

**STATE OF MAINE
PROGRESS ON HOMELESS ISSUES
JUNE 17, 2004**

1. General Obligation Bond Funds

The Governor and Legislature endorsed a bond to raise funds for the creation of supportive housing for homeless persons and other populations in need. Nearly \$9 Million dollars was allocated to housing for the homeless and non-profit capacity grants. MSHA worked with DHS/DBDS and non-profit partners to develop program efforts.

Program Effort	Number of Units	Amount Committed	Balance
Homeless Youth RFP Program provides housing and supportive services for homeless youth between the ages of 16 and 24	19	\$1,000,000	\$0
Mental Health Consumers RFP Program provides housing and supportive services for mental health consumers who are often vulnerable to homelessness	19	\$1,000,000	\$0
State Wide Continuum of Care Matching Funds - Homeless Mental Health Program in conjunction with HUD to access McKinney/ Vento funds for homeless and chronic homeless individuals with mental health issues to assist in transition to permanent housing	34	\$750,000	\$0
State Wide Continuum of Care Matching Funds - Homelessness Program in conjunction with HUD to access McKinney/ Vento funds for homeless and chronic homeless individuals to assist in transition to permanent housing	19	\$1,750,000	\$1,224,768
Victims of Domestic Violence RFP Program provides housing and services for victims of domestic violence who are at risk of homelessness	22	\$2,000,000	\$0
Adults that are Chronically Homeless/Mental Health Consumers RFP Program provides housing and services for adult consumers of mental health services and have a history of chronic homelessness	19	\$1,000,000	\$0
Non-Profit Capacity Enhancement Grants Program provides grant funds to enhance the future capacity of non-profit corporations to develop affordable and supportive housing	N/A	\$1,200,000	\$0
Totals	132	\$8,700,000	\$1,224,768

Although the non-profit community did not request the use of all matching Continuum of Care funds in 2003, it is expected that the balance of funds will be committed by the fourth quarter of 2004

2. Oxford Street Shelter Overflow Response

- a. DHS/BDS changed their intake policy to allow shelter staff to link homeless clients to BRAP funding.
- b. Housing Placement Team was created. BDS reallocated funds to create a \$400,000 pool of BRAP subsidies. As a result, the City of Portland, Oxford Street Shelter staff, Shalom House staff, BDS/DHS and MSHA Homeless Housing Counselors moved 20 clients to supportive housing in a two-month period.

3. Housing Projects for the Homeless

Through the collaborative work of nonprofit service providers, homeless shelters, the Cities of Portland, Brunswick, Augusta, and Portland (HUD, DOC, BDS/DHS and MSHA), **over \$20,000,000 of housing projects for homeless clients were funded**. These projects create over 200 housing units.

Notably, significant funding was committed to the following shelter providers:

Bread of Life Shelter (Augusta)	4 projects	\$2,125,582
New Beginnings	3 projects	\$906,490
York County Shelters	7 projects	\$3,542,281
Bangor Area Homeless Shelter	1 project	\$235,000
Preble Street/ Avesta	1 project	_\$3,695,455
Tedford Shelter	2 projects	\$1,152,146 ~

(See attachment A. and attachment B)

4. Homeless Policy Academies

In 2001, Maine was one of seven states selected for the original Homeless Policy Academy for Chronically Homeless People. A team comprised of the Governor's office, DHS, BDS, DOC, MSHA, the Office of Substance Abuse, and nonprofit providers met with HUD, the Veteran's Administration, HHS, the Department of Labor, and other federal partners to discuss system change.

Subsequently, in 2003, Maine was awarded a grant to fund a team comprised of state agencies, local government agencies and service providers to meet with representatives on the federal level to discuss systematic changes to help homeless families.

5. Homeless Management Information System Accomplishments

- Obtained the cooperation of the 3 Continuums of Care, the cities of Portland and Bangor, DHS, BDS, & MSHA, to create a statewide data collection system through sharing of resources and ideas. Provided for the linkage between HMIS, the State of Maine Action Plan to End Homelessness, and performance measures
- Formed the HMIS Working Groups structure, which targets specific areas of need in the development of HMIS to ensure inclusion of shelters, municipalities, and state agencies (Advisory Group, Users Group, Data Group, Confidentiality and Security Group, Policies and Procedures Group, and the Training Group)
- Created the Maine Common Index - a tool through which data from all state databases could link together, including BDS, DHS, and RHYMIS (coordinated this effort with the Muskie School and its research on the Olmstead Ruling)
- Provided computers, software, and training for 41 shelters.
- Continued discussions with Domestic Violence and Youth shelters regarding their security and confidentiality concerns. Currently working with HUD central office in Washington, DC as resolution may set national precedents.

- Went "Live" at 17 shelters on March 17, 2004; will have 55 non-profit providers online in current fiscal year.
- Worked with federal Interagency Council on Homelessness during creation of a regional HMIS Consortium involving Maine, New Hampshire, Vermont, Connecticut, Massachusetts, and Rhode Island. (Cindy Namer of MSHA is co-chair) Kat Freeman, HMIS System Administrator, is an appointed member of the Nominating Committee of NHSDC (the national HMIS Consortium)
- Maine's HMIS is recognized by HUD as a national model for implementation (Maine State HMIS implementation strategies, vision, and design, coupled with an existing Action Plan to End Homelessness)

6. Performance Measures

- Maine is the first state in the nation to implement an HMIS project linked to a State Action Plan (as well as being one of only two states which have an Action Plan).
- A working group comprised of representatives from the three Continuums of Care, the cities of Portland and Bangor, Shelters, BDS, DHS, Social Services, MSHA, and HMIS Users, are developing performance measures.

Currently, there are eight Standard Performance Indicators to provide measurement of the six goals outlined in the Action Plan. The Performance Indicators are:

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

- Established HMIS as the data collection system for the performance measures. Five Working Groups provide the link between the HMIS system and the performance measures.
- HUD has acknowledged Maine's innovation; this effort will assist in the development of national policy through data collection and analysis.
- Due to Maine's innovative approach to data collection on the homeless population, we will be one of very few states who receive extra points through the scoring process - States which have implemented HMIS receive extra points as do States which have an endorsed Action Plan.

7. Medicaid State Plan Amendment

a. Maine's state plan was amended to meet the service needs of Maine's citizens with incomes at or below the Federal Poverty level. This amendment was, in part, an outgrowth of the work of the Governor's Sub-cabinet on Homelessness and the need to link Maine's poorest citizens to Medicaid benefits. This model is now being touted nationally as an effective vehicle for helping homeless clients.

b. The Maine State Medicaid Plan was amended to allow shelters to use their State Operating Subsidy (SOS) as match for targeted case management provided in the Shelter or at supportive housing operated by the Shelter.

8. Enhanced Medicaid Enrollment

Often the clients who are chronically homeless do not engage in treatment or self identify as disabled; therefore, they are unable to receive their benefits. DHS designated limited authority and on pilot project basis to city of Portland to apply for benefits on behalf of a limited and defined group of homeless people who due to their illness are unwilling to sign their Medicaid application.

9. Ending Homelessness: Maine's Strategic Plan

This interagency collaboration documented the root causes of homelessness, the characteristics of Maine's homeless population and the current efforts to address the problem. The plan recommended a collaborative approach between State Agencies, Municipalities, emergency shelters and non-profit service providers to create a State Action Plan. This effort was led by the Governor's Office and Agency Commissioners.

10. Continuums of Care

BDS/DHS and MSHA participate actively in the state's three continuums of care; MSHA provides administrative support and acts as the lead applicant on the Balance of State Continuum. Maine is one of the highest scoring applicants in the country. In 2003, Maine received its largest award in its history: \$7.09 million.

11. Mainstream Housing Vouchers

BDS/DHS provided training and technical support to public housing authorities to help the state secure Mainstream Housing Vouchers. As a result, Augusta HA and Westbrook HA received approximately 200 vouchers from HUD in a competitive RFP for homeless and disabled persons. BDS/DHS has worked collaboratively to develop appropriate service supports with providers to use these vouchers.

12. Project-Based Vouchers

MSHA allocated approximately 100 housing vouchers to be used with supportive housing for the homeless. These vouchers assure that homeless clients will not have to spend more than 30% of their income on housing and nonprofits that operate the housing will have a secure revenue source.

13. Single-Room Occupancy Hotels

Beginning in 2001, MSHA provided incentives for the creation of SRO housing. Since that time three SRO's have received funding commitments and notices totaling \$13,660,200, two in Portland and one in Bangor (Waterworks). BDS/DHS and MSHA have worked closely with the service providers, the YMCA, Preble Street, the Shaw House, the City of Portland, and the City of Bangor to link appropriate services and income supports to the clients. BDS/DHS, MSHA, and Shalom House are currently having discussions about the creation of an additional housing project in Portland.

14. Chronic Homeless Pilot

The City of Portland Social Services Department, DHS, BDS and Oxford Street Shelter staff and MSHA are currently engaged in a demonstration project to analyze the characteristics of the homeless clients at the Oxford Street Shelter and the barriers that prevent them from accessing appropriate services, income supports and housing. The learnings from this project will be recorded, and training provided to shelters in Region 2 and Region 3. Funded by the Corporation for Supportive Housing (CSH). Steps are being taken to make tighter linkages between existing housing resources and Shelter residents.

15. Taking Health Care Home - Corporation for Supportive Housing Grant

DOC, MSHA and DHS/BDS wrote a grant to create system change to better link services to homeless clients who move to supportive housing. Maine was one of four states selected nationally. Participants in this process to date have been Shalom House, Volunteers of America, Counseling Services, Inc., Mid Maine Homeless Shelter, Sunrise Opportunities, Kennebec Valley Mental Health, the GA Office, the Bureau of Family Independence, the Bureau of Medical Services, DHS/BDS, Regions I, II, and III, DOC, and MSHA. (This collaborative is using a group of approximately 30 housing projects for the homeless, totaling over 200 apartments as a demonstration. The findings will be used to create system changes in Maine and other states.)

16. Regional Homeless Councils

DOC, MSHA, and DHS/BDS currently provide infrastructure support to the Region II and Region III Homeless Councils. These councils, which meet monthly, have defined their mission and established priorities as they begin implementation of the Action Plan to End Homelessness (see Attachment C).

17. State of Maine Action Plan to End Homelessness

With the active participation of approximately 100 people drawn from shelters, State Agencies, IATF, the Policy Academy Team, non-profit service providers and Municipalities, organized in eleven working groups brought forward strategies which would form the core of this plan. Additionally, to ensure an inclusive process, eight regional forums were held throughout the State to solicit input. Roughly, 200 people attended. The implementation of the 90+ strategies from this process will improve access to housing, services, and income supports for Maine's poorest citizens.

18. Rental Assistance Coupon Plus Program (RAC+)

This pilot program started as a collaboration with DHS, BDS, DOC, the Portland Housing Authority, Bangor Housing Authority, the City of Bangor and the City of Portland. The program combined rental assistance, in the form of a housing voucher, with integrated case management approach to assist a challenging homeless population of young homeless adults, single victims of domestic violence, and formerly homeless clients coming from correctional institutions. Existing services are currently available for the clients and therefore, state agencies are not creating new services.

The key to this program is a self-sufficiency component and follow-up visits by state agencies and nonprofit providers to promote housing stability. In 2003, the pilot program was expanded, with \$800,000 of FedHome funds to three new areas including Alfred/Sanford, Augusta/Waterville, Lewiston/Auburn, Portland, and Bangor. This program now exists with a commitment of \$3,350,000 and assists 139 homeless clients.

19. The Lighthouse Shelter

The Portland Partnership for Youth collaborated with DHS/BDS, MSHA, United Way and the City of Portland to find a solution to the possible closing of the Lighthouse Shelter for youth. Preble Street Resource Center will take over the operation of the youth shelter and change the age requirement to 16-21 years of age.

20. MSHA Bond Refunding

MSHA refunded bonds to create subsidy for housing. It set aside \$4,500,000 to support implementation of Goal 1 of the Action Plan. These funds will be used to create supportive housing for the homeless. This will be done in collaboration with DOC, DHS/BDS, MSHA, non-profit service providers, non-profit housing organizations, and the Regional Homeless Councils.

21. Shelter Protocols

A working group comprised of four shelter providers (Bangor Area Homeless Shelter, New Beginnings, Tedford Shelter and Youth & Family Services), DHS/BDS, BMS and MSHA is developing and/or collecting best practices that currently exist in shelters for the intake/assessment process, and for the linkage of services and income supports to homeless clients. These will be provided to the Regional Homeless Councils. Shelters will determine which protocols are appropriate for their shelter.

22. Homeless Housing Counselors

These three new staff positions were created to bring housing resources to the emergency shelters. The counselors are trained in the use of Section 8 vouchers, Shelter Plus Care, Mainstream Vouchers, and BRAP (Bridging Rental Assistance Program). These positions are a result of the collaboration between the City of Bangor, the City of Portland, MSHA, DHS, BDS, and the emergency shelters.

23. Department of Corrections Initiative

Eleven state organizations which comprise the Maine Re-entry Network Collaborative Leadership Team attended a training in Alexandria, VA, May 25 - 27. Maine was selected as one of four states to participate in the first U. S. Department of Justice Interagency Collaboration training for assisting offenders who are reentering the community after serving their correctional sentences. The training (and the Serious and Violent Offender Re-entry Initiative) is sponsored by the U.S. Departments of Health and Human Services, Justice, Labor, HUD and Education. The Maine team focused on several key re-entry issues, including efforts to prevent offenders from being homeless when they leave jails and prisons.

24. Maine Housing Program receives national recognition

Becky Haves Boober, Executive Director of the Maine Re-entry Network, has been invited to present a session on the DOC/MSHA collaborative housing program and partnership at the National Alliance to End Homelessness annual conference in Washington, D.C. in July, 2004.

25. Interagency Survey of Multiple Shelters

Department of Human Services, Maine State Housing Authority and Department of Behavioral and Development Services conducted an interagency survey targeting chronically homeless individuals in four large shelters. Focus groups and interviews with these clients provided insight into the challenges faced when accessing resources that would assist the chronically homeless in securing and maintaining their housing. Most supportive service options require Medicaid eligibility. A DHS Medicaid policy specialist was a member of the team. This work provided the foundation for subsequent changes in Medicaid plan and enrollment procedures.

26. Funding Formula

Annually, MSHA asks the shelter community if it wishes to revisit the formula used to distribute operating funds to the emergency shelters. For the first time in many years, at the January meeting, there were discussions about revisiting the formula. MSHA sent a survey to the shelters to gauge the level of consensus on having a moratorium on new shelter beds and agreed to postpone the May '94 forum to allow the Maine Coalition to End Homelessness to host forums to solicit feedback, concerns and recommendations from its members. In the next meeting of all shelter providers, the Maine Coalition will present its findings, the results of the shelter survey findings will be presented, and a discussion will be held to establish the following:

- a. the extent to which there is consensus
- b. issues on which shelter operators seek additional discussions
- c. an inclusive process for moving forward on these issues

If changes are required, MSHA will initiate a rule change to amend the funding formula which takes approximately 4 to 5 months.

27. Expansion of Alternative Aid Assistance

The Bureau of Family Independence is expanding this benefit from 3 months to 4 months.

The rulemaking process will occur in the next few weeks. The target date for implementation is Sept. 2004. Also the BFI staff is receiving additional training to use this resource to assist homeless families in getting permanent housing.

28. Regional Administration & Management Team Placement Meeting

These meetings, which include the Regional Director, Assistant Regional Director, Child, Mental Health, Mental Retardation Team Leaders, discuss the need for BDS services and housing resources, BRAP +, Shelter + Care.

Garnering Additional Federal Resources

In summary, much progress has been made in the last two years in increasing involvement of homeless providers statewide in pursuing federal grant opportunities. Previously, it was most common for Portland to apply, and rarely did other regions of the state participate. We have improved our statewide capacity to dip into national pools of funding, critical in an era of tight state budgets (and especially following voter approval of the school funding measure in the June election). Federal funding cannot replace state funding, but it can supplement it, and also support research and development or systems-change efforts that the state is not in a position to fund.

29. Dept of Corrections

The Department of Corrections, in partnership with several other state agencies applied for three grants in June 2004 to expand housing and social services for people in Maine transitioning from prisons to communities.

30. Collaborative Initiative Grant - HUD/DHHS/VA: April, 2003.

HUD, DHHS, and the VA pooled funds at the federal level to create this grant opportunity. Maine submitted a statewide proposal which focused on three sites; Portland, Bangor, and York County. MSHA facilitated much of the communication through conference calls, and both MSHA and BDS helped pay for the grant-writing costs. This was an extremely challenging grant, essentially involving submission of four separate grant applications to the three collaborating federal agencies, under an overall, comprehensive narrative. While the grant was not funded (only 20 sites were funded nationally, none of them rural states) there were plenty of benefits resulting from this effort. These include unprecedented statewide cooperation in planning for a grant; increased awareness among regions of the challenges and opportunities faced by other areas of the state; improved capacity to apply for federal funding; and greater use of technology (e.g., conference calling and email) to manage grant planning and draft review. This lowered costs, improved efficiencies, and expedited participation from a wide range of providers. This model has been used successfully in subsequent grants. Finally, for the first time the VA became actively involved in planning for a grant and the "buy-in" resulting from this process was used to help strengthen relationships between the VA Homeless Coordinator in Maine and the mainstream homeless shelter and service providers, particularly in Southern Maine. The feds are planning another Collaborative Initiative and Maine plans to participate again.

31. Social Security Administration - Homeless Outreach Grant: November, 2003.

The purpose of this national grant initiative was to demonstrate best practices around identifying chronically homeless people who are eligible for SSI; reducing the amount of time it takes to complete an application; and reducing denials of eligible people. This was a grant aimed at systems change, not just adding staffing capacity. Due to funding limits for individual grants (\$200,000/each) Maine submitted three separate grants: 7 for Portland/York County; Bangor/Region 3; and for L/A- Western Maine. Each region had an individual planning team, and all three relied extensively on conference calling and e-mail to complete their planning. The Bangor/Region 3 grant was the highest scoring in the state, although both it and the Portland/York County were recommended for funding. Due to insufficient funds neither was awarded a grant initially, although SSA is looking to make additional funds available and it is very possible that Bangor/Region 3 will receive an award at a later date.

32. Federal Grant Protocol

With the help of the Policy Academy and the Regional Task Forces, Maine has developed a protocol for alerting providers to federal grant opportunities.

33. Rapid Response Project

A two -year demonstration program serving homeless youth in Bangor and Portland was jointly funded by the Department of Human Services and the Department of Behavioral and Developmental Services. Portland Partnership for Homeless Youth created a single community plan developed by stakeholders with emphasis on early intervention, engagement of hard to engage youth, case management services and individual service plans with linkages to parents, mediation services, DHS, vocational services, academic programs, and stable housing. Evaluation of the project was completed in the fall of 2002. Ongoing gaps in services are being identified addressed by this partnership.

34. Youth In Need of Services

Two pilots were funded by DHS in Bangor and Portland for Youth In Need of Services. This targets youth who are new to the street with a goal of quickly intervening and returning youth to their own homes whenever possible. Thirty-two (32) homeless youth, 14 years and younger, and their families received intensive case management services in Region I. This remains an integral part of the continuum serving homeless youth in Region I for the Portland Partnership for Homeless Youth. Bangor came on line later in the year with 6 youth under 15 years of age, and 25 youth 15 and older and their families served. Community planning meetings have begun for the most challenging youth to maximize successful outcomes for youth and their families. The goal is to keep youth with their own families when possible and connected to their schools and to place them in stable housing situations.

35. Intensive Case Management Program (ICM) - Department of Behavioral and Developmental Services (DBDS)

Intensive Case Managers are working with shelters to identify and engage homeless individuals with disabilities into appropriate systems of care and housing. ICM's are also coordinating outreach workers from various non-profit agencies under contract with BDS to better meet the needs of homeless persons with disabilities in Maine.

36. Projects for Assistance in Transition from Homelessness (PATH.) - Department of Behavioral and Developmental Services (DBDS)

The Substance Abuse and Mental Health Services Administration's (HHS) PATH grant, totaling \$300,000, is designed to assist homeless adults with serious mental illness and at risk youth by helping to support an array of comprehensive services which include: outreach and engagement services; counseling; referral for necessary hospital, primary health, substance abuse; rehabilitation; mental health and diagnostic services; case management services, including advocacy, education and training to service providers.

37. Enhanced Services at Teen Center

A position was created by DHS at the Preble Street Teen Center to act as liaison to DHS offices statewide with the goal of enhancing linkages to youth who are new to the street and for youth who pose significant challenges in leaving the streets. This position allows for quicker and coordinated intervention when youth appear at the Teen Center.

38. General Assistance

General Assistance provides for basic needs for eligible applicants. One of the basic needs is shelter. In fiscal year 2001 General Assistance spent \$4,159,414 on shelter. Of this total, \$1,257, 836 was spent on emergency housing. A total of 6,557 households were assisted with emergency housing.

39. Maine State Housing Authority/Department of Behavioral and Developmental Services (DBDS RFP for Chronically Homeless Consumers of Mental Health Services (\$500,000)

Three recipients were awarded funds through this RFP. The RFP will establish three housing projects in Maine targeted to consumers of mental health services who are chronically homeless. A core requirement of this RFP is to establish and maintain a link between the shelters and service providers.

40. Electronic transfers of shelter ESG and SOS payments

This new service is offered to all shelters for their convenience and to make their funds accessible within a short period of time. Sixteen of the forty-two shelters took advantage by having their ESG and SOS payments automatically deposited.

41. Shelter Plus Care and Section 8- Enhanced Administration

DBDS and MSHA work together to enhance utilization of this resource. This collaborative effort has resulted in the issuance of an additional 100 housing vouchers targeted to consumers of mental health and substance abuse services who are homeless. DBDS and MSHA are committed to continued coordination among Shelter Plus Care grantees, implementation of monitoring protocols, performance based contracting, and implementation of additional federal grants.

42. Bridging Rental Assistance Program - Department of Behavioral and Developmental Services (DBDS)

Increased outreach to the shelter systems resulting in 425 previously homeless persons with a mental illness who are now receiving housing, an increase of 65%, into the Bridging Rental Assistance Program, from 780 to 1205

42. Emergency Shelter RFP

MSHA issued an RFP of \$1,000,000 in 2004 to address life safety issues in Maine's 42 homeless shelters. These funds have been awarded.

43. Trainings:

- Training Emergency Shelters to access Targeted Case Management for Homeless Clients.
- Linking Homeless Clients to Social Security Income (SSI) Benefits.
- Protecting Homeless Clients from exposure to Tuberculosis (TB).
- Emergency Shelter Grant Funding Formula.
- Housing Choice Voucher training to shelters.
- Homeless Management Information System (HMIS) training

Upcoming trainings:

- MSHA in collaboration with the National Council for Homeless Veterans and Volunteers of America will conduct a training to educate shelter operators on accessing available funds for veterans.

44. The Shaw House Streetlight Outreach project in the City of Bangor

This project has been renewed each year and the cash match comes from both Maine DOC and BDS. Shaw House and Acadia Hospital also contribute to the cash match. When it was first funded, DHS kicked in one third of the match along with DOC and BDS. Acadia Hospital partially funds the outreach substance abuse Counselor for this street and shelter outreach project.

45. Bangor Area Homeless Shelter Transitional Planning Coordinator

The City of Bangor applied for Federal funding for an outreach case manager for this collaborative between BAHS, the City of Bangor, Community Health and Counseling Services and BDS.

46. BDS In Home Supports

Region III has provided training to provider to improve these services delivered to clients in transition and permanent housing. The improved treatment plans to provide living skills to 'recently homeless' or 'at risk of being homeless' clients

47. BDS Wraparound Funds

BDS provides wrap around funding for security deposits, moving costs, and rent according to the department's Wraparound Policy.

48. BDS

BDS honors the federal Medicaid rule to allow licensed providers to hire staff according to the medical necessity of the client. Wait lists for case management have dramatically decreased as a result of this measure employed over the past three years.

49. BDS Region III Discharge Planning

Staff from the Greater Bangor Shelter, BMHI, Acadia Hospital, and the Regional Office collaborated to design a discharge form for the hospitals to use when discharging to the homeless shelter. This form is designed to increase the hospital's use of alternative resources, provide vital information regarding the client's needs and safety issues, and track the issues surrounding discharges to shelters.

50. BDS/DOHC Collaborations

(1) The Regional Office staff has recently initiated a collaborative effort with DOC, Buck's Harbor staff to design a group skills program to help prepare inmates for release to the community. The Regional Office Intensive Case Manager also has regular contact with the prison facility to provide discharge planning for inmates. (2) In June of 2004 the Region III Mental Health Team Leader joined a Department of Corrections collaborative initiated by Penobscot County Jail. This collaboration is composed of a judge, Sheriff, jail administration, National Alliance for the Mentally Ill, community providers, and others to discuss issues surrounding mental health services for inmates, diversion programs, etc.

51. BDS/DOC Linkage

BDS has designated a staff person placed within the Department of Corrections to provide linkage and planning for youth at risk of incarceration and for youth needing discharge planning connections.

52. Prevention: Flexible Funding

BDS and the Regional Children's Cabinet each provide flexible funding for families in crisis. Several authorizations over the past few years have been for housing needs to prevent the family from losing their home.

53. Region III Housing Vacancy Meeting

The Region III Team Leader created a vacancy meeting structure presently being adopted by AMHI. Which includes weekly meetings with regional and BMHI staff where the housing vacancies are discussed, people needing housing are prioritized, and decisions are made for selection. Frequently, community providers are called upon for further information and problem resolution. Once a month Acadia hospital attends the vacancy meeting to discuss patients they need assistance placing. Once a month DHS staff meet with the vacancy group to discuss patients under guardianship. This process has been very successful in unclogging the bottleneck of housing placements, making more successful placements due to the clinical component of the decision making, reducing the subjectivity of the process, reducing bed hold days, and providing clarity regarding the process to refer clients to housing opportunities. The gate-keeping process has been included in fiscal Year '05 contracts.

54. Lewiston-Auburn alliance for Services to the Homeless (LASH)

MSHA works collaboratively with LASH and other State Agencies such as DOC and BDS in the LASH initiative. As part of our efforts with LASH, there have been presentations and trainings to the group on homeless individuals exiting the Corrections, the Rental Assistance Coupon Plus Program and the Point in Time survey for the Balance of the State Continuum of Care (COC).