

State of Maine Action Plan to End Homelessness

In the State of Maine, homelessness will be eliminated by assuring every person who wants or needs a home will have access to safe, decent, affordable housing and necessary services.

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Table of Contents

Plan Participants Executive Summary

- Chapter 1: **Introduction and Process of Action Plan Development**
The Strategic Plan
The Work Issue Teams
The Vision
- Chapter 2: **Overview of the Homeless Population and Current System Capacity**
Maine's Homeless Problem
Maine's Homeless Population
Homeless System Capacity
- Chapter 3: **Causes of Homelessness in Maine**
Tight Housing Market
Lack of Access to Mainstream Resources
Lack of Coordination of Planning
Reduction in Availability of Federal Resources
Inadequate Wages
Summary
- Chapter 4: **Goals and Recommendations**
Strategies Addressing Housing Needs
Strategies for Enhancing and Accessing Services
Strategies for Coordinated Planning
Strategies for Accessing Federal Resources
Strategies for Prevention and Public Engagement
Strategies for Data Collection
- Chapter 5: **Implementation and Measuring Progress**
Regional Structure
Performance Indicators
Annual Reporting
Resolution Adopting the State of Maine's First Action Plan to End Homelessness
- Appendix A: Regional Characteristics
- Appendix B: Compact to Ending Long –Term Homelessness

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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 under the aegis of the Interagency Task Force on Homelessness and Housing Opportunities, 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 year, 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 recommendations which form the basis of Maine's Action Plan to End Homelessness, our second step. With the release of this plan, Governor Baldacci and the Interagency Task Force inform public policy, and guide us in our third and final step, the implementation of these recommendations 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 and services 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 recommendations. 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 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 1: Introduction and Process of Action Plan Development

In an effort to end homelessness in Maine by addressing the causes of homelessness and the current barriers in Maine's systems, Governor Angus King's Subcabinet on Homelessness asked the Senior Staff Committee to End Homelessness to develop a strategic plan to guide the state in its efforts to achieve the goal of ending homelessness in Maine. The Senior Staff Committee to End Homelessness developed: *Ending Homelessness: Maine's Strategic Plan* in March 2002, which was endorsed by both the Governor's Subcabinet on Homelessness and by the Interagency Task Force (IATF) on Homelessness.

This Strategic Plan identified the following key components of a Strategy to End Homelessness:

- An organizational structure that promotes a higher level of interagency cooperation and participation with inclusion of constituent groups
- A planning and evaluation process that assures local input and measures progress
- A resource development strategy
- Complementary public leadership
- Long-term commitment

Ending Homelessness: Maine's Strategic Plan called for the creation of an Action Plan to provide a framework for the actions that must be taken to address these key components in order to end homelessness. Strategies aimed at achieving the goal of ending homelessness in Maine were formulated after extensive research and input from a wide range of stakeholders, including homeless service and shelter providers, mental health and substance abuse providers, the Social Security Administration, state human service and economic development agencies and municipal officials. Eight public forums were held across the state, and an Advisory Council was created to provide additional direction, information, and expertise to the process of developing the Action Plan. Eleven Work Issue Teams (WITs) were created to conduct research focused on specific issues as they relate to homelessness in Maine.

The Work Issue Teams were:

1. Data Analysis/Ongoing Measurement System
2. Improving Links to Income Benefits
3. Effectiveness of Housing Vouchers/Tenant-Based Rental Assistance/Security Deposits
4. Case Managers/Housing Counselors/Advocates/Transportation
5. Safe Haven/Transitional and Permanent Supportive Housing
6. Coordination of Planning Efforts
7. Discharge Planning/Mental Health Service Beds/Other MH & Substance Abuse services
8. Expansion of Federal Resources

9. Public Awareness/Municipal Engagement
10. National Models/ Best Practices
11. Resource allocation/Joint Resource Planning/Efficiency of Resources

The Work Issue Team membership consisted of close to 100 people, experts from various city, state and federal agencies and representatives of non-profit agencies providing direct services to the homeless, advocacy organizations, Senior Staff Committee members and other critical constituent groups. A series of meetings and work sessions held over a period of nine months resulted in a report from each team addressing the following topics for the issue on which it was focused:

- Definition of the problem
- Identification of problems
- Development of action steps and recommendations with a set timeline
- Identification of numerical goals if applicable
- Assignment of responsibility for accomplishing these recommendations

As a result of extensive research, some overarching themes emerged. This Action Plan seeks to address: (1) the identified causes of homelessness in Maine including a lack of affordable housing and an increasingly tight housing market in many areas of the state; (2) the difficulty or inability of people who are homeless to access available housing and services; (3) and the overall lack of a cohesive planning effort and direction to guide solutions to homelessness and to prevent further homelessness.

The Senior Staff Committee, through the Maine State Housing Authority, retained the services of the Technical Assistance Collaborative (TAC), a non-profit housing and human services consulting organization, to facilitate a meeting of the Advisory Council and Senior Staff Committee in September 2002. Because the meeting participants recognized the vital importance of coordination in the successful implementation of this plan, a follow-up meeting was held in October to conduct an additional review on the recommendations of the Coordination of Planning Efforts Work Issue Team. These meetings resulted in the latest draft of the Action Plan.

Following the development of a draft Action Plan, the Senior Staff Committee, Advisory Council and Interagency Task Force met to develop a Vision Statement that would serve to reflect the underlying principles of the Action Plan. The Vision Statement is clear and simple:

In the State of Maine, homelessness will be eliminated by assuring every person who wants or needs a home will have access to safe, decent, affordable housing and necessary services.

The Action Plan is the culmination of months of research, debate, and critique to develop the most feasible solutions to Maine's homeless needs. Many of its recommendations indicate the need for further study and will take longer to implement; others will require strong commitment at the state and local levels to accomplish the goals as stated, but may take a shorter time to accomplish. This Action Plan is intended to serve as a guide to state agencies, various planning initiatives, and homeless service providers to work proactively and cooperatively to address the causes of homelessness in Maine and to work to end homelessness. The mantra of the Senior Staff Committee has been "doing while planning"; certain strategies that could be implemented immediately were pursued and accomplished throughout the process, providing momentum and inspiration to continue the work. We suggest that the regional task forces adopt this same action-oriented approach.

Chapter 2: Overview of the Homeless Population and Current System Capacity

I. Maine's Homeless Problem

A. Overview

Maine's strategy to end homelessness must respond to the unique needs of this rural state's population, geography, and resources. Homelessness in Maine increased significantly in the 1990s. Data collected by the Maine State Housing Authority demonstrates an increase in homelessness of 69% from 1993 to 2000. In the Balance of State region (excludes Portland and Bangor), the increase was 51% during this period. Shelter bed occupancy numbers for 2001 and 2002 show that the number of nights that homeless people use shelter beds in Maine continues to grow.

About 1200 individuals are homeless in Maine on any given night, including 400-500 children. Roughly 10,000 individuals spend time in Maine's shelters throughout the year. Approximately 1200, or 12% of those individuals meet the new Federal definition of chronic or long-term homelessness. Of this 12%, over 22% have been homeless for over one year. This chronically homeless population, although the minority in terms of the number of homeless, uses a majority of homeless resources and beds. March 2002 data demonstrates that in some shelters, the chronically homeless use as much as 70% of shelter resources.

In addition to having longer periods of homelessness and using a disproportionate amount of shelter resources, the chronically homeless have a disproportionate history of mental illness, substance abuse problems, or other disabilities.¹ Unfortunately, very few of Maine's chronically homeless people currently receive public income benefits or other mainstream assistance.

B. Maine's Homeless Population

In a large, rural state, it is extremely difficult to obtain a precise estimate of the number of homeless individuals and families. However, statistics compiled by the Maine State Housing Authority report that in 2002 over 240,000 shelter beds were filled throughout the year. In the state, there are a total of 699 shelter beds for individuals and 356 shelter beds for families as reported in the three Continuum of Care applications submitted to the U.S. Department of Housing and Urban Development (HUD) in June 2002.

¹ *Ending Homelessness: Maine's Strategic Plan*, March 2002.

² *Ending Homelessness: Maine's Strategic Plan*, March 2002.

Each year the three Continuum of Care communities, Portland, Bangor and the Balance of State conduct a point-in-time count of homeless individuals and families. This point-in-time count seeks to obtain an unduplicated number of homeless individuals and families on a set night (February 28, 2002). The point-in-time count inherently includes some margin of error given the transient nature of homeless persons, the difficulty in identifying all locations where homeless people find shelter, and the inability to "count" people hiding in remote areas; however, the count can provide some idea of the degree of homelessness in Maine. Based on the one-night count conducted on February 28, 2002, there were 568 homeless individuals and persons in families staying in emergency shelters and an additional estimated 150 – 200 staying in other places such as on the street, in cars or tents, or in municipally-funded hotels. Information on the "unsheltered" homeless is gathered from law enforcement agencies, general assistance offices housing providers, school guidance counselors, food pantries and soup kitchens.

A national study conducted by the Urban Institute highlighted the likely inaccuracies in one-night counts. The Urban Institute study conducted a one week study of homeless persons accessing various food programs (e.g., soup kitchens, food pantries) and observed that this one-week count revealed a homeless population 75% greater than revealed through the one-night count.³ In Maine, this would translate to a homeless population of 1200 – 1300.

July 2002 statistics collected by the MSHA show that in Maine:

- 36% of those seeking shelter were female;
- 64% were male;
- 42% of shelter guests did not complete high school;
- 28% of individuals in shelters are under the age of 18;
- 63% of the shelter residents reported income of \$0;
- The average household income of shelter guests was \$269.27 per month;
- Only 10% of households receive TANF;
- 9% receive General Assistance;
- 21% receive food stamps; and
- 29% receive SSI or SSDI.

Additional statistics identified in the 2002 Continuum of Care applications and through MSHA shelter surveys reveal that:

- Over 50% of the shelter guests have substance abuse issues;
- Only 16% were currently receiving substance abuse services;
- 33% of the homeless individuals have serious mental illness; and

³ *Helping America's Homeless: Emergency Shelter or Affordable Housing?* Martha Burt, Laudan Y. Aron, Edgar Lee. The Urban Institute Press, 2001.

- 40% are dually diagnosed with substance abuse disorders and mental illness.

C. Homeless System Capacity

The State of Maine and its larger cities have developed comprehensive approaches to address the needs of homeless individuals and families. This network of services and resources has resulted in a homeless system that seeks to: (1) prevent homelessness among Maine's very low- and low-income individuals and families; (2) provide emergency resources, including shelter, to address immediate needs; (3) make accessible transitional housing programs that work to address both the housing and supportive service needs of homeless persons; (4) operate permanent supportive housing for those homeless individuals and families that need some level of supportive services to live independently in the community; and (5) expand permanent affordable housing options.

The current system includes:⁴

- 699 shelter beds for homeless individuals
- 356 shelter beds for homeless families
- 781 units of transitional housing for homeless individuals
- 415 units of transitional housing for homeless families
- 820 units of permanent supportive housing for homeless individuals
- 124 units of permanent supportive housing for homeless families

Although the current system includes significant resources and services, there are: (1) identifiable gaps in program capacity of these homeless specific resources; (2) limited accessibility to mainstream service resources; and (3) duplicative planning and programming efforts that often result in system-level barriers or inefficiencies.

1. Gaps in program capacity

Although Maine has 699 shelter beds for individuals and 356 shelter beds for families, some shelters experience nights when they are completely filled and shelters with available beds are not located within a reasonable geographic distance.

In addition, in the three Continuum of Care applications submitted to HUD in June 2002, gaps in transitional housing and permanent supportive housing were also reported.

⁴ These numbers include units in the BRAP (Bridging Rental Assistance Program) and Shelter Plus Care programs.

Continuum of Care	Gap in Transitional Housing for Individuals	Gap in Transitional Housing for Families	Gap in Permanent Supportive Housing for Individuals	Gap in Permanent Supportive Housing for Families
Balance of State	273	69	247	10
City of Portland	83	25	94	63
City of Bangor	505	900	280	567
Total	861	994	621	640

2) Limited access to Mainstream Resources

Homeless people often have difficulty accessing resources that they may be eligible to receive. These mainstream service resources include:

1. Temporary Assistance for Needy Families (TANF)
2. Medicaid
3. Children’s Health Insurance Program (CHIP)
4. Food Stamps
5. Veterans Health Care
6. Workforce Investment Act
7. Welfare-to-Work
8. Social Services Block Grant
9. Mental Health Block Grant
10. Substance Abuse Block Grant
11. Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI)
12. General Assistance

In addition to mainstream service resources, lack of access to mainstream housing resources has also exacerbated the homeless problem in Maine. These resources include Section 8 Housing Choice Vouchers, Public Housing Units, HOME funds, and Community Development Block Grant (CDBG) funds. For example, there are 26 housing authorities in Maine but only two have a preference for homeless persons. Maine is one of only a few states in the nation operating a general assistance program; however, the assistance through this program is often difficult to access due to varying interpretations of rules and regulations, policies and procedures.

HOME funds are federal resources provided to the State of Maine, City of Portland, and City of Auburn. CDBG funds are provided to the state and the following cities: Auburn, Bangor, Lewiston, and Portland. In 2002, the allocation of HOME and CDBG funds were as follows:

Locality	HOME 2002	CDBG 2002
City of Auburn	\$573,000	\$0
City of Bangor	\$0	\$0
City of Lewiston	\$0	\$0
City of Portland	\$680,000	\$678,000
Maine State Program	\$6,104,000	\$6,650,000

According to the three Continuum of Care applications the following amount of these resources were dedicated to create housing or provide services for homeless persons over the past two years:

Community	HOME	CDBG
Balance of State	\$1,084,000	\$89,752
City of Portland	\$200,000	\$478,866
City of Bangor	\$433,290 (state)	\$114,000
Total	\$1,717,290	\$682,618

Thus, only 28% of Federal HOME funds and 10% of CDBG funds are dedicated to homelessness.

3) System-level barriers and inefficiencies

Like many states around the country, Maine does not have one centralized planning and programming body to address the needs of homeless individuals and families. Rather, there are several planning bodies and initiatives that take place concurrently that, at times, can lead to parallel planning efforts.

In addition to the three Continuums of Care, there are several other initiatives taking place concurrently whose mission/purpose overlap:

- *Olmstead* Planning – Created in response to the Supreme Court *Olmstead* Decision, this group is working to develop a State Plan to address the housing and service needs of people affected by the *Olmstead* Decision including those who can leave institutions and live in the community and those living in the community at risk of institutionalization without adequate housing and services.

- Maine Policy Academy – Made up of State Mental Health, Substance Abuse and Human Services Department Heads, Shelter Providers, Municipal Officials, and State Housing Finance Agency staff. This group was created in response to the federal government’s growing emphasis on improving access to mainstream service resources.
- Governor's Subcabinet – Created by the Governor to bring Executive Branch focus on the issue of homelessness. The committee includes staff from the following state agencies: Maine State Housing Authority (MSHA), Department of Human Services (DHS), the Department of Corrections (DOC), the Department of Behavioral and Developmental Services (DBDS), the Department of Education, and the Department of Labor (DOL).
- Senior Staff Committee to End Homelessness – Created by the Governor's Subcabinet to End Homelessness. These staff members are selected by state agency directors. The membership includes four staff members from the Maine State Housing Authority, two from the Department of Human Services, one from the Department of Corrections, three from the Department of Behavioral Health and Developmental Services, one from the Department of Education, and one from the Department of Labor.
- Interagency Task Force on Homelessness and Housing – This twelve-member body was created in response to a legislative mandate to review the needs of homeless persons, report on these needs, and propose solutions. The Task Force includes representatives of all the key state agencies: Maine State Housing Authority, Department of Human Services, the Department of Corrections, the Department of Behavioral and Developmental Services, the Department of Labor, four representatives of non-profit organizations, and two staff members from selected cities.
- Local homeless working groups – These groups address specific local issues that emerge regarding homelessness or issues that emerge regarding particular subpopulations. The groups bring together homeless providers, consumers, local businesses, state agency representatives, local government officials, and other stakeholders to develop responses to specific needs.
- Maine Coalition to End Homelessness- a statewide coalition dedicated to advocacy on local, state and national issues.

Chapter 3: Causes of Homelessness in Maine: Problems and Findings

There are five primary factors which contribute to the increasing level of homelessness in Maine.

1. Tight housing market/ lack of affordable housing, lack of supportive housing

In Maine, very low vacancy rates in many of the state's housing markets has resulted in individuals and families experiencing a longer housing search period to locate an affordable apartment or home. For those persons who have been lucky enough to obtain a Section 8 Housing Choice Voucher or other rental subsidy, the search for housing is even more difficult because landlords often do not want to rent to persons holding these rental subsidies or the available housing does not meet required Housing Quality Standards (HQS). In addition, the increasing costs of single-family homes have priced many potential buyers out of the market. The demand for affordable apartments in Portland exceeds supply by 4,700. The work issue teams that focused on supportive housing and housing subsidies reported the following problems or findings:

- There is a need for 1,400 units of supportive housing for homeless individuals and 1,600 units of supportive housing for homeless families in Maine.
- There is a lack of funding for services to attach to newly created housing.
- There is a lack of access by homeless people to Mainstream Housing Resources such as public housing units and the Section 8 Housing Choice Voucher Program. Long waiting lists, criminal backgrounds and credit problems are contributing factors.
- There is limited use of HOME and CDBG funds to create housing for persons who are homeless or at risk of homelessness.
- There is limited follow-up support to assist in maintaining residential stability for homeless persons who move into permanent housing.
- There is a limited capacity by non-profit providers to develop housing.
- Private landlords are reluctant to accept rental subsidies and/or to rent units to persons who are homeless/formerly homeless.
- There is a need to create targeted housing for chronically homeless individuals.
- There is a need to create special needs housing for those individuals with disabilities who may be at risk of homelessness, are leaving institutions, or have experienced some homelessness.

2. Lack of access by homeless persons to mainstream housing and service resources

The characteristics of homelessness, oftentimes transience and instability, create significant barriers for homeless individuals attempting to access federal mainstream service resources. These federal mainstream service

resources include TANF, Medicaid, Food Stamps, and SSI. These systems are often fragmented and difficult to navigate, particularly when dealing with the stress associated with homelessness. Mainstream providers often do not have expertise or experience in dealing with the multiple issues presented by homeless applicants. Homeless people report some of the barriers they encounter when attempting to access service, income and housing resources as: lack of assistance in completing paperwork; homeless people not prioritized to receive benefits; and difficulty in providing regular updates to administering agencies.

Homeless individuals and families often have complex service needs and face limited availability of community-based services. Almost one-third of individuals in Maine's homeless shelters in March 2001 were under the age of 18. Over 50% of those surveyed said they have a chemical dependency, yet only 16% receive substance abuse services. Some reports indicate that as many as 45% of the shelter population live with mental illness, yet only 16% of the shelter population receives mental health services.

Unfortunately, without access to these income programs, Maine's homeless and very low-income populations will continue to face the challenges of homelessness and poverty.

The work issue team focused on links to benefits reported the following problems/findings:

- Homeless persons have varying needs, complex problems, and are unlikely to be serviced by a single agency. There is currently no single point of contact for people who are homeless seeking services. There is a lack of coordination and communication among agencies that often leads to a duplication of services.
- Lack of transportation means people are often unable to access services.
- Many case management services are Medicaid-funded and not available to non-Medicaid eligible persons.
- Most adult case management services are for persons with major mental illness, which excludes many homeless persons.
- There is a lack of consistency among shelters with regard to what services are available and how services are provided to homeless persons.
- People who are homeless who meet eligibility requirements for certain mainstream resource programs do not obtain these benefits due to multiple and complex application processes, lack of a permanent mailing address, stigma associated with public benefits, missing identification information, incorrect or incomplete medical documentation.

3. Lack of coordination, planning, and measurement of progress

In Maine, there are numerous planning efforts on the state and local levels that either directly or indirectly address some issue related to homelessness. Unfortunately, these planning efforts often do not attempt to find a link to the causes of homelessness nor work together to develop solutions. This disjointed planning has resulted in duplication of effort or at times the lack of meaningful accomplishments. The work issue team focused on the need for coordination of planning reported the following:

- There are numerous state, legislative, and local planning efforts with a primary focus on homelessness.
- Many of the groups appear duplicative in purpose and membership.
- Existing committees frequently relate to a specific age group, disability focus, local need, funding requirement, etc.
- Duplicative efforts sometimes lead to the lack of credibility of certain planning processes.
- Few of the committees are linked directly to either a regional and/or state plan.
- There is a need for a more coordinated and systemic approach to planning at a state and local level with enhanced communication among state, legislative, and local initiatives.
- There are promising models of planning and coordination for homeless youth in Bangor and Portland involving key stakeholders and driven by a single community plan.

4. Reduction in availability of federal resources to fund homeless and affordable housing

While the HUD Homeless Assistance appropriation has increased somewhat over the years, its growth has not kept pace with the growth in the number of Continuum of Care groups seeking McKinney/Vento funding. Escalating demand has resulted in intense competition for these limited resources. As a result, many local Continuum of Care groups that used McKinney/Vento funds early on to support projects have experienced a decrease in new funding for new projects in their communities. A significant amount of Maine's current affordable housing stock was created through the old Section 8 Project Based Assistance Program. This program was eliminated. Recent changes in the Section 8 Housing Choice Voucher Program will allow PHAs to use up to 20% of their Section 8 allocation for project-based assistance. However, the number of units that can be created through this new program will not come close to the production created under the old Section 8 PBRA program. Current consideration in Washington to Block Grant the Section 8 program would have serious implications in terms of the number of subsidies that would be available.

The work issue team focused on improving and enhancing access to resources identified these problems:

- Many state and municipal agencies do not budget resources or track use of resources used to assist persons who are homeless.
- Many state agencies do not engage in joint resource planning to fund programs for persons who are homeless.
- State and municipal agencies do not provide progress reports to the legislature on their work related to assisting persons who are homeless.
- There exists no mechanism to measure how and how much federal and state resources are used to assist persons who are homeless.

5. Inadequate wages do not keep pace with overall housing costs

For many of those individuals who are able to work, wages in Maine do not provide enough income for households to afford the Fair Market Rent (FMR) in any community in Maine. In reviewing data from the National Low Income Housing Coalition's *Out of Reach* between 1999 and 2002 the ability of low-income residents to afford rent has become increasingly difficult. For persons with disabilities receiving Supplemental Security Income (SSI) the ability to afford rent in Maine is also nearly impossible. The statewide data over this period reveals the following:

- SSI income increased by only 10%. As a statewide average, an individual on SSI would need to spend almost 75% of his/her income to afford an efficiency apartment and, in some parts of the state, over 103% of the SSI income is needed to afford that same apartment.
- The Fair Market Rents increased by 16.5%.
- The minimum wage increased by only 11.5% (with the only increase between 2001 and 2002).
- Statewide median incomes increased by only 14.5%.

As this data demonstrates, wages for low-income persons in Maine have not kept up with rising housing costs. According to the NLIHC's *Out of Reach*,⁵ today in Maine:

- An extremely low-income household (earning \$13,357, 30% of the Area Median Income of \$44,522) can afford monthly rent of no more than \$334, while the Fair Market Rent for a two-bedroom unit is \$643.
- A minimum wage earner (earning \$6.25 per hour) can afford monthly rent of no more than \$322.
- An SSI recipient (receiving \$545 monthly) can afford monthly rent of no more than \$164, while the Fair Market Rent for a one-bedroom unit is \$500.
- In Maine, a minimum wage worker (\$6.25 per hour) must work 80 hours per week in order to afford a two-bedroom unit at the area's Fair

⁵ *Out of Reach*, National Low Income Housing Coalition.

Market Rent. The SSI rate in Maine equals an average of \$3.20 per hour.

Additional Problems and Findings

Prevention

- Significant numbers of people are discharged from hospitals and institutions, including correctional facilities, without a housing placement or long-term medication plan and support.
- No comprehensive list of services or resources is available for those who are being discharged without a housing placement.
- No follow-up services are provided for those who are discharged.

Data Collection

- Duplication exists in the current process for collecting data, assessing client needs and linking to services.
- There is a need to integrate data from the state agency level and provider level.
- Congress and HUD have issued a mandate for Continuum of Care to provide client-based reporting.
- Currently, each of the state agencies, shelters and providers has created, collected and analyzed data to meet its own needs, without a structure for shared data.
- There are questions about the integrity and duplication of the data that is being collected at several different points of entry on each client.
- There is a need for a single repository of resource data for public consumption.

Summary

As the above information details, the State of Maine continues to experience an increase in homelessness among its citizens and a related increase in the demand for homeless services and resources. Despite an aggressive effort to provide the needed prevention efforts, crisis responses, and transitional and long-term housing resources for homeless persons and those at risk of homelessness, the State of Maine continues to struggle to meet the housing and service needs of its homeless population. Chapter 4, Goals and Recommendations, offers concrete solutions to the causes of homelessness in Maine and will guide us in the next, crucial step of our journey.

Chapter 4: Goals and Recommendations

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

Recommendations

- Create 750 units of supportive housing for chronically homeless individuals within the next five years.⁷ These units would be created through the following mechanisms:
 - 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.
 - Maximize access to and use of Mainstream Section 8 Vouchers for persons with disabilities by chronically homeless individuals.
 - Increase set-aside in Low-Income Housing Tax Credit (LIHTC) program to 15% for those projects dedicating units to people who are homeless.
 - Use affordable housing bond funds to create housing.
 - Allocate State HOME funds for supportive housing for the chronically homeless.
- Create 1,500 units of supportive housing for special needs populations, including homeless, over the next five years.
 - Increase use of LIHTC resources for persons who are homeless.
 - Increase use of CDBG funds to create housing for people who are homeless.

⁷ 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.

- 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.
- Use affordable housing bond funds to create this housing.
- Increase use of State HOME funds for supportive housing for special needs populations.
- Provide technical assistance to non-profit and for-profit developers to increase interest and skill in developing housing for persons who are homeless.
- MSHA to set aside 40 Section 8 vouchers for project-based subsidies dedicated to homeless individuals and families.
- MSHA to sponsor statewide initiative to educate, support and encourage PHAs to encourage access by homeless persons to Section 8 Housing Choice Vouchers. Encourage other PHAs in the state to maximize Section 8 resources for project-based subsidies dedicated to persons who are homeless. Encourage all PHAs in the state to adopt a homeless preference in their Section 8 Housing Choice Voucher Programs.
- 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.
- Create a pool to fund security deposits, moving costs, first and last months rent.⁸
- Establish a network of housing counselors to assist homeless persons with Section 8 and other vouchers to obtain housing.
- 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.

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

Recommendations

- 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).
- Implement evaluation of local jurisdictions' provision of General Assistance to homeless persons.
- 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.

⁸ Modeled after the New Hampshire Rental Guarantee Program.

- Shelter providers and homeless advocates should all have access to the GA “Hotline 800” telephone number.
- Develop a statewide system for tracking General Assistance denials.
- Support efforts of the legislatively appointed group reviewing General Assistance maximum benefits.
- Support current efforts to establish 100% state reimbursement for General Assistance granted to homeless individuals and families.
- Designate the General Assistance account a “carrying account” to prevent the return of unexpended monies to the General Fund.
- Establish an integrated case management system with one lead case manager who would coordinate with other appropriate agencies.
- Coordinate a homeless conference for providers to review current issues, services and intervention strategies.
- 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.
- Investigate the use of Medicaid to fund additional case management services.
- 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.
- 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.
- 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.
 - Establish protocols in shelters regarding timely linkage and referral for needed services and housing.
 - In concert with shelter providers, conduct a review of current practices to establish an efficient system for engagement, assessment, and referral.
 - Develop a standard assessment tool that will be administered in every shelter.
 - Create a plan for each individual in every shelter that describes the necessary steps to resolve their homeless condition.
- Improve approval rate for homeless people who are eligible for SSI/SSDI.
 - Encourage applicants to identify a third-party representative.
 - Create regional specialists to conduct outreach in shelters and assist people who are homeless with the application processes.
- Establish a network of organizations that are willing to provide Representative Payee Services.

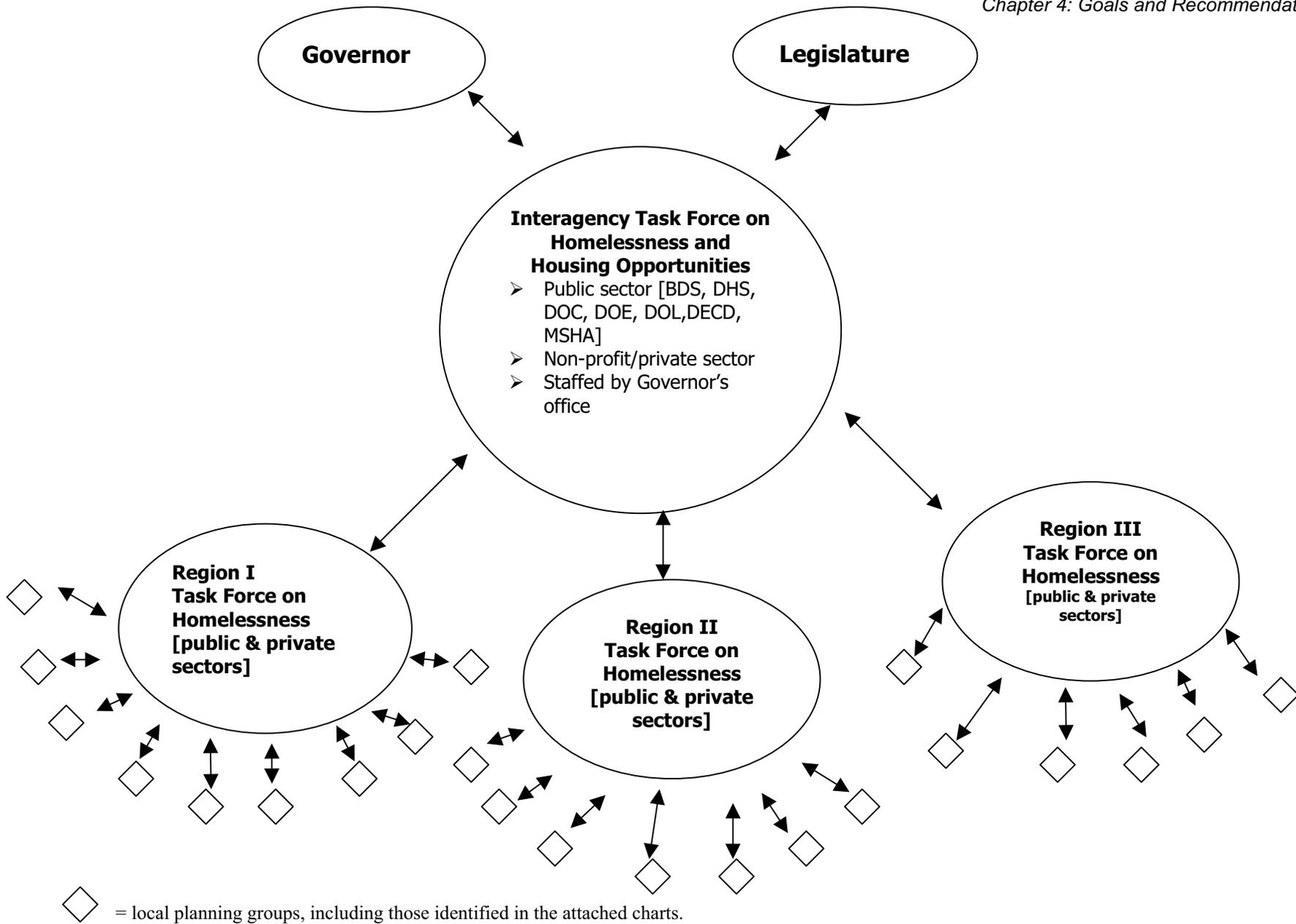
- Increase utilization of "ticket to work" strategies, and PASS (Plans for Achieving Self-Support) Plans for individuals for whom returning to work is a feasible option.
- Continue state insurance benefits for people with disabilities who do return to work and lose their public insurance benefits.
- 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.
- Increase access to MaineCare by homeless families.
 - Advocate for increasing the income maximum.
 - Educate DHS staff regarding homeless issues.
 - Educate providers regarding the MaineCare program.
- Ensure accessibility to TANF by homeless families
 - Encourage municipalities to work with DHS to locate adequate interview space.
 - Develop methodologies for enabling homeless families residing in communities at a distance from the nearest DHS office to meet TANF application requirements.
- Enhance housing stability by increasing TANF monies available to meet housing needs.

Goal 3: Improve Coordination and Planning Recommendations

- Create Regional Task Forces in the three identified regions of the state made up of local planning partners and key stakeholders. The Regional Task Forces 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 task force 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. Identified regional gaps in services and resources will be provided to the Interagency Task Force (IATF) on a regular basis for problem solving and inclusion in future work plan activities.
- Change the composition of the Interagency Task Force on Homelessness and Housing Opportunities. This body will assume responsibility 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 Human Services
 - The Department of Labor
 - The Department of Corrections
 - The Department of Behavioral and Developmental Services

- 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 task forces
- Governor provides commitment to support, oversee, and monitor implementation and progress.
- State legislature provides commitment to support effort to streamline and coordinate various planning efforts. Provides commitment to oversee and monitor implementation and progress.

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



Goal 4: Improve and Expand Access to Federal Resources

Recommendations

- Expand use of Center for Mental Health Services (CMHS) resources to target persons who are homeless.
 - Create a set-aside of these funds dedicated to serving homeless persons.
 - Ensure that CMHS funds support outreach activities to homeless persons with mental illness.
- Maximize use of Federal HOME and CDBG funds to create housing for homeless persons.
 - Track number of homeless persons housed each year through HOME and CDBG funds.
 - MSHA to facilitate training/education on using Low Income Housing Tax Credit Program and HOME funds.
- Maximize use of LIHTC to create housing for homeless persons by tracking number of homeless persons housed each year through LIHTC.
- DBDS to provide technical assistance and training to service providers regarding Section 811 development opportunities.
- Expand access to Housing Opportunities for Persons with AIDS (HOPWA) funds by MSHA providing training and technical assistance to non-profit organizations.
- 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.
- Resolve Section 8 Housing Choice Voucher portability issue to remove existing barriers to people who are homeless from accessing the program.
- Expand Portland's Health Care for the Homeless program to other cities.
- 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

Recommendations

- 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.
- 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.

- Establish state guidelines for consistent discharge and medication protocols for individuals with mental health and/or substance abuse problems.
- Develop and improve interagency communication that can influence discharge plans for inmates being released by the Department of Corrections (DOC).
- Expand medication-monitoring options, including: walk-in/drop-in clinics at shelters; link with hospital outpatient programs; and maximize use of telehealth videoconferencing.
- Expand Intensive Case Management services to those who are incarcerated.
- Expand DOC re-entry program that transitions individuals aged 16 to 25 leaving DOC institutions into safe housing and appropriate social services.
- Create a resource directory to assist case managers and other service providers working with individuals at risk of homelessness.

Goal 6: Improve Data Collection

Recommendations

- Create a Homeless Management Information System (HMIS) for use in the three Continuum of Care regions.
- Obtain HUD and MSHA funding to support implementation of HMIS.
- 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 2003. 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.

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 in put 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 task forces shall establish goals that the individual region hopes to achieve relative to proposed actions.
- 5) We suggest that each regional task force establish a subcommittee that is responsible for measurement and monitoring of progress as relates to implementation of the Action Plan.

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 no more than ten common performance indicators that are the priority performance indicators.

Each region shall publish a simple report annually to document progress. The following information should be included:

1. Goals
2. Implementation Efforts
3. Data
4. Legislation Needed
5. Additional actions in upcoming years
6. Resources needed

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 task forces, 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, and any proposed legislation and resource requests.

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 a year 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.

Appendix A: Regional Characteristics

I. Regional Characteristics

Homelessness throughout the United States has steadily increased since the early 1990s, and many communities and states are struggling with how to meet the increasing demands on existing systems to address the housing and related service needs of homeless individuals and families.

During the past decade, the State of Maine has also experienced a surge in the number of homeless individuals and families and in the complexity of the needs of its homeless population. Maine's homeless problem has several unique features resulting from its geographic, demographic, and economic characteristics. These characteristics include:

- Average state population density of 41.3 people per square mile; and
- The Portland Metropolitan Area that has experienced a housing market crisis with escalating housing costs and extremely low vacancy rates.

Several key state agencies divide the state into three regions:

Region I:
York County Population 164,587
Cumberland County Population 234,135

Region II:
Oxford County Population 52,602
Androscoggin County Population 105,259
Lincoln County Population 30,357
Sagadahoc County Population 33,535
Waldo County Population 30,018
Knox County Population 36,310
Kennebec County Population 115,904
Somerset County Population 49,767
Franklin County Population 29,008

Region III
Penobscot County Population 146,601
Piscataquis County Population 18,653
Aroostook County Population 86,936
Washington County Population 35,308
Hancock County Population 46,948

Appendix B: Compact to Ending Long-Term Homelessness

COMPACT

TO END LONG-TERM HOMELESSNESS

PREAMBLE

Many communities are establishing practical plans to end homelessness. A cornerstone of the larger campaigns to end homelessness for all Americans is this national initiative, to create much more supportive housing in order to end long-term homelessness within ten years. Supportive housing works to provide stable homes and effective supportive services for families with special needs, people with disabilities, and others who would otherwise remain homeless for the long term, and generates significant public savings by reducing the need for costly emergency and institutional care.

WITH THIS COMPACT, we commit ourselves, in cooperation with all allies and partners who share our goals, to a focused, committed national initiative to end long-term homelessness over the coming decade by creating 150,000 units of permanent supportive housing targeted to families and individuals who are homeless for the long-term, and by preventing more people from joining their ranks. Achievement of these goals will require a significant expansion of the resources dedicated to making affordable housing available to people with the lowest incomes, and will also require securing investments in affordable and supportive housing alternatives from mainstream programs. We commit ourselves to supporting the work of allies leading the effort to achieve these larger goals.

GOALS

We strive to put an end to the common occurrence of long-term homelessness by:

- ❖ Creating and sustaining at least 150,000 units of permanent supportive housing over the coming decade for people who are experiencing long-term homelessness;
- ❖ Ending the practice of discharging large numbers of people into homelessness from hospitals, mental health and chemical dependency treatment facilities, jails, and prisons; and
- ❖ Securing investments in additional affordable and supportive housing alternatives from mainstream systems, so that supportive housing is available to those who are homeless, or would likely be homeless without it.

We also need to do more than focus on those who are already experiencing long-term homelessness. To strengthen communities and families so that they can provide support to their most vulnerable members, and to prevent others from becoming or remaining homeless, we will also work to significantly expand resources dedicated to making affordable housing available to people with the lowest incomes, which includes those homeless households that need affordable, but not supportive, housing.

STRATEGIES FOR ADVANCING OUR GOALS

- ❖ Renew—with predictability and stability—funding for rent or operating subsidies and services that sustain the supportive housing that now exists.
- ❖ Focus resources from mainstream and targeted programs to create and sustain supportive housing.
- ❖ Integrate and coordinate investments for housing and services to use resources efficiently and make it possible to take supportive housing to a much larger scale.
- ❖ Increase resources to create and maintain supportive and affordable housing.
- ❖ Invest in building the capacity of community groups and government to create and sustain high-quality supportive housing.

This undertaking will also:

- ❖ Set the stage for the public support and methods of financing that will make permanent supportive housing the central vehicle for addressing long-term homelessness, particularly homelessness among those with persistent or chronic health challenges (including mental illness, chemical dependency, and/or HIV/AIDS) and multiple barriers to housing stability;
- ❖ Build the public will to support a significant increase in funding for housing affordable to people with the lowest incomes and the supportive services that will enable people who have been homeless and people with disabilities to access and maintain housing and fully participate in community life;
- ❖ Help transform the health care, treatment, employment, criminal justice, and social service systems into *prevention* efforts that will diminish future homelessness; and
- ❖ Make a visible difference in the numbers of people who are homeless for the long term or repeatedly, thereby allowing more effective use of resources to meet the emergency needs of homeless people, building hope, and demonstrating to policymakers that it is worthwhile to make the investments needed to end homelessness for all Americans.

TARGET POPULATION FOR OUR EFFORTS

Our strategy is to garner resources, build political will, and strengthen the capacity to create supportive housing primarily for people who are:

- ❖ Homeless long-term or repeatedly, whose needs often result in the greatest costs resulting from frequent, and often inefficient use of public systems (such as shelters, hospitals, treatment facilities, and jails). This is the target population for the 150,000 units of supportive housing called for by this initiative.
- ❖ At-risk of becoming homeless long-term or repeatedly (those who are homeless for briefer periods of time or those with multiple barriers to housing stability). This is the target population for additional affordable housing, supportive housing, and prevention efforts.

ORGANIZING OURSELVES

- ❖ We commit ourselves to working together to establish a powerful, ongoing coalition of committed individuals and organizations focused on creating the public will and political impetus to make the changes and investments required to end long-term homelessness.
- ❖ We will actively participate as partners to significantly increase affordable housing opportunities, access to health care, and effective support services for all extremely low-income Americans, particularly those who are homeless and those who have disabilities due to chronic health conditions.

DECLARATION OF SUPPORT FOR THE *COMPACT TO END LONG-TERM HOMELESSNESS*

Name of organization or individual

Signature of person authorized to make this commitment

Endorses the ***Compact to End Long-Term Homelessness*** as a statement of our commitment to work, in cooperation with all allies and partners who share our goals, to a focused, committed national initiative to end long-term homelessness over the coming decade by creating 150,000 units of permanent supportive housing targeted to families and individuals who are homeless for the long-term, and by preventing more people from joining their ranks. Achievement of these goals will require a significant expansion of the resources dedicated to making affordable housing available to people with the lowest incomes; and will also require securing investments in affordable and supportive housing alternatives from mainstream programs. We commit ourselves to supporting the work of allies leading the effort to achieve these larger goals.

Contact Person :

Name _____

Address _____

Email _____ Phone _____ Fax _____

Additional Information:

CSH and the National Organizing Committee can use my name or the name of my organization as an endorser of the Compact in public communications (e.g. web site, newsletters, public meetings, announcements or letters, and potentially articles or ads to be placed in newspapers or other media)

- YES
- NO
- Contact me for more information before using my name / the name of my organization

I and/or others in my organization are committed to taking the following actions to obtain additional support to achieve the goals established by the Compact.

- Work to secure support for the Compact and related policy strategies from the following organizations with which we are affiliated: _____
- Write letters to elected officials in local, state or federal government
- Host or arrange a meeting with our state's Senators and Congressional Representatives
- Work to obtain media coverage (e.g. news stories, editorials, letters to the editor, etc.) that will support the goals of the Compact
- Mobilize in our state or local community to get support from local allies, tenants / consumers
- Other ideas about how we can support this effort (*use space on page two to provide suggestions*)

PLEASE COMPLETE THE INFORMATION ON THE NEXT PAGE TO GIVE US A LITTLE BIT OF INFORMATION ABOUT YOUR ORGANIZATION OR YOURSELF AND

MAIL OR FAX TO
Corporation for Supportive Housing
50 Broadway, 17th Floor
New York, NY 10004
(212) 986-6552
attn: Erin Stringer

Please tell us about yourself:

This information will allow us to better describe the breadth of support for this effort to end long-term homelessness. Please complete this and attach to your Declaration of Support

For organizational endorsements

My organization is: *(check the category or categories that best describe your organization)*

- National organization or coalition
- Statewide or regional organization or coalition
- State or local government (e.g. city council) or government agency
- Community Development Corporation
- Faith-based organization
- Consumer and/or family member organization
- Non-profit organization
- Foundation or other philanthropic organization
- Business group or corporation
- My organization FUNDS supportive housing
- My organization DEVELOPS, OPERATES, OR PROVIDES SERVICES in supportive housing
- Other _____

For individual endorsements

I am a: *(check the category or categories that best describes you, and include your affiliation if we can use this information)*

- Elected official
- Candidate for public office
- Government employee
- Researcher / faculty member
- Religious leader
- Community leader
- Supportive housing tenant, consumer, or person who has experienced homelessness
- Family member of a supportive housing tenant, consumer, or person who has experienced homelessness
- Other _____

Affiliation: _____

Additional Comments:

I and/or my organization would like others to consider the following comments or concerns regarding the Compact _____

Here are additional ideas about how we can support this effort: _____
