

The background of the top half of the page is a photograph of the Maine State Capitol building. The building features a prominent white dome with a dark brown top and a golden finial. The building is surrounded by trees with vibrant autumn foliage in shades of red, orange, and yellow. The sky is a clear, bright blue.

Maine Homeless System Re-Design Initiative

*Final Report and
Recommendations*

June 2021



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TERMS AND DEFINITIONS USED IN THIS ASSESSMENT

Homeless

A person or family that lacks or is in imminent danger of losing legal access to, a fixed, regular and adequate nighttime residence. "Fixed, regular and adequate nighttime residence" means a dwelling at which a person resides on a regular basis that adequately provides safe shelter. This does not include a publicly or privately operated institutional shelter designed to provide temporary living accommodations; transitional housing; a temporary placement with a peer, friend or family member who has not offered a permanent residence, residential lease or temporary lodging for more than 30 days; or a public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings (*Source: 2017 Maine Plan to End and Prevent Homelessness*).

Chronically Homeless

A person with a disability who has been continually homeless for at least 12 months, or on at least 4 separate occasions in the last 3 years, where the combined length of homeless occasions is equal to at least 12 months. (*Source: 2017 Maine Plan to End and Prevent Homelessness*).

Homelessness Prevention

Prevention services are used to assist people who are currently housed but face an imminent risk of becoming homeless. Prevention programs help people remain housed with the use of onetime financial assistance or case management. A person successfully exits a prevention program when he remains in housing and doesn't become homeless

Homelessness Diversion

Diversion services offer people experiencing homelessness one-time financial assistance or services to bypass shelter and move directly to housing. Diversion is offered to people who are homeless but have not yet or have just entered the shelter system.

Supportive Housing (SH)

A form of permanent, affordable/subsidized housing with wrap around services to support vulnerable populations.

Rapid Re-Housing (RRH)

Rapid re-housing is an intervention designed to help individuals and families that don't need intensive and ongoing supports to quickly exit homelessness and return to permanent housing. Rapid re-housing assistance is offered without preconditions — like employment, income, absence of criminal record, or sobriety — and the resources and services provided are tailored to the unique needs of the household. (*Source: USICH*).

Transitional Housing

Transitional housing (TH) is designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing may be used to cover the costs of up to 24 months of housing with accompanying supportive services. (*Source: HUD Exchange*).

ABOUT CSH

CSH is the national champion for supportive housing, demonstrating its potential to improve the lives of very vulnerable individuals and families by helping communities create over 335,000 real homes for people who desperately need them. CSH funding, expertise and advocacy have provided \$1 billion in direct loans and grants for supportive housing across the country. Building on nearly 30 years of success developing multi and cross-sector partnerships, CSH engages broader systems to fully invest in solutions that drive equity, help people thrive, and harness data to generate concrete and sustainable results. By aligning affordable housing with services and other sectors, CSH helps communities move away from crisis, optimize their public resources, and ensure a better future for everyone. Visit us at csh.org.

ACKNOWLEDGEMENTS

CSH wishes to acknowledge all those who participated in the discussions and activities that helped to shape this document and the Re-Design process. CSH thanks the *Maine Statewide Homeless Council*, *MaineHousing*, *the Continuum of Care* and the many other stakeholders and providers who tirelessly worked on this initiative over the last year while simultaneously leading efforts to keep staff and clients safe during the COVID-19 pandemic. This report reflects those efforts to re-organize and strengthen the homeless response system in Maine to create a more robust, person-centered response system and support the roll-out of Coordinated Entry.

I. INTRODUCTION AND BACKGROUND

In response to the state's homeless and housing crisis, The Maine State Housing Authority, in partnership with the Statewide Homeless Council, contracted with *Corporation for Supportive Housing*, a national technical assistance provider and housing advocacy agency to assess the homeless response system, the need for supportive housing and other interventions and estimate costs associated with system strengthening. CSH developed a framework to guide a localized, coordinated homeless system rooted in best practice that aligns with ongoing initiatives and engages sectors not typically engaged in housing. This initiative sought to identify gaps and opportunities to support the homeless response system in Maine and create a structure for successful re-launch of coordinated entry.

Work on the yearlong project began in July 2020. The framework and approach is based largely on the ongoing work and lessons learned in other states and communities across the country seeking to end homelessness. This assessment and effort, combined with observations and insights from key stakeholders about what has and has not worked well, currently and in previous efforts, will provide a perspective on best and promising practices related to homeless response and supportive housing. This perspective will drive one of the primary goals, to tailor recommendations to local needs, particularly recognizing Maine's geographic needs and divides, both urban and rural.

Why is this the time for change?

1. Across the country, states are recognizing the significant impact of the COVID-19 pandemic and systemic vulnerabilities on people experiencing homelessness.
2. The disproportionate impact of the pandemic against communities of color, those with disabilities and those living in extreme poverty, has been made undeniably clear in congregate settings such as public nursing homes, jails, prisons and shelters.
3. Given the complex needs of people experiencing homelessness, collaboration, relationships and connections across systems are needed now more than ever.

Objectives:

1. Conduct a Statewide Needs Assessment using both quantitative and qualitative data.
2. Conduct an analysis of costs related to affordable and supportive housing and other interventions.
3. Produce a framework to strengthen the homeless response system and provide the platform for the re-launch of coordinated entry.
4. Provide technical assistance and recommendations to increase housing unit production by creating a pipeline and development structure through the short-term goal of 200 affordable and 40 supportive housing units.

Early on the Statewide Homelessness Council identified the following guiding principles and core components that would drive the efforts for the redesign.

- Data Driven and Accountable
- Person Centered Design
- Grounded in Housing First
- Balances statewide standards with a tailored, localized response
- Move from "Models" to "Systems" with the right array of interventions
- Build Thriving Communities that Foster Educational Connections, Build Career Pathways, Integrate Healthcare and Ensure Food Security
- Addresses Race Equity

II. METHODOLOGY AND TIMELINE

In order to ensure broad-scale community input for the system re-design, CSH used key stakeholder interviews, targeted working groups, peer to peer learning sessions, focus groups with people with lived expertise and regular updates and information sharing through the Statewide Homeless Council. CSH held over 60 virtual listening sessions with key leaders to understand what is working, what needs improvement and what needs to be realigned. This extended process of community engagement resulted in the creation of shared priorities and a new coordinated system design to address homeless and housing instability at the local and regional levels.

July 2020-October 2020 - Data Gathering & Document Review

- Statewide Plan to End Homelessness
- Scan of governmental organizations and non-profit service providers
- Review of CoC governance structure
- Review of ongoing Technical Assistance around Coordinated Entry.
- Data requests to HMIS, DHHS, MaineCare, Justice and Child Welfare to inform the Statewide Needs Assessment

July-September 2020 - Stakeholder Interviews

- Structured meetings with 60+ stakeholders from a wide range of organizations, both governmental and private including shelter, housing and service providers.
- Questions centered around HMIS data, access to resources challenges and opportunities to improve.

August 2020 - Launch of Leadership Team

- Cross Sector representation from Housing, Justice, Education, Health and Human Services, Shelter and Veterans Affairs to provide overall leadership and assist in integration with mainstream systems.

September 2020-January 2021 - Focus Groups

- Shelter Providers: September 2020
- Regional: September 2020
- Persons with Lived Expertise: December 2020 and January 2021

December 2020 – April 2021: Service Hub Design Phase

- Consensus building with the Statewide Homeless Council members around the need for a localized approach to the homeless response system.

January 2021- February 2021: Draft Framework & Recommendations for Initial Feedback and Review

- Compiled recommendations and cost projections from Workgroups and incorporated into final presentation of Analysis and Framework.

March 2021 – June 2021: Planning and Implementation Phase for Individual Service Hubs

- Met with volunteers from each service hub to brainstorm what should be consistent across the service hubs, what should be tailored locally, and what should be included as data points in the performance dashboards, as well as facilitating a discussion around the implementation and sustainability of the service hubs moving forward. Additionally, CSH hosted a series of Special Sessions with the SHC to address coordinated entry implementation issues as well as opportunities to align the redesign efforts with the IAP/Health Home Initiative in Maine.

1. Special Session on Coordinated Entry with Lisa Tepper Bates from Connecticut.
2. Special Session on Health System Integration with Marcella McGuire and Michelle Probert

June 2021 - Final Presentation of Analysis, Framework and Recommendations to the Statewide Homeless Council

- Using feedback from the draft results, make any necessary adjustments and re-present final analysis and framework to the planning group and Statewide Homeless Council.

Findings from Shelter and Housing Providers

In Maine there is a single Continuum of Care (CoC), with *MaineHousing* acting as both the HMIS Administrator and Collaborative Applicant for the CoC. *MaineHousing* also disperses Emergency Solutions Grant Funding (ESG) for shelters across the state. CSH conducted structured interviews with 8 shelters and 3 housing providers and conducted 4 focus groups (1 general shelter, 1 rural focused, 1 urban focused (Portland/Bangor) and 1 Lewiston-specific) comprised of mostly shelter/housing and some service providers. Themes centered upon insufficient funding for shelter operations and services, lack of consistent quality among shelter providers and limited housing for placement.

Larger providers expressed concern regarding COVID-19 and emphasized the need for consistent, dedicated state funding in recognition of the vital role shelters play in public health crisis response. Rural providers identified a lack of overall services and transportation, leading individuals to seek services and shelter in population centers. Providers also discussed the unique challenges of serving families in shelter while remaining “low-barrier” to service individual adults.

Identifying the Shared Problem

“Persistent inequality and discrimination, limited shelter access, affordable and supportive housing; underfunded mental health, substance use and prevention services create overreliance on the shelter system. There is a need to engage mainstream systems such as General Assistance, Justice and Healthcare in equitable prevention, diversion and discharge planning.”

- Problem Statement drafted from the Shelter Provider Workgroup

Summary of Common Themes and Feedback

Governance And Responsibilities	Lack of clarity around roles and responsibilities between <i>MaineHousing</i> and the CoC. <i>“Role clarity and role definition is key across these groups so everyone feels empowered within their sphere of influence.” – Shelter Provider</i>
Developing A Shared Vision	Lack of historic trust in <i>MaineHousing</i> . Defining a common vision and common language (high vs low barrier shelter). Meeting the needs of Family Shelter while remaining low-barrier and qualifying for funding.
Geographic Equity	Individuals seek population centers due to lack of services in their locality placing pressure on providers in those areas. A sense of Portland vs. Non-Portland or lack of attention to regions “North of Bangor”. A desire to serve people “where they are”. Lack of low-barrier shelter in high need areas such as Lewiston.
Professionalization Of Shelter Staff	Professionalize staff and provide access to consistent training on core topics such as Diversion, Trauma-informed Care, Housing First, Harm Reduction and Motivational Interviewing.
Engagement Of Mainstream Systems	General Assistance (GA), Healthcare and Justice were the primary mainstream systems identified for engagement. Reports of inconsistent participation of municipal GA offices were numerous. Better coordination and discharge planning from healthcare centers was also identified as a key concern as a way to avoid discharges to homelessness.

Findings from Service Providers

The consequence of the lack of dedicated funding are felt in real terms by providers in the community and impact their ability to deliver services and ensure clients maintain housing. Without exception, service providers cited a lack of permanent housing, particularly supportive and affordable housing as a critical challenge. Much of the progress to lower the homeless count number has been done *despite* the affordability and supportive housing gap. With federal resources scarce and competitive, they are not enough to make up the core of Maine's need for supportive housing. That need is then compounded by both lack of any housing and barriers to development of new housing.

Findings from People with Lived Expertise

A central piece of this initiative is creating a person-centered homeless response system that is trauma-informed and easily accessible. This means engaging persons with lived expertise in all phases of the Re-Design to ensure this valuable perspective provides the foundation of a stronger system. To achieve this, CSH recruited persons with lived expertise to serve on the Leadership Team, held multiple focus group discussions and in-depth interviews with people from both rural and urban areas of Maine.

"Folks have to 'cast off' social supports in order to display enough vulnerability to actually gain services. That is the dysfunction of the entire system. We only deliver value and services to folks who have nothing left."

- Focus Group Participant 12/5/20

Feedback from this group that was incorporated into a number of recommendations and action steps within the new structure including:

Accessing the System

- Improve system access through use of technology.
- Universal Common housing application, universal policies/procedures and greater transparency in prioritization of beds and/or resources.
- More mobile crisis units and outreach efforts to unsheltered people.
- Better discharge planning from medical institutions, particularly for those with disabilities.

Service Hub Design

- Better communication and coordination between providers.
- Representation of people with lived expertise in the Hubs, on the CoC Board and SHC.
- Include funded peer navigator/support specialist as part of the service hubs

"Even if you get a voucher, the case worker will just hand it off to you and you're on your own to find your unit. Housing navigation is very limited. Landlords legally discriminate against voucher holders"

- Focus Group Participant 12/1/2020

Services Improvement

- Increase landlord engagement and community education to end stigma around homelessness and vouchers
- Better use of data to track outcomes and progress
- Professionalization of shelter staff and training in trauma-informed care and other best practices.

III. HOMELESS SYSTEM DATA OVERVIEW

Assessing the statewide need and cost for supportive housing

The CSH Needs Assessment Model of supportive housing was developed by looking at data across a spectrum of public systems. Supportive housing is affordable housing with flexible services that help vulnerable people access and maintain the housing and community supports needed to live independent and dignified lives. It is focused on addressing the needs of vulnerable individuals and families that are often disconnected from the community, receiving services inefficiently delivered from multiple systems, or in crisis and institutional settings. It is a subset of the much larger affordable and private housing markets and represents a small but critical portion of housing and service needs. Supportive housing uses a holistic approach to bridge these gaps and make communities, stronger, safer, and healthier, often reducing public costs and improving the quality of life.

Methodology

This assessment is a compilation of point in time, or census, counts of people involved in multiple public systems that have needs consistent with supportive housing. It is a snapshot of the present need for supportive housing. In order to avoid duplication, it does not show need over time in each individual system or project broader trends, although this is an area for future data development. This model draws on the best available data, attempting to be transparent and clear about how and where we are estimating needs. Once input data is secured from each system, stakeholders are invited to provide comment on feedback relating to assumptions taken within the model that inform the analysis and to ensure it is as accurate a representation of each system as possible.

Participating systems

- Homelessness
- Child Welfare Families
- Transition-Age Youth
- Justice Involved
- Education
- Mental Health/Substance Use
- Intellectual and Developmental Disabilities
- Aging

CSH worked with the Leadership Team and the Statewide Homeless Council to refine the model and reach consensus on the rate of need by population based on national data and local landscape needs. “Population Need” lists the number of supportive housing units needed to meet the needs of a particular system or population.

STATEWIDE SUPPORTIVE HOUSING NEEDS ASSESSMENT RESULTS BY POPULATION/SYSTEM

System	Population Size	Estimated Rate of Need	Population Need
<i>Homeless Individuals (Chronic)</i>	210	90%	189
<i>Homeless Individuals (Non-Chronic)</i>	972	20%	194
<i>Homeless Families</i>	836	16%	134
<i>Domestic Violence Shelter Families</i>	83	84%	70
<i>Child Welfare Families</i>	4,348	18%	783
<i>Unaccompanied Homeless Transition-Aged Youth</i>	125	80%	100
<i>Youth Held in Residential Juvenile Justice Facilities</i>	38	20%	8
<i>Transition-Aged Youth in Foster Care</i>	334	25%	84
<i>Prison Population</i>	1,788	10%	179
<i>Jail Population</i>	1,622	19%	308
<i>IDD Individuals on Waitlist for Services</i>	2,017	33%	666
<i>IDD Individuals in Institutional Settings</i>	319	33%	105
<i>IDD Individuals in Residential Group Homes</i>	2,451	33%	809
<i>Individuals with Mental Health Needs in Institutional Settings</i>	NA	24%	
<i>Individuals with Mental Health Needs in Residential Settings</i>	308	24%	74
<i>Individuals Age 65+ in Nursing Homes</i>	3,651	19%	694
<i>Individuals in Residential Substance Use Treatment Facilities</i>	294	34%	100
Total		4497	

IV. ASSESSING SYSTEM PERFORMANCE AND INVENTORY

Recognizing that system performance is a key indicator of a strong response to homelessness, an analysis of system interventions and programs was conducted. This analysis aimed to examine the homeless system metrics and interventions used in Maine to ensure that homelessness is rare, brief and non-re-occurring and to evaluate need, gaps and costs across the system.

Homelessness Through a Race Equity Lens

While overall homelessness is declining, it is on the rise for Black, Indigenous, People of Color. According to the 2019 ESG Utilization Report, 6,530 people served in shelter annually and 50% were first time homeless. High rates of first time homeless indicate an opportunity to assist vulnerable households in avoiding homelessness altogether through diversion and prevention activities.

Over all in Maine, the length of time for which people are experiencing homelessness is relatively short. HMIS Data for the time period of 8/1/2020 through 9/1/2020 indicates that 41% people were in shelter <14 days, 50% people were in shelter between 15 and 180 days, and 9% were in shelter between 180 and 730 days. Of those that entered shelters, 28% exited to a positive destination.

Maine Homeless Subpopulations

A study by the National Institute of Mental Health found that approximately 6% of Americans are severely mentally ill, compared to the 20-25% of the homeless population that suffers from severe mental illness. Furthermore, 45% of the homeless population shows history of mental illness diagnoses. HMIS Data on Residence Prior to Entry indicated that people enter homelessness from a variety of living situations. This data indicates the opportunities for diversion to prevent people from entering shelter in the first place.

The top 5 residences prior to entry were:

- 33% Place not meant for human habitation
- 24% Emergency shelter, incl. hotel or motel
- 20% doubled up with family or friends
- 7% Self paid hotel or motel
- 4% Hospital or other non-psychiatric medical facility

Performance Metrics: Homelessness should be rare...brief...one time

- Number of People experiencing homelessness relative to the general population disaggregated by race and ethnicity.
- Number and percent of people entering homelessness for the first time.
- Mean length of episode of homelessness (in days) for permanently housed exits
- Mean and median total length of time homeless
- Number and percent of people exiting homelessness to permanent housing destinations
- Number and percent of people returning to homelessness within two years after a permanently housed exit.

KEY PERFORMANCE INDICATORS BY COUNTY

County	Average Length of Stay	Average Shelter Utilization	Percent homeless >14 days	% exit to positive destination (8/1/2020 - 9/1/2020)
Aroostook	32	31 %	74%	14%
Penobscot	42	84 %	72%	14%
Franklin	46	65 %	-	-
York	48	77 %	82%	40%
Oxford	51	72 %	80%	52%
Kennebec	57	93 %	76%	80%
Cumberland	60	84 %	43%	21%
Hancock	65	65 %	72%	30%
Androscoggin	80	68 %	71%	25%
Knox	97	87 %	100%	67%

Data Sources: HMIS and 2019 ESG Report

Interventions Assessed

A number of assumptions by specific intervention were taken into account for the system performance assessment. These assumptions are based on national best practices relating to homelessness program interventions are used to calculate need and costs for the Maine re-design.



Diversion

- Targets people experiencing homelessness for the first time
- 40% of people calling 211 for housing-insecurity needs
- 60% of people who show up at shelter will be diverted

Annualized # of First Time Homeless	3268
Annual housing related calls to 211	2584
70% of 211 calls diverted	1809
Show up at shelter (= FTH – 211 DIV)	1459
40% diverted at shelter	584
Total Diverted = (211 DIV) + (shelter DIV)	2392
Current Diversion Resources	0
New Diversion Need	2392

Self-Resolution

- 20% of people served in shelter self-resolve with assistance through shelter and community based services
- Calculated by percent of people in shelter for greater than 14 days

Emergency Shelter

- Functioning at 50% capacity since COVID 19
- Greater use of hotels adds diversion options
- Need to address public health and safety needs related to congregate settings
- New estimates for shelter capacity needs are based on implementation of full diversion services.

Annualized # of First Time Homeless	3268
70% of 211 calls diverted	1809
Show up at shelter (= FTH – 211 DIV)	1459
40% diverted at shelter	584
Current Shelter Resources	1222
Shelter Capacity Need (FTH - 40% DIV)	875

Transitional Housing

- Expectation of improved outcomes
- Target subset of people exiting substance use treatment facilities, prison, or child-welfare involved families and youth.

Rapid Rehousing: Targets 80% of clients in shelter for greater than 14 days

Annual Number of Clients in Shelter (2019)	6,530	Current RRH Portfolio	New RRH Need
In shelter 14 days or more	3,654		
80% of those in shelter 14 days or more	2,923	331	2,592

Supportive Housing - Homeless

- 90% of chronically homeless population
- 20% of all people experiencing homelessness
- Current turnover rate is 28%. Reduce to 9%.

Population	Existing Stock	# Available Annually	Annual Need	New Need
Families	536	536	372	-164
Individuals	477	477	312	-165
Total	1013	1013	684	-329

SUMMARY BY INTERVENTION TYPE

2019 Housing Inventory Count and proposed change.

Intervention	Current Annual Inventory (2019 HUD AHAR)	Re-Design	Change
Diversion	0	2,392	+ 2,392
Shelter	1,222	875	- 347*
Rapid Rehousing	331	2,923	+ 2,592
Supportive Housing- Homeless (based on 9% turnover rate)	593	1,470	+ 877
Supportive Housing - Mainstream	0	3,027	+ 3,027
Transitional Housing	1,013	684	- 329
Affordable Housing	TBD	TBD	TBD

*Please note that this analysis is dependent upon implementation of full, robust diversion services for 70% individuals experiencing homelessness for the first time. Additionally, this analysis is based on an assumed diversion target rate of 40% for individuals who ultimately present at shelter. Reduction in shelter capacity is only recommended if this threshold is met and diversion resources are available to those households. Should these assumptions not be met, shelter capacity would remain at the current levels.

V. REGIONAL HOMELESS SYSTEM DESIGN AND IMPLEMENTATION

Based on findings from both the quantitative and qualitative analysis, along with learnings from similar states such as Alaska and Connecticut, the SHC has endorsed a multi-tiered strategy that includes centralized, coordinated entry and organizes the homeless response system into nine (9) local “Service Hubs”. Additionally, the SHC has identified the overall need for housing and service interventions such as diversion, rapid rehousing and supportive housing as well as training, capacity and infrastructure recommendations to support the system for the long term.

The Service Hubs will operate from a framework which coordination of activities such as provider training, coordination, referrals and distribution of housing resources can be efficiently deployed. This new structure will allow homeless service providers to effectively plan and launch the new Coordinated Entry System, standardize training, engage other mainstream systems such as justice and healthcare and remove access barriers for individuals seeking support. **Coordinated Entry** is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Through coordinated entry, a CoC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible. Each Hub will determine its own governance structure and process for system engagement going forward, but with commitment to similar driving principles of person-centered care.

What Is the Benefit to The Current System?

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

What Are the Responsibilities of Each Hub?

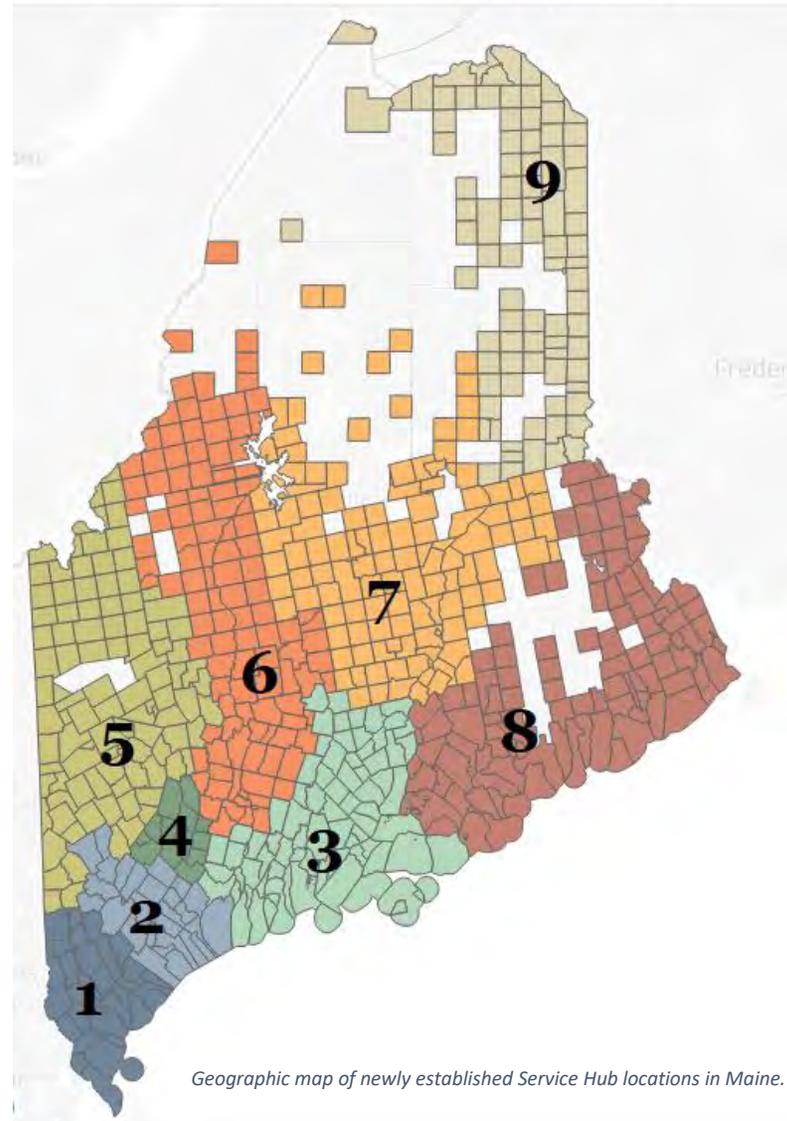
Broadly speaking, the Service Hubs will lead the processes of Coordinated Entry within their defined geographic area in accordance to outlined policies and procedures adopted by the Coordinated Entry Committee and the CoC. This includes facilitating case conferencing meetings, management of the prioritization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

Geographic Structure of Local Service Hubs

To better understand the landscape and array of providers in Maine, CSH utilized the GIS Mapping Software Tableau to map existing providers and resources relevant to this Re-Design Initiative. The purpose is to guide decision-making relating to the re-design and ensuring equitable distribution of resources among hubs as much as possible. In addition to mapping existing resources, this tool was used to assist providers in determining the geographic structure of local Service Hubs, a critical objective to this initiative. Interactive versions of these GIS maps visualizing the assets and resources within the Service Hubs across Maine will be made available to MaineHousing and the Statewide Homeless Council for publication.

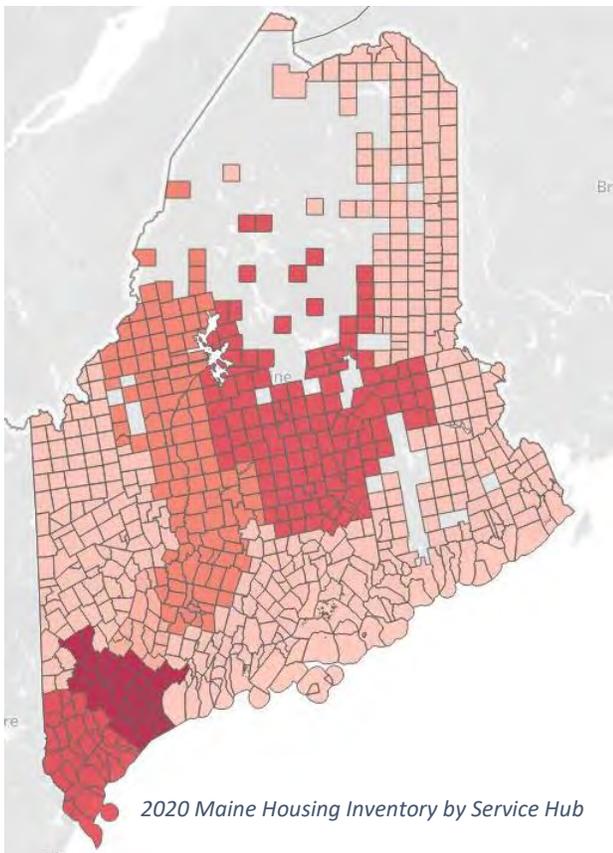
Service Hub Structure (Beta)

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



HOUSING RESOURCE DISTRIBUTION BY SERVICE HUB

	Rapid Re-Housing	Project Based Voucher	PSH CoC-funded	PSH Mainehousing-funded	Tax Credit Project	Transitional Housing	Other Permanent Housing	Grand Total
1: York		33	231	156	84	81		585
2: Cumberland		40	523	34	139	40		776
3: Midcoast		9	52	22	14	13	7	117
4: Androscoggin		27	50	50	23	64		214
5: Western		7	27	12				46
6: Central		46	84	112	37	22	38	339
7: Penquis		30	329	88	40	90		577
8: Downeast		2	21	25	6	34		88
9: Aroostook				14		70		84
DV Resources			8			11	69	88
Statewide	309		1079			667		2055
Grand Total	309	194	2404	513	343	1092	114	4969



Data Sources: 2020 Maine Continuum of Care Housing Inventory Count; MaineHousing Data

2020 Maine Housing Inventory by Service Hub

VI. SUPPORTIVE HOUSING PIPELINE DEVELOPMENT

As a component of the Homeless System Re-Design Initiative, CSH and *MaineHousing* have convened five sessions of the affordable and supportive housing workgroup over the last four months. The purpose of this workgroup was to develop recommendations and plans for creating an initial goal of 200 units of housing (160 Affordable and 40 Supportive). This is an effort to expand the existing pipeline in Maine and to look at some strategic adjustments to continue that expansion.

Regarding cost analysis for this goal, CSH presented a draft analysis for creating the planned units. After discussion with the workgroup, several of our initial assumptions were revised and the cost worksheet included below is based on those discussions. On the resource side, CSH surveyed existing resources and potential new resources such the Homeless Assistance and Supportive Services Program (HASSP) from HUD, a component of the new American Rescue Plan legislation (see attached summary).

The recommendations included here focus on the capital and operating resources needed to create the pipeline goal. The possible sources for services funding, including HASSP are noted below. These recommendations are not intended to include all potential strategies for ending homelessness in Maine, but rather to attempt to chart a short-term course toward beginning toward that goal.

ENCOURAGE PRODUCTION OF SUPPORTIVE HOUSING IN ALL AFFORDABLE HOUSING DEVELOPMENTS.

While the state has created an effective means of creating supportive housing units, especially through use of the Housing Trust Fund, inclusion of supportive housing units in *all affordable* housing developments will help bring more supportive units online faster. To do this we recommend the following changes:

- *Revise the Qualified Allocation Plan and related program standards to make a certain percentage of supportive housing units a **threshold requirement** for affordable housing developments using tax credits or other state-controlled resources.* CSH conducts a survey of QAP's for all jurisdictions every year <https://www.csh.org/qap/> and what we have found is that states are successfully using thresholds rather than points for encouraging development of supportive housing. We recommend that a minimum of 4 units or 15% of all units in a development be supportive housing for homeless individuals or families.
- *Use Project-Based Vouchers (PBV's) from MaineHousing and other sources to ensure affordability of supportive housing units in affordable housing projects and incorporate their use into funding applications.* While our cost analysis shows the need for operating subsidy for deeply affordable units as well as for supportive units, we are recommending a minimum of 40 subsidies be designated for projects including supportive housing units over the next three years.
- *Support and enhance the redevelopment of RDA multi-family developments with the goal of including a number of supportive housing units in appropriate developments.* Support could include gap financing and/or project-based vouchers where necessary. Our understanding is that some 8,000 units will be re-developed and the preservation of that many units means that including a minimum of 100 units of supportive housing within these developments in appropriate locations should be possible.

IDENTIFY NEW RESOURCES FOR THE CREATION OF AFFORDABLE AND SUPPORTIVE HOUSING.

- *Investigate American Rescue Plan Act resources, especially Homeless Assistance and Supportive Services Program (HASSP).* Maine's estimated allocation under for homeless assistance through HASSP is \$15,924,780 through the state, \$3,648,903 through the City of Portland and \$1,726,736 through the City of Auburn. Prioritizing the use of the statewide funds to be used in fully supportive or integrated affordable/supportive developments should happen quickly. An important feature, as its name suggests, is that HASSP funds can be used for *services* in supportive housing. This can be used to provide funding to providers linked with developers of supportive and affordable units. We estimate that an initial investment of \$5 million in HASSP services funding would prime the pump for the later funding of services through other state and Federal resources.
- *Develop a specific legislative ask for additional capital and/or operating and services funding for supportive housing.* CSH encourages the state of Maine to fund a significant portion of this through debt. The cost of borrowing is at an historic low. Now is a good time to use debt as a source to help create an infrastructure of affordable and supportive housing units. Funds could be used for construction capital as well as for capitalized reserves to fund operations of projects aimed at extremely low and even no-income households. We recommend a *pilot initiative* linking capital services and subsidies to produce 40 units of supportive housing with a capital cost of approximately \$8 million.

STRUCTURAL – CREATE AN INTERAGENCY COMMITTEE ON SUPPORTIVE HOUSING(IACSH).

While the current efforts to organize planning among agencies through the work of the *Maine Homeless System Re-Design Initiative* may be effective, CSH's experience has shown us that a concerted and sustained effort to *end homelessness* can best be achieved through an empowered coordination of state agencies with the same goal.

- The first step is to sponsor legislation to create an IACSH. The legislation would detail the key state agencies who would participate, its governance and its methods of evaluation. Once the IACSH is created, the agencies would execute a Memorandum of Understanding (MOU) which would detail operations of the Committee and, in its first iteration, that MOU would list specific resources each agency would commit to the goal of ending homelessness in Maine.
- The IACSH would develop guidelines for supportive housing to clarify its goals for developers and service providers.
- The IACSH would create a working group of state officials from member agencies with personnel empowered to conditionally commit agency resources and to meet regularly to track progress.
- The IACSH should explore creating a supportive housing structured initiative which incorporates capital, operating funds and services in a unified RFP.

CAPACITY AND TRAINING

Maine has a number of very experienced affordable housing developers who have been effective at creating units of supportive housing. However, to enhance unit creation, existing developers would need to enhance their own capacity and additional developers might need to be attracted. Existing developers could expand and new developers could be attracted if there were a predictable consistent stream of resources for supportive housing.

In addition, because supportive housing development is more difficult than affordable housing development, training and technical assistance to supportive housing partnerships is critical. Training and technical assistance to developers and service providers should focus on three areas: the necessity of partnerships between developers, managers and service providers, the

more complicated siting and community support issues attendant to supportive housing and finally, the need to coordinate funding of three aspects of supportive housing simultaneously.

Creating a predictable stream of resources would help create additional capacity. Training and technical assistance to partnerships of developers, service providers and property managers involved in supportive housing production is an essential part of enhancing capacity as well. For example, Indiana, Connecticut and New Hampshire are just three states who have sponsored supportive Housing training institutes focused on these issues. The most effective institutes tie training to specific unified funding initiatives and we recommend this.

Ending homelessness in Maine requires a unified, coordinated approach. Leadership to bring together the disparate elements, state agencies, developers, service providers and other stake holders is a critical part of creating a plan and carrying it out. The commitment from *MaineHousing* to the current process is an example of this leadership. Moving to the next step will require the engagement of more key stakeholders with the single goal of ending homelessness.

VII. SUSTAINABILITY AND STRUCTURE OF EFFORT MOVING FORWARD

Building Shelter Capacity

CSH worked with the Statewide Homeless Council, the Shelter Provider workgroup and Service Hub planning sessions to determine what should be considered as a core competency and standardized across all shelter and outreach providers. Standardization will allow staff to provide quality services while ensuring such training is recognized as transferrable among agencies.

The capacity building discussions focused on identifying training needed to strengthen the shelter response and how to support shelter and outreach systems to operate *from a housing first framework with the goals of being low barrier, focusing on assessment and triage and intentionally linking people to resources so that they can move into permanent housing as quickly as possible*. With the goal having been identified as establishing continuity of training across providers and ensuring it is transferable among agencies, the stakeholders in the Maine Homeless System Re-Design have presented the list below as the core competencies to be included in the Service Hubs.

- Domestic Violence and sexual assault education
- Best practice for engagement of those unsheltered
- Evidence based practices including Critical Time Intervention
- Diversion/Rapid Resolution
- Housing first
- Trauma informed care
- Boundary setting
- Harm reduction
- Recovery coaching
- De-escalation
- Mental health first aid
- Tenancy support/Eviction Prevention
- Cultural Competencies, diversity/equity/inclusion

Service Hub Infrastructure and Support

Throughout the re-design process, it became clear that although there is great work happening across the state there is not statewide coordinated effort to support system infrastructure, training and capacity building and leadership in aligning statewide advocacy efforts. As such, the redesign effort recommends the initial funding for state-wide housing and homeless capacity building and support to centralize and coordinate activities of the redesign, support the activities of the Statewide Homelessness Council, lead fundraising efforts and possibly act as a fiscal agent for the redesign. Additionally, each hub will ultimately require funding to support the role of a Hub Coordinator. The coordinator will be responsible for facilitating case conferencing meetings, requesting and maintaining monthly by-name list, managing the Service Hub data dashboard and communicating with relevant stakeholders. Additionally, the Coordinators will play a role in leading diversion activities for the Hub.

Measuring Success

Tracking metrics and system performance post re-design is a critical component going forward for both sustainability, strategic planning and transparency. Publicly facing data dashboards created by CSH will allow both Service Hubs and the general public to track progress on a number of measures including:

- Number of individual served within a Service Hub
- Number of homeless families served
- Average length of stay in shelter
- Positive Exits from homelessness to permanent housing
- Special populations data including veterans and homeless youth (18-24)
- Demographic data to track racial disparities

Funding the Efforts of the Redesign

Implementation of the new Homelessness System will require the reallocation of existing funds as well as the dedication of new local, state, federal, and philanthropic resources to support this effort. With new resources through the American Rescue Plan (ARP), Maine will have the opportunity to support new capital development and services to people who experience homelessness, however, gaps still exist. New resources are required to support capacity building and statewide coordination to ensure success. This includes hub staff support at the local level, statewide coordination and support, enhanced training for shelter and outreach providers and data management to monitor progress.

Re-Design Component	Amount	Potential Funding Source
<i>Service Hub Coordination</i>	\$899,620	State/Local Fiscal Recovery Funds (SLFRF), HOME
<i>Statewide Capacity and Support</i>	\$225,000	Philanthropy
<i>211 Central Intake</i>	\$75,000	HOME
<i>Diversion Flexible Funding</i>	\$3,110,224	ERA
<i>Rapid Rehousing Services</i>	\$2,844,982	HUD CoC
<i>Rapid Rehousing Flexible Rental Assistance</i>	\$10,961,160	EHV
<i>Supportive Housing Capital</i>	\$96,508,500	HOME, LIHTC
<i>Supportive Housing Operations</i>	\$8,161,066	MaineHousing and PHA PBV
<i>Supportive Housing Services</i>	\$6,580,125	DHHS, Medicaid, Health Centers

LEVERAGING AMERICAN RESCUE PLAN TO SUPPORT IMPLEMENTATION

Name of Program	Amount	Use Towards Redesign	Remaining Funds
Emergency Rental Assistance	\$125 million	•\$3,110,224 (Diversion)	\$121,900,000
HOME Supplemental Allocations	<ul style="list-style-type: none"> •Non Entitlement ME \$15,685,918 •Auburn ME \$1,700,829 •Portland ME \$3,594,143 	<ul style="list-style-type: none"> •\$7,550,160 (capital) •\$1,050,000 (SH services) •13,880,858 (AH Capital) 	\$0
Emergency Housing Vouchers	\$25 million	<ul style="list-style-type: none"> •\$10,961,160 (2,592 Rapid Rehousing) •\$5,652,100 (AH Operations) 	\$8,386,740
Housing Assistance and Supportive Services Programs for Native Americans	<ul style="list-style-type: none"> •Aroostook Band of Micmacs \$599,405 •Houlton Band of Maliseet Indians \$443,423 •Passamaquoddy Tribe \$680,205 •Penobscot Nation \$673,284 •Pleasant Point \$550,687 	•	•
State and Local Fiscal Recovery Funds (SLFRF)	\$1,651,732	<ul style="list-style-type: none"> •\$899,620 (Service Hubs) •\$75,000 211 Central Intake 	\$677,112

Recommendations	Details
<p>Designate a specific entity to oversee Service Hub implementation, monitor system performance and lead coordinated advocacy efforts.</p>	<p>A common component among high-performing Homeless Response Systems across the United States is a non-profit entity overseeing a coordinated response and advocacy effort. Such an entity is often better suited to serve in this role over a State or Quasi-State agency given its independence and lack of conflict of interest. This allows for stronger advocacy efforts and better management and coordination of local operations. In Maine, this entity would house and oversee staffing needs for Local Service Hubs, create and execute a policy advocacy agenda and conduct additional fundraising as needed.</p>
<p>Implement a flexible, coordinated diversion program to reduce first time entries into homelessness</p>	<p>74% of all entries into Maine HMIS are entering the system for the first time, offering a significant opportunity to increase diversion services. Experiencing homelessness is a traumatic event with long-term effects on well-being and health outcomes. Therefore, diversion programming aimed to prevent entry to shelter in the first place is a critical component to a high performing homeless response system. Maine can strengthen its system by implementing coordinated diversion program at the state and local service hub levels.</p>
<p>Establish a statewide "front door" to streamline diversion and referral services.</p>	<p>In support of increased flexible diversion services, Maine should secure investment into strengthening a statewide "front door" such as 211 for purposes of diversion and referral. Housing Specialists on 211 staff should receive training on system navigation, proper screening methods and trauma-informed care/communication. Housing specialists will screen and refer clients to the Service Hub best suited to their needs. The Service Hub can also take additional steps to divert before referral to shelter.</p>
<p>Standardize and Professionalize Training and Core Competencies for Shelter Staff.</p>	<p>Steps should be taken within each Service Hub to align Core Competencies for positions within shelters and outreach teams serving homeless individuals. Staff should have access to standardized, essential trainings upon hire that are connected to the universal core competencies. As part of this effort, completion of such trainings should be recognized as "transferrable" to other agencies. Service Hubs should work towards selecting one virtual training provider that can fill this need using a coordinated advocacy approach to secure the necessary funding to support the broader goal of professionalizing shelter and outreach work.</p>
<p>Improve efforts to address rising racial disparities within the homeless system.</p>	<p>Overall, Point in Time (PIT) rates of homelessness in Maine are declining, however when disaggregated by race, the data tells a different story for BIPOC (Black, Indigenous, People of Color). While the percentage of White individuals declined 29% between 2015-2019, the percentage of Black individuals has steadily risen year over year (43% between 2015-2019). Therefore, it is recommended that steps be taken to embed a focus on racial disparities within overall data quality improvement efforts. This includes regularly disaggregating data at the Service Hub level to examine disparities and develop strategies to address them.</p>
<p>Promote systems integration and protect vulnerable populations by preventing discharge from</p>	<p>Modeling efforts in states such as California and Connecticut, Homeless System stakeholders can engage policymakers and health care providers to address and prevent discharge to homelessness using a variety of methods including legislation, outreach and increased collaboration within Service Hubs. In 2018, California passed legislation requiring hospitals to create a homeless patient discharge plan and may only discharge an individual to a "safe and appropriate</p>

<p>healthcare facilities to homelessness.</p>	<p>location”. Facilities are also required to developing a written plan for coordinating services and referrals for homeless patients with the county behavioral health agency, health care and social services agencies in the region, health care professionals, and nonprofit social services providers to assist in ensuring appropriate homeless patient discharge. In Connecticut, Coordinated Access Networks (CANs) work closely with local hospitals to conduct intakes on-site to expedite the process for homeless clients to enter the By-Name List for housing resource prioritization. In taking this approach, Maine can take steps to limit or eliminate discharges to homelessness, a contributing factor to shelter inflow.</p>
<p>Endorse existing efforts for General Assistance Reform</p>	<p>Support ongoing efforts by Maine Equal Justice and other stakeholders to address General Assistance and homelessness prevention/response. Provide advocacy and support for current legislation addressing General Assistance</p>
<p>Formalize Interagency Collaboration to Support Supportive Housing Pipeline Development</p>	<p>Identify new resources for supportive housing</p> <ul style="list-style-type: none"> • Develop a specific legislative ask for additional capital and/or operating and services funding for supportive housing • Explore Medicaid financing for tenancy supports <p>Create an Interagency Committee on Supportive Housing (IACSH) to coordinate funding</p> <ul style="list-style-type: none"> • Include state agencies responsible for services, operation, capital and population specific housing needs • Develop MOUs and consolidated Supportive Housing RFP for capital, operating and services • Integrate efforts with Medicaid Reform (IAP) • Support capacity building, training and technical assistance • Launch Supportive Housing Institute • Develop standards and monitor quality
<p>Encourage SH Production in All Affordable Housing Developments</p>	<ul style="list-style-type: none"> • Revise Qualified Allocation Plan to include a supportive housing threshold requirement for affordable housing developments using tax credits or other state-controlled resources • Target Project-Based Vouchers (PBV’s) from MaineHousing to ensure affordability of supportive housing • Support and enhance the redevelopment of RDA multi-family developments with the goal of including a number of supportive housing units in appropriate developments. • Ensure there is a fair share of affordable and supportive housing regionally
<p>Leverage Opportunities through American Rescue Plan to Support the Goals and Efforts of the Redesign</p>	<ul style="list-style-type: none"> • Convening HOME funding municipalities and Public Housing Authorities • Acquisition of property for development • Hotel conversion into permanent housing • Targeting funding to the most marginalized and to achieve equity • Investment in Service Hub Structure • Flexible Housing Subsidy Pool • Set housing and development goals that target people in hotels, outside and in shelter • Coordination with LIHTC to buy down debt and increase affordability

APPENDIX B: PIPELINE DEVELOPMENT COST ESTIMATES

Maine Affordable and Supportive Housing Cost Estimates

Cost Assumptions						
Capital	Total Development Cost	\$	188,754	per unit		
Services	Household Service Cost	\$	7,500	per year		
Operations	Yearly Operating Subsidy	\$	9,745	per year		

Need		Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Total
Unit Type	Affordable Housing Units	100	60	0	0	160
	Supportive Housing Units	20	20	0	0	40
	Total	120	80	0	0	200

Analysis		Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Total
	Total Affordable Housing Capital Cost	\$ 18,875,400	\$ 11,325,240	\$ -	\$ -	\$ 30,200,640
	Total Affordable Housing Operating Cost	\$ 974,500	\$ 1,559,200	\$ 1,559,200	\$ 1,559,200	\$ 5,652,100
	Total	\$ 19,849,900	\$ 12,884,440	\$ 1,559,200	\$ 1,559,200	\$ 35,852,740
	Total Supportive Housing Capital Cost	\$ 3,775,080	\$ 3,775,080	\$ -	\$ -	\$ 7,550,160
	Total Supportive Housing Operating Cost	\$ 194,900	\$ 389,800	\$ 389,800	\$ 389,800	\$ 1,364,300
	Total Supportive Housing Service Cost	\$ 150,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 1,050,000
	Total	\$ 4,119,980	\$ 4,464,880	\$ 689,800	\$ 689,800	\$ 9,964,460

Total AF + SH Cost (Year 1-4)	\$	23,969,880	\$	17,349,320	\$	2,249,000	\$	2,249,000	\$	45,817,200
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Year 5+ Operating and Service Cost	\$	2,249,000
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Timeframe: May-July 2021	
Duration: 90 minutes	
Suggested Core Attendees: <ul style="list-style-type: none"> • HUB Coordinator • Members of any existing coalition or initiative • Shelter and Outreach Providers • Local Administrative Agencies for BRAP/S+C • Housing Providers • Public Housing Authorities 	Other Key Stakeholders: <ul style="list-style-type: none"> • General Assistance • CAP Agencies • Justice Discharge Planning • Hospitals and Health Centers • Mental Health Providers • Veteran's Affairs • Child and Family Welfare • Tribal Leaders • Faith Based Organizations • Soup Kitchens • McKinney-Vento/Education • Cultural Broker Organizations

SAMPLE AGENDA

- I. Introduction of Goals and Role of Hubs
- II. Timeline of Launch
- III. Setting the Table
 - a. *Who is at the table and who is missing?*
- IV. Coordinating our work together
 - a. *Establishing a Hub Coordinator*
 - b. *Process for 211 to make and for the hub to receive referrals and make initial appointments (in person and virtual)*
 - c. *Developing MOUs*
 - d. *Establishing process for review of BNL*
 - e. *Process for diversion*
 - f. *Housing Matching Meetings*
- V. Develop a regular schedule and timeline
 - a. *Develop frequency of case conferencing in Service Hubs*
- VI. Questions and concerns to bring back to the Coordinated Entry Committee and/or to the SHC or CoC.

HUB	Current Collaboration to Build Upon	Key Initial Partners
Hub 1: York	Stakeholders Group, Bridges of Hope	Caring Unlimited, York County Shelter, CAP Agency, FQHC, Justice, Caring Unlimited, Fair Tide
Hub 2: Cumberland	Long Term Stayers Initiative	16 Orgs involved, Through These Doors
Hub 3: Midcoast	Southern Mid-coast Housing, Ecumenical Council for Homeless Prevention, Waldo County Homeless Coalition, Community Services Group (Waldo)	The Gathering room, Healthcare, Community Resource Council (Lincoln), Waldo Community Action Partners, Greater Bay Area Ministerium - GBAM, New Hope for Women, Through These Doors,
Hub 4: Androscoggin	Lewiston/Auburn Alliance for Supporting Homelessness	New Beginnings, Municipal Leaders, Community Concepts, Safe Voices, Trinity Jubilee, Tri-County Mental Health, Common Ties.
Hub 5: Western	Identified Gap	Kennebec Behavioral Health (PATH Outreach Services), CCI, Western Maine Community Action, Rumford Group Homes, Safe Voices, Common Ties, New Beginnings, TCMHS,
Hub 6: Central	Affordable Housing Taskforce	GA, Justice, Churches, Municipal Leaders, Starfish Ministry, Bread of Life, Family Violence Project
Hub 7: Penquis	Bangor Region Housing Response, Community Health Leadership Board, Long-term stayers Initiative	Partners for Peace
Hub 8: Downeast	Identified Gap	Community Health and Counseling Services (PATH), Next Step DV Project
Hub 9: Aroostook	Homeless Stakeholders Group	Community Action Agency, Social workers, Justice, Legal Assistance, shelter, housing providers, Hope and Justice Project