for the Homeless program to other cities.

Strategy 9 Implement semi-annual meeting of state agencies to coordinate resources to fund programs for people who are homeless.

Goal 5: Enhancement of Homelessness Prevention Efforts and Public Engagement

Strategy 1 State agencies will develop prevention strategies for people with whom they regularly interact that are at risk for becoming homeless. Identify opportunities to collaborate with case management agencies to assist people in stabilizing their housing situation.

Strategy 2 Provide up to 30-day housing options that will serve as short-term transitional beds for persons with mental health needs being discharged from correctional or mental health/substance abuse residential facilities.

Strategy 3 Establish state guidelines for consistent discharge and medication protocols for individuals with mental health and/or substance abuse problems.

Strategy 4 Develop and improve interagency communication that can influence discharge plans for inmates being released by the Department of Corrections (DOC).

Strategy 5 Expand medication-monitoring options, including: walk-in/drop-in clinics at shelters; link with hospital outpatient programs; and maximize use of telehealth videoconferencing.

Strategy 6 Expand Intensive Case Management services to those who are incarcerated.

Strategy 7 Expand DOC re-entry program that transitions individuals aged 16 to 25 leaving DOC institutions into safe housing and appropriate social services.

Strategy 8 Create a resource directory to assist case managers and other service providers working with individuals at risk of homelessness.

Strategy 9 Provide education and training to maximize use of Alternative Aid Assistance.

Strategy 10 Develop services for people coming out of Correction institutions, including youth.

Strategy 11 Partner with schools to access mainstream resources for homeless students.

Strategy 12 Amend Alternative Aid Assistance to allow four months benefits.

Strategy 13 Develop and implement a violence prevention and anger management program for adults and youth.

Strategy 14 Create and sustain access by mainstream and homeless providers to:

1. Flexible funds for families in crisis.
2. Homeless prevention funds.

Strategy 15 Ensure living wages for solid performance in limited skills jobs.

Strategy 16 Create a program to provide respite services for families that include troubled youth.

Strategy 17 Include faith-based organizations in homeless planning and implementation activities, and encourage their pursuit of funding targeted to faith-based organizations.

Goal 6: Improve Data Collection

Strategy 1 Create a Homeless Management Information System (HMIS) for use in the three Continuum of Care regions and regional homeless councils.

Strategy 2 Obtain HUD and MSHA funding to support implementation of HMIS.

Strategy 3 Coordinate the development of the HMIS system with reporting requirements of the various state agencies.

Chapter 5: Measuring Progress

As previously noted, the Action Plan represents the second step in Maine's three-step process to end homelessness. The first step, the Strategic Plan was completed in 2002. With the release of this plan, the second step will be completed in 2004. The final and most significant step is the implementation of the Action Plan and the establishment of a process to measure progress in an ongoing fashion. We are hopeful that the regional infrastructure will be established, implementation will be well underway and the first reports on our progress toward ending homelessness will be issued by the end of 2004. Following is an overview of the structure to be used for implementation, along with objectives to consider.

Regional Structure

It is the responsibility of the three regions collectively to implement the Action Plan, to coordinate efforts, to monitor progress and to make recommendations for future actions that may be needed. An important premise of the organizational structure that has been put forth here is the need for locally based solutions to address the inherent characteristics of local problems. Therefore, each region is responsible for establishing its own process for measuring and monitoring the success stemming from the implementation of the Action Plan in its area. There are, however, five elements that should be common to each of the regions.

- 1) Each region shall establish baseline data measures. This is the foundation from which progress will be measured.
- 2) Regions will need to coordinate their measurement systems with the statewide homeless management system that is being put in place simultaneously with this effort.
- 3) Regions should review specific actions recommended in the Action Plan and craft measures to document the effectiveness of the region in implementing these measures.
- 4) The regional homeless councils shall establish goals that the individual region hopes to achieve relative to proposed actions.
- 5) Each regional homeless council shall establish a subcommittee that is responsible for measurement and monitoring of progress as relates to implementation of the Action Plan.

Performance Indicators

Each of the three regions should measure progress of certain performance indicators. Following are standard indicators:

- Number of Chronically homeless
- Number of homeless
- Average length of stay
- Average time to link to services
- Average time to link to housing
- Average time to link to case management
- Average time to develop interdepartmental team case plan for chronically homeless
- Number of housing units created for chronically homeless

Regions may track additional performance indicators; however, the three regions should agree on a common set of performance indicators that are the priority performance indicators.

Annual Reporting

Each Region shall prepare an annual progress report to present to the Governor and the Legislature. The report will document the Region's success in implementing the Action Plan and will include the following:

1. Goals
2. Implementation Efforts
3. Data
4. Additional actions in upcoming years

Each Regional annual progress report will make recommendations in three areas:

1. Proposed Legislation
2. Resources
3. Recommended system changes

Each of the three regions shall make available copies of their annual progress report to the Governor's office, appropriate legislative committees, and the IATF.

We recommend an annual meeting of representatives of the three regional homeless councils, the Interagency Task Force, the Governor's office, the Policy Academy Team, appropriate legislative officials, and HUD officials to discuss progress of the past year, with recommended actions for the upcoming year, recommended system changes, and any proposed legislation and resource requests.

Summary

Maine's Action Plan to End Homelessness is the result of the efforts of close to 100 individuals and many organizations. The plan was over two years in the making. It will be an equally challenging task to implement the plan. It would be a disservice to both those who contributed to this effort and to the homeless people of Maine for us not to go the final step by implementing a process that helps us measure our progress on our path to ending homelessness. Widespread commitment to advancing the goals set forth in this Action Plan and continued monitoring of progress is vital to the plan's success.