

# State of Maine Action Plan to End Homelessness

## A Ten Year Plan

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

January 2005

[Advance Copy]

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A compassionate and effective advocate for Maine's disenfranchised citizens for decades, MaryAnne Chalila was a driving force in the creation of Maine's first Action Plan to End Homelessness. She will be missed, but her spirit will support this effort for many years to come.

This plan is dedicated to the memory of  
MaryAnne Chalila  
1944 – 2004



## **Mary-Anne Chalila was a warrior.**

The difference between an ordinary person and a warrior, is that a warrior takes most things as a challenge, while an ordinary person takes most things as a blessing or a curse.

A warrior makes decisions so carefully that nothing that may happen as a result of those decisions can surprise her, much less drain her power.

The thrust of a warrior's way is to dethrone self-importance and Mary-Anne Chalila had that down to a science.

In her disarming way, she expected all of us to work hard and selflessly while, at the same time, helping each other to become independent agents of our own destinies. She inspired us to carry on with our work of helping others who are less fortunate while keeping the bar of quality-care raised.

Mary-Anne Chalila lit fires whenever she spoke. Her creative mind jostled us out of the mediocre. In worthwhile battles, Mary-Anne didn't waste time on unworthy opponents. Her ability to focus the power-of-her-intent was precise, effective and to the point.

Yet, her compassion and sensitivity for the poor and the homeless shined in her every action....as did her appreciation of our Native American friends and her love of their art and reverence of their culture.

Coupled with her own art of pragmatism, and with an ever-clear, far-reaching look into the future, her respect of Ancestral Tribal values helped serve to clarify her message that we stand on the shoulders of those who have come before us.

Thank you Mary-Anne for the guidance, friendship and love you gave your family, your friends, your colleagues and your community over the years.

We are all more compassionate and more effective because of you.

You imparted the knowledge. Let's hope we have the guts to carry it forward.

May the Great Spirit be by your side and may our pain turn into a celebration of your life's ideals.

Help us from out there, please, great woman. We will need it.

Woliwon Katchinawe-thank you Creator-for sharing with us the life of Mary-Anne Chalila.

John Frachella May 22, 2004

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## **Executive Summary**

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

working with the administrations of both Governor Angus King and Governor John Baldacci, the Interagency Task Force on Homelessness and Housing, and the Homeless Policy Academy Team, is embodied in this document, Maine's Action Plan to End Homelessness.

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

agencies researched these issues and compiled the strategies which constitute the core of Maine's Action Plan to End Homelessness, our second step. With the release of this plan, Governor Baldacci's administration informs public policy, and guides us in our third and final step, the implementation of these strategies and the ongoing measurement of progress in the battle to end homelessness.

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

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

- **Increase the availability of and access to housing for homeless individuals and families**
- **Improve access to and expand services for homeless individuals and families**

- **Improve coordination and planning**
- **Improve and expand access to federal resources**
- **Enhance homeless prevention efforts**
- **Improve data collection**

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

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

The plan calls for locally based solutions and implementation, with

coordination and support to be provided from the state level. Local providers have the best knowledge of their homeless problem and service system. They are in the best position to effect change. Yet our efforts will yield the greatest benefits if they are coordinated at a statewide level and given appropriate support from state agencies, the Governor's office, the Interagency Task Force, the Regional Homeless Councils 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.

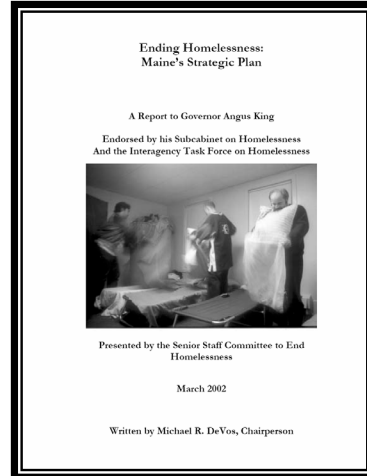
## Chapter 1: Introduction and Background of Action Plan Development

### The Strategic Plan

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 Policy Academy Team 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 and Housing Opportunities.

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. 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.

### **The Work Issue Teams:**

Eleven Work Issue Teams were created to conduct research focused on specific issues as they relate to homelessness in Maine. The team titles, and corresponding issues to be examined by these working groups, 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, the Policy Academy team, and other critical constituent groups. A series of 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 Policy Academy Team, 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 Policy Academy team 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.

### **The Vision**

Following the development of a draft Action Plan, the Policy Academy Team (successor to 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.

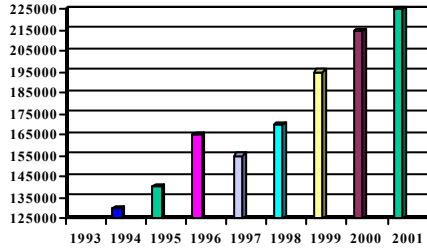
The original vision was modified by the Policy Academy Team and subsequently adopted. The Vision Statement is clear and simple:

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

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 strategies 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, regional homeless councils, 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 Policy Academy Team 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 homeless councils adopt this same action-oriented approach.

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



### Maine's Homeless Problem

Ending Homelessness: Maine's Strategic Plan documented the characteristics of Maine's homeless population. In sum, Maine's homeless population mirrors the characteristics of the homeless population across the nation: victims of domestic violence, persons with mental health problems and/or addiction disorders, homeless youth, homeless families, individuals exiting correctional or mental health institutions, single adults with insufficient income, and the working poor. Maine's strategy to end homelessness must respond to the unique needs of this rural state's population, geography, and resources. Following is a brief synopsis of Maine's problem.

Homelessness in Maine increased significantly in the 1990s. 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.<sup>1</sup> Unfortunately, very few of Maine's chronically homeless people currently receive public income benefits or other mainstream assistance.

### 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 bednights were reported throughout the year. In the state, there are a total of 699 shelter beds for

<sup>1</sup> *Ending Homelessness: Maine's Strategic Plan*, March 2002.

<sup>2</sup> *Ending Homelessness: Maine's Strategic Plan*, March 2002.

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.

Each year the three Continuum of Care communities, Portland, Greater Penobscot 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.<sup>2</sup> 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.

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<sup>2</sup> *Helping America's Homeless: Emergency Shelter or Affordable Housing?* Martha Burt, Laudan Y. Aron, Edgar Lee. The Urban Institute Press, 2001.

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



### **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:<sup>3</sup>

- 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.

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<sup>3</sup> These numbers include units in the BRAP (Bridging Rental Assistance Program) and Shelter Plus Care programs.

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 of homeless persons.

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.

- e) Veterans Health Care
- f) Workforce Investment Act
- g) Welfare-to-Work
- h) Social Services Block Grant
- i) Mental Health Block Grant
- j) Substance Abuse Block Grant
- k) Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI)
- l) 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

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
<b>Total</b>	<b>861</b>	<b>994</b>	<b>621</b>	<b>640</b>

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:

- a) Temporary Assistance for Needy Families (TANF)
- b) Medicaid
- c) Children's Health Insurance Program (CHIP)
- d) Food Stamps

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, the City of Portland, and City of Lewiston/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:

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:

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:

- *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

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
<b>Total</b>	<b>\$1,717,290</b>	<b>\$682,618</b>

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,

institutions and live in the community and those living in the community at risk of institutionalization without adequate housing and services.

- Maine Policy Academy Team– 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. This has since merged with the Policy Academy Team.
- 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

Ending Homelessness: Maine's Strategic Plan chronicled, in great detail, the principle causes of and risk factors which can create homelessness: extreme poverty, domestic violence, physical and sexual abuse of youths, poor links to resources, deinstitutionalization of mental health patients and an insufficient supply of affordable housing. Following are the 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 alone 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 which 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 and 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 which 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 New Construction and Substantial Rehab 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*,<sup>4</sup> today in Maine:

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<sup>4</sup> *Out of Reach*, National Low Income Housing Coalition.

- 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 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 Strategies, 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 Strategies

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

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

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

**Sub Goal A** Create 750 units of supportive housing for chronically homeless individuals within the next five years.<sup>5</sup> These units will be created through the following mechanisms:

- Strategy 1** Maximize units of Section 8 Moderate Rehabilitation and sponsor-based Shelter Plus Care through the Maine Balance of State Continuum of Care for chronically homeless individuals.
- Strategy 2** Maximize access to and use of Mainstream Section 8 Vouchers for persons with disabilities by chronically homeless individuals.
- Strategy 3** Increase set-aside in Low-Income Housing Tax Credit (LIHTC) program to 15% for those projects dedicating units to people who are homeless.
- Strategy 4** Use affordable housing bond funds to create housing.
- Strategy 5** Allocate State HOME funds for supportive housing for the chronically homeless.

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<sup>5</sup> Chronically homeless individuals are individuals with disabilities who have been homeless consistently for one year or more or who have had three episodes of homelessness over the past four years.

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

- Strategy 1** Increase use of LIHTC resources for persons who are homeless.
- Strategy 2** Increase use of CDBG funds to create housing for people who are homeless.
- Strategy 3** Provide an annual allocation of service funds from BDS and DHS to be attached to the creation of new units or alternatively develop methods to link existing service funds to these units.
- Strategy 4** Use affordable housing bond funds to create housing for the homeless.
- Strategy 5** Increase use of State HOME funds for supportive housing for special needs populations.
- Strategy 6** Provide technical assistance to non-profit and for-profit developers to increase interest and skill in developing housing for persons who are homeless.
- Strategy 7** MSHA to set aside 40 Section 8 vouchers for project-based subsidies dedicated to homeless individuals and families.
- Strategy 8** MSHA to sponsor statewide initiative to educate, support and encourage Public Housing Authorities (PHAs) to encourage access by homeless persons to Section 8 Housing Choice Vouchers.
- Strategy 9** Encourage other PHAs in the state to maximize Section 8 resources for project-based subsidies dedicated to persons who are homeless.
- Strategy 10** Encourage all PHAs in the state to adopt a homeless preference in their Section 8 Housing Choice Voucher Programs.
- Strategy 11** DBDS and MSHA to facilitate training for all state PHAs and non-profit organizations about the three Section 8 programs for persons with disabilities and to help PHAs apply for these subsidies.

**Strategy 12** Create a pool to fund security deposits, moving costs, first and last months rent.<sup>6</sup>

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

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

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

**Strategy 15** Increase TANF special needs housing allowance.

**Strategy 16** Increase Shelter Plus Care for homeless families.

**Strategy 17** Ask PHAs to allocate vouchers to homeless families.

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

**Strategy 19** Maximize vouchers that PHAs apply for each year.

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

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

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

**Strategy 2** Study the feasibility and possible outcomes of establishing an integrated case management system with one lead case manager who would coordinate with other appropriate agencies, and, pursue the establishment of such a case management system if doing so is consistent with the results

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<sup>6</sup> Modeled after the New Hampshire Rental Guarantee Program.

of the study. Client choice will be an integral part in all aspects of planning and implantation.

- Strategy 3** Coordinate a homeless conference for providers to review current issues, services and intervention strategies.
- Strategy 4** Obtain funding (potentially from the Social Services Block Grant or the Robert Wood Johnson Foundation) to establish housing counselors to work directly with shelters and General Assistance.
- Strategy 5** Investigate the use of Medicaid to fund additional case management services.
- Strategy 6** Educate shelter providers regarding the option of providing Medicaid-reimbursable mental health and substance abuse services onsite by providing the staff with training and support materials to be able to meet Medicaid requirements and billing procedures in an efficient manner.
- Strategy 7** Establish a mobile drop-in center to visit rural sites providing medication monitoring and mental health and substance abuse services as well as physical and dental health follow-up care.
- Strategy 8** Develop shelter protocols to create consistency among shelters regarding the provision of services. Create standards by which shelters can be evaluated to assess their delivery of services.
- a) Establish protocols in shelters regarding timely linkage and referral for needed services and housing.
  - b) In concert with shelter providers, conduct a review of current practices to establish an efficient system for engagement, assessment, and referral.
  - c) Develop a standard assessment tool that will be administered in every shelter.
  - d) Create a plan for each individual in every shelter that describes the necessary steps to resolve their homeless condition.
  - e) Look at whether shelters reintroduce trauma due to the rigidity of their rules and/or the setting through which people are entered into 'the system'.
  - f) Ensure that shelters are adequately prepared to screen for domestic violence and sexual assault.

- Strategy 9** Improve approval rate for homeless people who are eligible for SSI/SSDI.
- a) Encourage applicants to identify a third-party representative.
  - b) Create regional specialists to conduct outreach in shelters and assist people who are homeless with the application process.
- Strategy 10** Establish a network of organizations that are willing to provide Representative Payee Services.
- Strategy 11** Increase utilization of "ticket to work" strategies, and PASS (Plans for Achieving Self-Support) Plans for individuals for whom returning to work is a feasible option.
- Strategy 12** Continue state insurance benefits for people with disabilities who do return to work and lose their public insurance benefits.
- Strategy 13** Provide training to health care providers who work with homeless individuals on effective ways to appropriately document the medical conditions and disabilities that make an individual eligible for SSI.
- Strategy 14** Increase access to MaineCare by homeless families.
- a) Advocate for increasing the income maximum.
  - b) Educate DHS staff regarding homeless issues.
  - c) Educate providers regarding the MaineCare program.
- Strategy 15** Ensure accessibility to TANF by homeless families
- a) Encourage municipalities to work with DHS to locate adequate interview space.
  - b) Develop methodologies for enabling homeless families residing in communities at a distance from the nearest DHS office to meet TANF application requirements.
- Strategy 16** Enhance housing stability by increasing TANF monies available to meet housing needs.
- Strategy 17** Improve linkage of General Assistance to homeless persons.
- a) Implement evaluation of local jurisdictions' provision of General Assistance to homeless persons.

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

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

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

**Strategy 20** Increase childcare options for homeless families.

**Strategy 21** Facilitate enrollment of homeless children into Head Start.

**Strategy 22** Increase access by homeless families to child psychiatry services.

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

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

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

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

**Strategy 27** Develop program to transition minor homeless youth to independent stable permanent housing.

### **Goal 3: Improve Coordination and Planning**

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

**Strategy 2:** Governor Baldacci values the contributions of the Interagency Task Force and the Regional Homeless Councils. The combined efforts of these entities have been instrumental in bringing Maine to its highest level of policy development in this area; each will continue to play an instrumental role as we implement Maine's Action Plan. We intend to honor these entities by defining meaningful and mutually supportive roles and responsibilities for each. Governor Baldacci will submit legislation to do this in 2005.

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

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

**Strategy 5** Ensure Veterans Administration, Department of Labor, Department of Education, Public Housing Authorities, and

other relevant parties have representation at all Regional Homeless Councils.

- Strategy 6** Maximize the use of TANF funds and any year-end unspent TANF funds to prevent homelessness among TANF eligible families and assist families who are homeless.
- Strategy 7** Develop and implement strategies for assessing the needs of immigrants, migrants, Native Americans, other people of color who are vulnerable to or become homeless, and integrate effective ways of meeting those needs in homeless planning and implementation activities, including creating culturally competent housing and services programs.
- Strategy 8** Ensure that homeless providers identify the veterans among those they serve, including women, and learn how to access additional resources available to female veterans.
- Strategy 9** Create a continuum of models of response appropriate to the specific needs and life circumstances of individuals and families who become homeless that at least includes:
- a) Housing only
  - b) Housing + case management
  - c) Housing + services
  - d) Services only, etc.
- Strategy 10** Expand access to MaineCare support for targeted case management to all Maine counties, possibly through the use of administrative case management.
- Strategy 11** In partnership with publicly-funded institutions and systems of care, develop discharge policies, procedures, protocols and resources to provide for housing needs of those transitioning to the community, thus preventing homelessness at discharge.
- Strategy 12** Implement presumptive eligibility for homeless children and youth for MaineCare and SSI.
- Strategy 13** Engage psychiatrists [specifically BDS' medical director] and other mental health providers in a program to educate physicians, health care centers and other medical providers in the identification of mental health, substance abuse issues and appropriate resources for referral.

- Strategy 14** Pursue the possibilities identified in forthcoming federal guidance on services covered under the Medicaid Rehabilitation Option [i.e., counseling].
- Strategy 15** Make referrals to and encourage use of mainstream health care settings by families and individuals who are homeless.
- Strategy 16** Create and sustain a long term, evidence based comprehensive model of care rather than a short term response approach to care.

#### **Goal 4: Improve and Expand Access to Federal Resources**

- Strategy 1** Expand use of Center for Mental Health Services (CMHS) resources to target persons who are homeless.
  - a) Create a set-aside of these funds dedicated to serving homeless persons.
  - b) Ensure that CMHS funds support outreach activities to homeless persons with mental illness.
- Strategy 2** Maximize use of Federal HOME and CDBG funds to create housing for homeless persons.
  - a) Track number of homeless persons housed each year through HOME and CDBG funds.
  - b) MSHA to facilitate training/education on using Low Income Housing Tax Credit Program and HOME funds.
- Strategy 3** Maximize use of LIHTC to create housing for homeless persons by tracking number of homeless persons housed each year through LIHTC.
- Strategy 4** DBDS to provide technical assistance and training to service providers regarding HUD Section 811 development opportunities.
- Strategy 5** Expand access to Housing Opportunities for Persons with AIDS (HOPWA) funds. MSHA to provide training and technical assistance to non-profit organizations.
- Strategy 6** Increase access to and utilization of Section 8 Housing Choice Vouchers by homeless people by requiring Section 8 administrating agencies to regularly meet with the homeless shelters. Provide incentives in administrating agency contracts to achieve targets to serve people who are homeless.

- Strategy 7** Resolve Section 8 Housing Choice Voucher portability issue to remove existing barriers to people who are homeless from accessing the program.
- Strategy 8** Expand Portland's Health Care for the Homeless program to other cities.
- Strategy 9** Implement semi-annual meeting of state agencies to coordinate resources to fund programs for people who are homeless.

**Goal 5: Enhancement of Homelessness Prevention Efforts and Public Engagement**

- Strategy 1** State agencies will develop prevention strategies for people with whom they regularly interact that are at risk for becoming homeless. Identify opportunities to collaborate with case management agencies to assist people in stabilizing their housing situation.
- Strategy 2** Provide up to 30-day housing options that will serve as short-term transitional beds for persons with mental health needs being discharged from correctional or mental health/substance abuse residential facilities.
- Strategy 3** Establish state guidelines for consistent discharge and medication protocols for individuals with mental health and/or substance abuse problems.
- Strategy 4** Develop and improve interagency communication that can influence discharge plans for inmates being released by the Department of Corrections (DOC).
- Strategy 5** Expand medication-monitoring options, including: walk-in/drop-in clinics at shelters; link with hospital outpatient programs; and maximize use of telehealth videoconferencing.
- Strategy 6** Expand Intensive Case Management services to those who are incarcerated.
- Strategy 7** Expand DOC re-entry program that transitions individuals aged 16 to 25 leaving DOC institutions into safe housing and appropriate social services.

- Strategy 8** Create a resource directory to assist case managers and other service providers working with individuals at risk of homelessness.
- Strategy 9** Provide education and training to maximize use of Alternative Aid Assistance.
- Strategy 10** Amend Alternative Aid Assistance to allow four months benefits..
- Strategy 11** Develop services for people coming out of correctional institutions, including youth
- Strategy 12** Partner with schools to access mainstream resources for homeless students
- Strategy 13** Develop and implement a violence prevention and anger management program for adults and youth.
- Strategy 14** Create and sustain access by mainstream and homeless providers to:
  - a) Flexible funds for families in crisis.
  - b) Homeless prevention funds.
- Strategy 15** Ensure living wages for solid performance in limited skills jobs.
- Strategy 16** Create a program to provide respite services for families that include troubled youth.
- Strategy 17** Include faith-based organizations in homeless planning and implementation activities, and encourage their pursuit of funding targeted to faith-based organizations.

#### **Goal 6: Improve Data Collection**

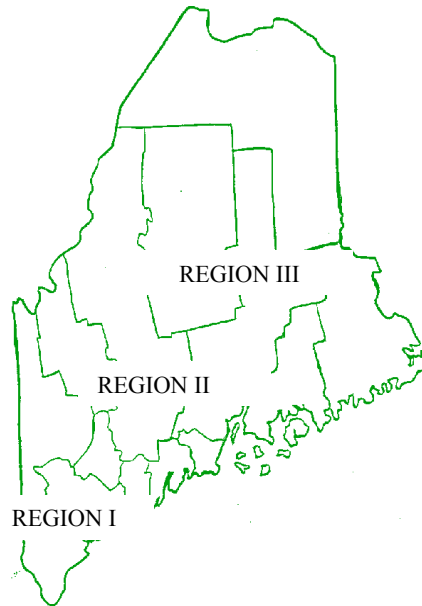
- Strategy 1** Create a Homeless Management Information System (HMIS) for use in the three Continuum of Care regions and regional homeless councils.
- Strategy 2** Obtain HUD and MSHA funding to support implementation of HMIS.
- Strategy 3** Coordinate the development of the HMIS system with reporting requirements of the various state agencies.

**Strategy 4** Conduct an evaluation of the costs to the system generated by a homeless individual spending time in correctional facilities, rehab facilities, shelter, etc, versus the cost of a homeless individual living in transitional or permanent supportive housing

## 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 2005. 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 2005. Following is an overview of the structure to be used for implementation, along with objectives to consider.

### Regional Structure



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

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

### **Performance Indicators**

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

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

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

### **Annual Reporting**

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

1. Data
2. Implementation Efforts to date
3. Goals for coming year
4. Additional actions planned in upcoming year

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

1. Proposed Legislation
2. Resources
3. Recommended system changes
4. Proposed amendments to the Action Plan

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

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

### **Summary**

Maine's Action Plan to End Homelessness is the result of the efforts of close to 100 individuals and many organizations. It demanded a sustained commitment over a two year period by many of the finest minds in this field. 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: Support Letters

## Maine Balance of State Continuum of Care Planning and Advisory Committee

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November 28, 2004

The Honorable John E. Baldacci

- Governor, State of Maine
- One State House Station
- Augusta, Me 04333
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Dear Governor Baldacci:

We, members of the Balance of State Continuum of Care, are writing you today to voice our support for the key components and elements of *Maine's Action Plan to End Homelessness*. We have been utilizing this document and its predecessor, *Maine's Strategic Plan to End Homelessness*, as foundation documents in helping us to develop more coordinated and integrated responses to homelessness. These documents are and will likely continue to remain, a cornerstone anchoring a multitude of stakeholders towards a common purpose—ending homelessness.

At last count, there were over 20 provider participants in the Balance of State Continuum of Care process alone. We recognize much work still needs to happen within this plan regarding implementation, financial commitments and timelines. However, as we move forward, we all recognize the need and value for a coordinated structure and reliable context within which we can better address the needs of homeless persons in Maine.

*Maine's Action Plan to End Homelessness* represents a significant effort undertaken by more than 30 organizations throughout the state to provide just such a context. Understanding and recognizing that no planning document or initiative will ever meet every need of all the interest groups and entities within the state, we feel confident in relaying to you the importance of this document in serving as a model or template in which we can rally around to end the scourge of homelessness—a goal that all of us can clearly agree upon.

Members of the Balance of State Continuum of Care who are endorsing the Action Plan are as follows:

Donna Kelley, Kennebec Valley Mental Health Center  
Bob Garcia, Breakwater Teen Shelter  
Sheldon Wheeler, DHHS  
Melany Crandall, Shalom House  
Cindy Cookson, CHCS  
Lisa McGee, Community Concepts, Inc  
Kerry Sack, Coastal Enterprise, Inc

Karen Bates Pelletier, Common Ties Mental Health  
Martha Kluzak, CEI/ DHHS RRII  
Don Kniseley, Tedford Shelter  
Susane Thomas, Motivational Services (MoCo)  
Mary Ruchinskas, New Beginnings  
Mary Francis Bartlett, City of Augusta  
Edward Desgrisseilliers, LASH  
Patrick McCabe, Breakwater Teen Shelter  
David Besada, York County Shelters  
Yvonne Mickles, Maine State Housing Authority  
Karen Collins, Community Housing of Maine (CHOM)  
Gary McNeill, Counseling Services, Inc

Sincerely yours,

Donna Kelley,  
Balance of State Continuum of Care, Chair

Bob Garcia,  
Balance of State Continuum of Care, Co Chair  
Balance of State Continuum of Care

The Honorable John E. Baldacci  
Governor, State of Maine  
1 State House Station  
Augusta ME 04333

Dear Governor Baldacci:

The issue of homelessness has a very strong grip on our communities. For many years, dedicated professionals and concerned citizens have worked to confront this malignancy in our society. These efforts have played a very important role in improving the lives of our state's most vulnerable people. They have, however, lacked the coordination, integration, resources and state-wide leadership we believe is needed to most significantly impact homelessness in this state. An opportunity now presents itself. An opportunity that you are uniquely situated to help us realize.

The Greater Penobscot Continuum of Care, representing scores of people and agencies throughout Penobscot County, would like to go on the record on three matters. First, we whole-heartedly endorse the State of Maine Action Plan to End Homelessness. We believe that this plan is an important key to bringing about greater effectiveness in our work to confront homelessness. The Action Plan is a substantive, comprehensive blueprint for action. Its roots are in the promise of political will, the result of dedicated efforts following the directives of Governor King's Sub Cabinet on Homelessness. With *able* leadership from the Maine State Housing Authority, the evolution of the Plan rapidly resulted from and with a true collaborative team, with membership representing all areas of our state and a wide range of organizations and agencies, state and non profit alike.

The Action Plan offers structure for planning and action, and a range of clear and concrete goals, objectives and tasks. As the Plan has changed and grown over the past several years as a result of further acceptance and investment by additional parties, so it will remain a "living" document, not one of those "studies" best suited to collect dust on a shelf

Second, we wish to very strongly urge that you endorse the proposed regionalization of homeless service provision and leadership based on the established three region design in place and working. We believe that it is the design most capable, of effectively dealing with all of the myriad of homeless issues and all of Maine's geographic and cultural diversity

The final matter is also of considerable importance. It is an issue of legitimacy, authority and leadership. In addition to the two recommendations all ready mentioned, -

1. It would be created and developed by your office.
2. The makeup would include 12 voting members: 2 people from each of three regional homeless councils, the DHHS Commissioner, the DOC Commissioner, the Executive Director of MSHA, a person from the Governor's office plus two more people from your cabinet.
3. Would meet on a regular and periodic basis to undertake the aforementioned duties: and,
4. Be endowed with the authority to be able to accomplish these duties.

We believe that the creation of this new system will decrease fragmentation and disorganization while increasing our efficiency and effectiveness.

As we move towards impacting homelessness in our region, every effort we can make to strengthen ourselves is important. We thank you for your interest in the plight of homeless people. We look forward to working with you to confront homelessness.

Thank you for your consideration.

Sincerely,

Douglas W. Bouchard  
Executive Director Shaw House  
and  
Chair, Greater Penobscot Continuum of Care

December 3, 2004

Honorable John Elias Baldacci  
Governor State of Maine  
1 State House Station  
Augusta, ME 04333

Dear Governor Baldacci:

We the undersigned, representing State Agencies and private non-profit providers of shelter, housing, and supportive services to homeless children, families, and adults voice our support and urge you to adopt the “Maine’s Action Plan to End Homelessness”.

A more coordinated and integrated response to homelessness as outlined in the action plan is the only hope to ending homelessness. Rural homelessness and the existence of small community based programs must be enhanced to supplement the shelters and large providers for this plan to succeed. The statewide homelessness council must work in partnership with the regional councils, not separately.

The demand for homeless services continues to increase each year. We must work together to change our systems so that we together will end homelessness in the State of Maine. This plan offers structure for planning and action, a blueprint for future action. Continued support and financial resources offered by the Maine State Housing Authority is critical to this plan.

Ending homelessness is an achievable goal; with your leadership and “Maine’s Action Plan to End Homelessness”, and with a coordinated statewide approach, we together in partnership will meet this goal.

Sincerely,

Members of Region II Homeless Council

On November 30, 2004 the following members of the Region II Homeless Council voted to endorse the State of Maine Action Plan:

Korine Low, Community Concepts Inc  
Paul McLaughlin, Hope Haven Gospel Mission  
Al Monier, Rumford Group Home  
Anne Gass, ABC Consultant  
Cullen Ryan, Community Housing of Maine  
Sue Charon, City of Lewiston  
Mary Francis Bartlett, City of Augusta  
Bill Lagasse, Volunteers of America

Women in Need

Bernadette Barr, Motivational Services Inc.

Melissa Grimes Motivational Services Inc.

Don Kniseley, Tedford Shelter

Bob Garcia, HCI, Breakwater

Susane Thomas, Motivational Services Inc

Good Will Hinckley

Yvonne Mickles, Maine State Housing Authority

The Honorable John E. Baldacci  
Governor, State of Maine  
One State House Station  
Augusta, Me 04333

Dear Governor Baldacci:

We the undersigned, representing state agencies and private non profits across central and northern Maine that provide shelter, housing, and supportive services to homeless children, families, and adults, urge you to adopt and publicly ratify Maine's Action Plan to End Homelessness.

Homelessness puts people at extreme risk and results in a sense of hopelessness. We consider homelessness to be unacceptable and a stain on everything that's good and decent in our wonderful state. When we contemplate the values of opportunity, self-worth, family, and commitment to community that we all respect and strive for, we must conclude that ending homelessness is a goal worth all our commitment and resolution.

The Action Plan is a substantive, comprehensive blueprint for action. Its roots are in the promise of political will, the result of dedicated efforts following the directives of Governor King's Sub Cabinet on Homelessness. With able leadership from the Maine State Housing Authority, the evolution of the Plan rapidly resulted from and with a true collaborative team, with membership representing all areas of our state and a wide range of organizations and agencies, State and non-profit alike.

The Plan offers structure for planning and action, and a range of clear and concrete goals, objectives and tasks. As the Plan has changed and grown over the past several years as a result of further acceptance and investment by additional parties, so it will remain a "living" document, not one of those "studies" best suited to collect dust on a shelf. In many ways it is a sort of fabric, connecting individuals and organizations in their work to help homeless people. The existence of our Region III Homeless Council, however new and vaguely defined, is a testament to this feature of the Plan and our commitment to working together.

We urge you to accept Maine's Action Plan and to demonstrate the commitment of your leadership in reaching the Plan's goals. The proposed organizational structure, clearly promoting regionalism, is a natural fit with your stated objectives. We who live and work in this, the largest part of Maine, are committed to putting our homeless first and to setting aside all thoughts of personal gain. We ask that you carefully consider the makeup of the State Council or Task Force, considering best practices and models at the federal level as well as in other states. We ask that you reflect on your knowledge of stakeholders across the entire state, and carefully assess those who would truly work together as one team. We strongly recommend that in your adoption and validation of the

Plan, you empower the members of the Regional Councils by granting voting memberships on the State Homeless Council to representatives of each of the three regions; this model would actually connect the work of those “on the ground” with those at the level of State leadership.

We thank you for your time and attention to this serious matter.

Respectfully submitted on behalf of the Homeless Council participants,

Sharon L. Sprague  
Co-Chair  
Region III Homeless Council

Dennis Marble  
Co-Chair  
Region III Homeless Council

Participants:  
Shaw House  
Community Health & Counseling Services  
OHI  
Greater Penobscot Continuum of Care Coordinator  
NFI  
Community Housing of Maine  
Allies, Inc.  
United Way of Eastern Maine  
Emmaus Center  
St. Francis Inn / HOME Inc.  
Department of Health and Human Services/CEI  
Washington Hancock Community Agency  
Battered Women’s Project  
Department of Health and Human Services  
Maine State Housing Authority  
Sunrise Opportunities  
Department of Corrections – Re-Entry Program  
City of Bangor Health & Welfare  
PROTEA/Wabanaki Mental Health  
Manna, Inc.  
Bangor Area Homeless Shelter  
Stepping Stones/MAPS  
MDI & Ellsworth Housing Authorities

Washington County Psychotherapy Associates  
Spruce Run  
Aroostook Mental Health Center  
The Next Step  
Homeless Services of Aroostook  
Womancare/AEGIS

The Honorable John E. Baldacci  
Governor, State of Maine  
1 State House Station  
Augusta, ME 04330

December 21, 2004

Dear Governor Baldacci:

The Lewiston Auburn Alliance for Services to the Homeless, LASH, is writing to you to endorse, with recommendations, the State of Maine Action Plan to End Homelessness. LASH is a community inclusive organization assisting to address the needs of people who are homeless and the causes of homelessness for citizens of the Greater Lewiston and Auburn Communities. Maine's second largest metropolitan area experiences homelessness as do other areas of the state and is, thus, very interested in the ultimate success of the plan.

The LASH group recently held a series of meetings to hear the differing points of view on the plan. We wish to provide the following recommendations to clarify our position and put forth our hopes for this plan.

1. The plan does provide a framework and a series of goals supporting statewide, regional, and local efforts to be pursued.
2. While Lewiston-Auburn is involved in some of the existing planning groups, we encourage all state departments to more actively seek out representatives from our area on existing and future groups.
3. We recommend that you assign the plan to departmental commissioners for review, with the goal to identify specific fiscal and human resources to be allocated toward fulfillment of the various goals and strategies.
4. The plan should increase the focus on youth who are homeless, with youth continuing to remain a focus of the plan.
5. **The** Interagency Task Force, originally created to oversee issues of homelessness at the state level, should be reconvened, should be supported as a state level leader in all areas of homelessness, and should be a reviewer of the action plan.
6. The Regional Planning Councils should remain a viable forum to assist with localizing actions and solutions.
7. Mechanisms should be in place for the regional councils and the Interagency Task Force on Homeless to work in a complementary fashion. Consideration can be given to representation from the regional councils on the Interagency Task Force.
8. Additional effort should be given to involving the Departments of Labor and Education in the various planning groups and the solutions to end homelessness in Maine.

We understand that amendments to the plan may be offered in March, and we very much look forward to that opportunity to continue to refine the plan and to make it as meaningful as possible for the Twin Cities region, as we all contribute to the healthier communities of the Androscoggin.

In closing, your leadership is critical to ending homelessness in the State of Maine. You have always been a vocal advocate for citizens who are less fortunate. We look forward to our working together so that we can say we did all we could possibly do to afford every citizen the hope and the help they need.

On behalf of the LASH membership, we thank you for your service to our state and its people.

Sincerely,

Craig Phillips, Chair  
Membership List attached.

## Appendix B: 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:

<b>Region I:</b>
York County Population 164,587
Cumberland County Population 234,135

<b>Region II:</b>
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

<b>Region III</b>
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