HSRI

Maine State Housing Authority Homeless Initiative: Gaps and Needs Analysis

Final Report, October 2019

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Executive Summary

Background

The Maine State Housing Authority (MaineHousing), on behalf of the Maine Continuum of Care (MCoC), commissioned a gaps and needs analysis of homeless initiatives in the state. The goal of the analysis was to take a comprehensive look at the services, resources, and housing available to and needed by people and families experiencing homelessness in Maine and to better understand the barriers they face and their unmet needs. An additional goal was to better understand the issues that contribute to becoming and remaining homeless in Maine.

Methodology and Approach

To conduct this study and develop recommendations for Maine, we used a mixed-methods approach that consisted of four main elements:

- reviewing documents and reports;
- conducting focus groups throughout Maine with current or past guests of shelters funded by the MaineHousing Emergency Shelter and Housing Assistance Program (ESHAP);
- conducting interviews with a range of key informants; and
- conducting surveys with staff from MaineHousing-funded shelters and the McKinney-Vento Liaisons in school districts throughout Maine.

Data Sources

We conducted six focus groups in each of the three Maine Homeless Regions—for a total of 18 focus groups with 140 current or past guests at homeless shelters. Interviews were conducted with 28 individuals out of the 37 who were contacted, consisting of a core group identified by MaineHousing and expanded through snowball sampling. Surveys were completed by staff from 31 MaineHousing-funded shelters (86% response rate) and from 102 school districts (44% response rate).

The following types of quantitative data were obtained for the analysis.

Point-in-Time Data: Data on sheltered and unsheltered people experiencing homelessness in Maine during one day in January for the years 2015 through 2019; also data on subpopulations experiencing homelessness in Maine in 2018 and 2019.

Emergency Shelters HUD System Performance Measure 3: Data on people in Maine who spent at least one night in a shelter between 2015 and 2018.

U.S. Department of Education: Data on children and youth in Maine who were homeless and enrolled in public schools for school years 2014-2015 through 2016-2017.

HUD Continuum of Care (CoC) Housing Inventory Count (HIC): Data on beds and units available in temporary/transitional and permanent housing in Maine in January 2018.

HUD CoC Public Housing Authority (PHA) Crosswalk: Data on Housing Choice Vouchers (HCV) and public housing units available in Maine as of June 2018.

Maine Shared Community Health Needs Assessments: Information on the 2018 health priorities identified during community forums in counties in Maine.

211 Maine: Data on the requests that came into 211 Maine from Aug. 19, 2018 - Aug. 18, 2019.

Organization of this Report

The first section provides a discussion of the background and methodology for this project, focusing on providing the key Maine context. The second section provides the findings of the gaps and needs analysis. The final section consists of recommendations with suggested action steps and entities responsible.

Key Findings

Homelessness in Maine

In the January 22, 2019 Point-in-Time (PIT) count, there were 1,215 people experiencing homelessness in Maine. This includes people both sheltered and unsheltered and marks an 8% increase from 2018. The majority of the people experiencing homelessness in Maine on that night were in a shelter. However, based on discussions with stakeholders, there may be an undercount of people in rural areas, unaccompanied youth, and those who are unsheltered. In 2019, Maine conducted a youth addendum survey on the same night the PIT count was conducted; however, data from that survey was not available for inclusion in this report.

In 2018, there were 5,640 people served in emergency shelters that report to the Homeless Management Information System. The number of people served in shelters in Maine between 2015 and 2018 has declined; however, the number remained relatively the same between 2017 and 2018.

Focus group participants that were unsheltered noted that they were camping, living on the street, or couch surfing. Others had recently moved to sober living or were living at the Y or other locations. Reasons for not staying in the shelter included being restricted from shelters (i.e., not being allowed to stay at shelters) because of behavior issues or breaking shelter rules, being part of a couple and wanting to be together, or trying to stay clean and the shelters available were low-barrier.

POPULATIONS FACING HOMELESSNESS IN MAINE

The people counted in the 2019 PIT as experiencing homelessness were more likely to be male and non-white compared to Maine's population. In 2018, a person in an emergency shelter in Maine was more likely to be male, a racial minority, and younger than a typical Maine person.

Compared to the 2018 PIT count, the 2019 count showed more people identifying as having a substance use disorder and being chronically homeless or a youth or unaccompanied youth. In 2019 there were fewer people experiencing homeless that identified as being a domestic violence survivor, as having a mental illness, and of being a veteran.

Over one third of the households in the 2019 PIT count were families with children.

CHILDREN/YOUTH WHO ARE HOMELESS AND ENROLLED IN PUBLIC SCHOOLS

During the 2016-2017 school year (the last year for which there is publicly available data) there were 2,515 children and youth who were homeless in Maine public schools. The number of children and youth who were homeless grew between the 2014-2015 and the 2016-2017 school year. The increase occurred in the four subgroups for which data is captured: migratory children/youth (i.e., the family needing to move to the area out of economic necessity or due to work in temporary or seasonal employment in the fields of agriculture or fishing); children with disabilities as defined by the Individuals with Disabilities Education Act; unaccompanied youth (i.e., children and youth who are homeless and not in the physical custody of a parent or guardian); and English learners (i.e., students with limited English proficiency).

The primary nighttime residence of the majority of the children and youth who are homeless and enrolled in Maine public schools is being doubled-up (e.g., living with another family or staying with friends). Less than a quarter of the children and youth were staying in shelters. This has been consistent across the last three school years for which data are available.

Factors Contributing to Homelessness

Many focus group participants and stakeholders identified economic conditions and poverty as major contributors to homelessness. They noted issues of low wages, limited jobs or employments in certain towns or municipalities, the high cost of childcare, high cost of housing, housing being foreclosed or torn down, etc. In regard to children and youth, they identified factors such as having issues with families and roommates, being kicked out of the home by the parents, death of parents, being LGBTQ and not accepted at home, aging out of systems, and losing home because of violation of lease.

Other factors identified included health, mental health and substance use issues, domestic violence, and a lack of affordable housing. All these factors correspond to the five major subsets of populations identified in the *Maine Plan to End & Prevent*

Homelessness: 1) people who are chronically homeless; 2) people who are circumstantially homeless; 3) families experiencing homelessness; 4) victims of domestic violence; and 5) unaccompanied youth.

Stakeholders also identified the issue of people being discharged from hospitals and the criminal justice system and into homelessness. They also identified state and local policies that contributed to homelessness in Maine, including: the fact that the state did not adopt Medicaid expansion until only recently; reductions in the availability of intensive case management; work limits for SNAP; a relatively low minimum wage; local control that impacts the availability of affordable housing; and zoning restrictions that impact the availability of housing.

Stakeholders noted that there are two groups of unaccompanied youth: those who've experienced some crisis or issue at home and who can be possibly reunited with their families with appropriate supports; and those youth who cannot be reunited with their families.

Homeless and Housing Resources and Services

RESOURCES AND SERVICES AVAILABLE

Maine CoC 2018 HIC: The number of year-round beds and units reported in 2018 that were temporary/transitional and permanent housing were comparable (2,724 and 2,747, respectively). There were more transitional beds/units available than emergency shelters (1,494 and 1,225, respectively). The majority of the permanent housing beds/units were permanent supportive housing (2,260). Eleven percent of the housing was in Rapid Re-Housing (RRH) (n=298). Over half of the bed/units reported in 2018 were adult-only beds (n=2,864), 47% (n=2,597) were family beds, and 15% (n=837) were units for families. Only 20 beds were child-only beds. Most of the beds/units for people who are chronically homeless and veterans are in permanent housing; all the beds available for youth are in emergency shelters or transitional housing.

PHA Housing Resources: MaineHousing was the PHA that had the most Housing Choice Vouchers available as reported in June 2018—followed by the Portland Housing Authority, Lewiston Housing Authority, the Housing Authority of the City of Westbrook, and then Auburn Housing Authority. The Portland Housing Authority reported the greatest percentage of public housing in June 2018, followed by the Housing Authority City of Bangor, Lewiston Housing Authority, and the South Portland Housing Authority. Some PHAs offer a preference in their tenant/client selection process to or reserve a certain portion of available housing resources for persons experiencing homelessness.

ESHAP Shelter Resources: There are currently 36 ESHAP funded shelters in Maine. Some counties in Maine have one or no shelter. ESHAP staff who responded to our survey reported that most of the ESHAP shelters serve more than one population (e.g., single men and women and families); however, some shelters only serve unaccompanied youth, single men, or single women.

The majority of the ESHAP staff reported in the shelter survey (85% of survey respondents) that the shelters do not have limits on the length of time that guests can stay in the shelter. They also reported the rules that shelter guests must follow while staying in the shelter. For the most part, current and past shelter guests saw the rules as important for the safety of the guests, especially in shelters that housed persons fleeing domestic violence. However, some of the focus group participants identified some rules as being problematic. These included: not being allowed to leave during the first two weeks, to have guests at the shelter, or to leave the shelter for over 23 hours; having to pay part of their income to stay at the shelter; having to turn over food stamp cards, even if others were taking care of their children, etc. Many of these rules pertain more to the high-barrier or dry shelters. Some of the guests also noted that it was challenging for people that work late or overnight shifts to have to leave the shelter early in the morning.

Reported in the shelter survey were the housing resources and services available within the ESHAP funded shelters. Shelters reported providing assistance to apply for housing vouchers/subsidies and for housing, locating housing, working with potential landlords/homeowners, and making referrals and connections to permanent housing. Most of this assistance is provided by housing navigators or case managers/workers. Stakeholders identified the housing navigators as a game changer in helping people obtain and keep housing. Rent Smart (a renter education course) or similar tenant education course was provided by most of the shelters that responded to the shelter survey. Focus group participants that were familiar with the course noted that it was very helpful.

Also reported in the shelter survey were the supportive resources and services available in ESHAP funded shelters. Almost all of the shelters provided guests assistance with obtaining benefits and entitlements. Most of the shelters provided assistance with transportation, case management services, and financial management skills or education.

Public School Resources: According to respondents of the school survey, most of the students who are homeless are identified through referrals from school personnel, though there are also families who seek services or supports.

General Assistance: Focus group participants and stakeholders identified that the support provided by General Assistance varies across the state. Some will pay for shelter fees and assist with paying for housing while others are more preventive focused and will only pay for rent in order to keep people from losing their home or housing.

Community Resources: There are many resources available in Maine to help people who are homeless or at risk for homelessness. Focus group participants and stakeholders identified community resources such as food pantries, soup kitchens, personal essentials pantries (where people can get toilet paper, toothpaste, diapers and other things not covered by SNAP), day or drop-in programs, and assistance with obtaining clothing and household goods. Some of these resources are available from faith-based communities.

211 Maine: This statewide service, part of a national 211 movement, provides information and resources in the areas of health and human services via phone, text, email and a searchable online resources directory. Housing-related assistance was the second top requested category between Aug. 19, 2018 and Aug. 18, 2019; there was a total of 6,225 requests in that category. The top three housing and shelter requests were related to rental assistance (34.2%, n=2,129), low-cost housing (27.3%, n=1,702), and shelters (21.6%, n=1,345). The zip codes with the most requests in the area of housing shelter came from Washington, Cumberland, Kennebec, Hancock, York, Androscoggin, Somerset and Oxford counties.

Collaboration and Coordination: The shelter survey respondents and stakeholders noted there was collaboration and coordination occurring among shelters, service providers and within the homeless and housing system.

RESOURCES AND SERVICES BARRIERS, GAPS, AND NEEDS

Shelter Availability and Capacity: Focus group participants and stakeholders noted the limited capacity of emergency shelters in Maine; they are typically full or difficult to get into, or there is only one or no shelters in an area or county. Focus group participants noted the need for shelters for single men with children, more shelters for single women, and more high-barrier/dry shelters in some areas of the state. Some stakeholders noted an insufficient number of low-barrier shelters and shelters that truly follow the Housing First model. Both focus group participants and stakeholders noted a need for more youth shelters. It was also noted by stakeholders that it was not ideal to house younger youth (i.e., 14-year-olds) with youth who are 18 years old. Stakeholders identified issues with finding new locations for shelters or expanding the availability of shelters or shelter capacity. Some of these challenges were related to issues of NIMBYism ("not in my back yard").

Restriction from Shelters: As previously noted, restriction from shelters because of behavior issues or rule-breaking was identified by both focus group participants and stakeholders as an issue since, in some cases, people are restricted from every shelter in an area and thus have no place to go and are driven to live outdoors. Stakeholders noted that those being restricted from shelters tend to be individuals with more behavioral health issues and those who require more supports.

Role and Availability of Housing Navigators: Focus group participants and stakeholders identified that the role of housing navigators varies across the state. In some areas, housing navigators do not assist with locating and finding housing, and this proves challenging for guests when they don't have transportation and/or when they're looking for housing in different towns or areas.

Information and Resources Needed by Shelter Guests: The focus group participants noted needing more information about vouchers and resources, eligibility for benefits, and restrictions of the benefits (e.g., how many hours one can work before losing benefits.)

Workforce Issues: Focus group participants discussed the need for more peer navigators within the shelters. A focus group participant discussed the need for shelter staff to be better trained to respond to mental health crises. In one of the focus groups, participants discussed high staff turnover rates at the shelter.

Barriers Obtaining Housing: Respondents of the shelter and school surveys, focus group participants, and stakeholders identified many of the same barriers to obtaining housing. These included: getting vouchers/subsidies; finding vacant and available housing; lack of affordable housing; lack of money for rent deposits; housing vouchers/subsidies insufficient to meet market rents; landlords not accepting vouchers/subsidies; housing not passing inspections (i.e., meeting the housing quality standards set by HUD); and people having bad or no credit or references and a criminal background or being a sex offender. Some of the stakeholders noted that some of the barriers to housing are removed when they have good relationships with landlords and property management companies. Stakeholders also noted that it was helpful for landlords and property management companies to know that they could reach out to them if any issues arose with a tenant and that they were also available to provide ongoing supports to the tenants; though stakeholders also noted a limited capacity to provide ongoing supports once people are housed. Respondents of the shelter survey and stakeholders noted the need for more Housing First programs for both youths and adults. A lack of vouchers for people with substance use disorder was also identified.

Barriers Keeping Housing: Some stakeholders noted that a recent focus has been on short-term vouchers (those that are capped at 12 or 24 months) and that there was a need for more long-term vouchers. It was noted that people with short-term vouchers end up having to move, get another voucher, or return to homelessness when the vouchers run out. Stakeholders also discussed the need for ongoing supports once people are housed to ensure they can keep their housing. The supports needed and provided should vary depending on the length of time a person was homeless and the needs of the individuals (e.g., those who are chronically homeless versus circumstantially homeless). Stakeholders also noted that the levels of supports need to be flexible and adjusted as support needs change. Ongoing supports are seen as important for identifying possible issues and preventing individuals from reentering homelessness.

Availability of Supportive Services: Focus group participants identified the need for more mental health and substance use services, such as inpatient and outpatient treatment, detox, psychiatrists, and medication management. Some focus group participants also identified the need for more behavioral health services to be provided within the shelters because issues with transportation and insurance make it difficult for people to participate in services. Stakeholders also identified the need for more supportive services to help people that need the services keep their housing. Access to transportation was another major barrier that was identified in the shelter and school surveys, by focus group participants and stakeholders. Transportation is an issue throughout Maine, though it proves more challenging in rural areas and for

people who do not have MaineCare. Focus group participants also addressed needs for childcare, the high cost of childcare, and needs for legal services.

Barriers to receiving supportive services identified by focus group participants, respondents of the shelter and school survey, and stakeholders included: insufficient capacity of services or services are not available; transportation to services; and insurance issues (e.g., not paying for service or MaineCare not accepted by providers) or not having the ability to pay for services.

Criminalization of Homeless Behaviors: Focus group participants and stakeholders noted there are issues with people who are homeless and/or have mental health and substance use disorders getting arrested, ticketed, or fined for homeless behaviors such as trespassing and/or sleeping in public places or abandoned buildings. The criminalization of homeless behaviors leads to arrest records and fines and fees that further stand in the way of people getting jobs or housing.

Barriers Faced by Students Who Are Homeless and Unaccompanied Youth: School survey respondents, focus group participants, and stakeholders identified that children/students and families who are homeless and unaccompanied youth faced many of the same challenges as others. These included barriers to getting and keeping housing, low or no income, transportation issues, mental health and substance use issues, and the need for more supportive services. The respondents of the school survey, focus group participants, and stakeholders also discussed challenges for unaccompanied youth to enroll, attend, and succeed in school. Respondents of the school survey and stakeholders also identified the need for more supportive services for unaccompanied youth to help them get and keep housing.

Improving Collaboration and Coordination: The shelter survey respondents identified ways that collaboration among the shelters and other providers could be improved, including: having more networking opportunities; obtaining more buy-in and participation in Coordinated Entry; increased awareness and education about homelessness, homeless services, and homeless shelters; more coordination between the shelters and service providers; and more focus on preventing homelessness (e.g., helping pay back rent) instead of placement in a shelter; better mechanisms for sharing funding; more involvement in joint initiatives instead of only coordinating client transfers; and the shelters establishing more relationships with other providers so that there are more successful linkages to services. Stakeholders discussed the need for a more comprehensive homeless and housing system which includes coordinated entry, by-name lists, case coordination, communication across providers, a focus on prevention (i.e., keeping people from losing their housing) and on providing more long-term supports and services.

More Involvement of Services Users in System: Stakeholders noted there was some level of involvement and input from service users within the homeless and housing system and provider agencies. However, stakeholders acknowledged that there was room to increase the participation of service users within the system. More involvement is also needed of youth and their families in statewide initiatives like the Statewide Homeless Council. Some current and past shelter guests that participated

in the focus group wanted more forums to provide feedback and to engage in advocacy activities.

Recommendations

The recommendations below are listed in order of priority, with Recommendation 1 having the highest priority and Recommendation 9 the lowest priority for implementation. Each has a corresponding priority ranking (low or high) and timeframe suggestion: ongoing; short-term (i.e., planning should be occurring now or within the next 3 months); mid-term (i.e., planning should begin within the next 6 months); or long-term (i.e., planning should begin within the next year). Though many of the recommendations will require close collaboration and coordination across the different systems and entities responsible for homeless and housing issues within Maine, we have listed the entity responsible in order of greater responsibility.

Recommendation 1: Increase the availability of affordable and safe housing			
RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
1.1 Assess or analyze the availability of affordable housing in the public and private sectors	High	Short-term	Statewide Homeless Council and Maine CoC (MCoC)
1.2 Advocate with public housing authorities (PHAs) to consider adopting a homeless preference[1]	High	Short-term	MCoC, Statewide Homeless Council, and MaineHousing
1.3 Explore the possibility of developing more housing with PHAs	Low	Long-term	MCoC, Statewide Homeless Council, and MaineHousing
1.4 Increase knowledge around tax credit units, multi-family units, and 811 projects	Low	Long-term	Statewide Homeless Council, MaineHousing, and MCoC
1.5 Explore resources to support property owners in the rehabilitation and repair of housing to increase housing stock that meets inspections standards	Low	Long-term	Statewide Homeless Council, MCoC, and MaineHousing
1.6 Encourage Maine Department of Economic and Community Development and entitlement communities to consider using Community Development Block Grant (CDBG) to develop a risk mitigation pool to cover damages;[2] this would provide private property owners and managers with an incentive to rent to people who are homeless	High	Mid-term	MaineHousing, MCoC, and Statewide Homeless Council

[1] https://www.usich.gov/resources/uploads/asset_library/PHA_Guidebook_Final.pdf
[2] See the following resource: https://www.usich.gov/solutions/housing/landlord-engagement/

1.7 Continue to provide Housing First model for persons with substance use disorder (SUD)	High	Ongoing	MaineHousing, MCoC, and Statewide Homeless Council

Recommendation 2: Improve the availability and capacity of shelters			
RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
2.1 Identify subgroups or areas of the state for which there are shelter gaps or not enough shelter capacity	High	Short-term	MCoC
2.2 Continue to focus on housing Long Term Stayers in shelters and implementing and supporting By-Name efforts throughout the state; adopt similar collaboration and coordination efforts as the Long Term Stayer initiative, such as By-Name list review and case consultation for Rapid Re-Housing (RRH) participants	High	Ongoing	MCoC
2.3 Advocate with shelters to decrease long-term restriction of people from shelters and to bring people back into the shelters	High	Short-term	Statewide Homeless Council and MaineHousing
2.4 Increase shelter flow by increasing the number of RRH units in the community	High	Long-term	MCoC
2.5 Create a communitywide initiative to prevent homelessness: Convene a meeting of all agencies and providers regarding potential "prevention resources" including SSVF, ESG-funded initiatives, Legal Aide Providers, faith-based programs, fuel assistance programs. Determine any gaps in prevention resources and identify possible greater efficient use of resources	Low	Mid-term	MCoC and Statewide Homeless Council

Recommendation 3: Enhance supportive services pre- and post-housing placement			
RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
3.1 Develop strategies to provide more supportive services within shelters or outreach programs	High	Short-term	MCoC and MaineHousing
3.2 Provide more supports to help people find housing (includes staffing and transportation)[3]	High	Short-term	MaineHousing, DHHS, and MCoC
3.3 Explore options to provide post-housing supportive services based on individual need	High	Short-term	MCoC, DHHS, and MaineHousing
3.4 Explore grant opportunities to provide support services for persons that are not Medicaid eligible	High	Long-term	DHHS, MCoC, and MaineHousing

Recommendation 4: Increase the availability of housing vouchers and subsidies			
RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
4.1 Fully implement a Coordinated Entry System (CES)	High	Short-term	MCoC
4.2 Through CES, prioritize resources based on vulnerability, length of time homeless, and assessed likelihood the household will not leave homeless system without support	High	Short-term	MCoC
4.3 Through CES, ensure that people are connected to vouchers and subsidies that provide the appropriate needs (e.g., short-term vouchers/subsidies more appropriate for some populations like victims of domestic violence, youth, persons with SUD/COD)	High	Short-term	MCoC
4.4 Work with PHAs to increase voucher payment standard amount where voucher utilization is low	Low	Long-term	MaineHousing and MCoC
4.5 Maximize existing RRH a. Monitor RRH projects to identify barriers to full utilization b. Identify RRH participants that need more intensive housing intervention and create a move-on strategy as necessary. c. Review operations of all RRH programs including ESG, SSVF, and CoC Program funds to create meaningful targeting of resources	Low	Long-term	MCoC

[3] See the following resource: https://endhomelessness.org/resource/core-components-of-rrh/

4.6 Pursue flexible source of funding to create needed "tools" such as deposits, furniture, landlord bonuses, or damage payments[4,5]	Low	Mid-term	MaineHousing and MCoC
4.7 Continue to pursue strategies such as reallocation and bonus funds to expand PSH and RRH units in the CoC Program	Low	Long-term	MCoC
4.8 Identify ways to increase CoC Program competition score	Low	Long-term	MCoC

Recommendation 5: Prioritize and develop strategies to address the needs of sub-populations such as unaccompanied youth and people exiting hospitals and criminal justice system

RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
5.1 Youth: a. Provide more prevention services to prevent youth homelessness[6] b. Provide more family reunification and family interventions services to help end youth homelessness[7] c. Provide more supports to facilitate exits into safe, stable and sustainable housing and communities d. Provide more supports to help youth stay in or complete school	High	Mid-term	MCoC
5.2 Coordinate and collaborate closely with hospital leadership and the Department of Justice to create a clear and defined pathway for individuals leaving either institution to avoid homelessness	Low	Long-term	Statewide Homeless Council, DHHS, DOJ/DOC, Hospital Leadership, MCoC, and MaineHousing

[4] https://www.usich.gov/solutions/housing/landlord-engagement/
[5] https://www.hud.gov/sites/documents/LANDLORD-DESKBOOK.PDF
[6] See the following for examples https://www.chapinhall.org/wp-content/uploads/Chapin-Hall_VoYC_Child-Welfare-Brief_2019-FINAL.pdf and https://files.hudexchange.info/resources/documents/Ending-Youth-Homelessness-Promising-Program-Models.pdf
[7] See the following for examples http://endhomelessness.org/wp-content/uploads/2015/12/family-intervention-for-unaccompanied-youth.pdf

Recommendation 6: Use data to lead planning and program priorities

RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
6.1 Improve methodology for unsheltered PIT count	High	Short-term	MCoC
6.2 Target one or two Systems Performance Measures (SPM) to improve in the next year	High	Mid-term	MCoC
6.3 Establish continuous improvement process to monitor and evaluate the SPM[8]	Low	Long-term	MCoC
6.4 Begin to use Stella[9] to generate reports that allow the CoC to monitor progress on the SPM and other requested data reports to allow the CoC to make meaningful planning decisions	Low	Long-term	MCoC and MaineHousing (as HMIS Lead)
6.5 Identify any data discrepancy within Stella reports to allow for future monthly reports on the SPM for the CoC	Low	Long-term	MCoC

Recommendation 7: Form a Landlord Engagement working group within the MCoC

RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
7.1 Find opportunities to bring landlords, and property management companies into the crisis response system structure	High	Short-term	Statewide Homeless Council and MCoC
7.2 Establish a Landlord subcommittee within the MCoC. The committee should have landlords, program managers, and providers within the CoC	High	Mid-term	MCoC
7.3 Develop a statewide landlord recruitment and engagement plan	Low	Mid-term	MCoC
7.4 Use written standards as a point to create a basic uniform landlord support system across providers	Low	Mid-term	MCoC
7.5 Create a Landlord/Housing Liaison position in three of the most populated communities to streamline housing/landlord engagement efforts, maintain unit inventory of available housing, and to advocate with landlords as necessary[10]	Low	Long-term	MCoC and MaineHousing

[8] See the following resource: https://files.hudexchange.info/resources/documents/Strategies-for-System-Performance-Improvement-Brief.pdf
[9] See https://www.hudexchange.info/resource/5827/stella-p-quick-start-guide/
[10] See following resource: https://www.usich.gov/news/core-components-centralized-landlord-engagement-programs-community-landlord-engagement-initiatives

7.6 Expand recruitment of new landlords via: a. A media campaign or Public Service Announcement (PSA) efforts b. Systematic outreach such as presentations to chambers of commerce, Rotary Clubs, and/or landlord associations c. City and/or state leadership. Examples of leadership targeting: Maine governor, mayors, state senators and representatives, and business leaders	Low	Long-term	Statewide Homeless Council and MCoC
7.7 Work with landlords to reduce stigma about individuals who are homeless, have mental health and substance use issues and increase the acceptance of vouchers and subsidies through landlord events	High	Mid-term	Statewide Homeless Council and MCoC
7.8 Advocate for more tolerant screening policies at properties to reduce impact of criminal backgrounds and no credit/bad credit and rental histories	High	Mid-term	Statewide Homeless Council and MCoC

Recommendation 8: Work collaboratively with the criminal justice system to identify educational opportunities and housing and resource gaps

RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
8.1 Continue to provide training on homelessness, mental health issues and substance use disorders to law enforcement and the criminal justice system	High	Short-term	MCoC
8.2 Consider increasing coordination and collaboration with the Department of Justice to ensure people leaving criminal justice settings are not ending up in the homeless response system	Low	Long-term	Statewide Homeless Council, MCoC, DOJ and DHHS
8.3 Identify resources to prevent or divert people exiting the criminal justice system from the homeless response system	Low	Long-term	Statewide Homeless Council and MCoC

Recommendation 9: Create a comprehensive training curriculum for providers and for the community to improve outcomes and to educate and reduce stigma about homelessness, mental health and substance use			
RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
9.1 Create a learning community, or a community of practice, between providers who want a venue to share with their peers the challenges and successes of implementing or administrating RRH, PSH, CES, and the Housing First approach	Low	Long-term	MCoC
9.2 Increase the frequency and content and curriculum of training provided to CoC members to include training in the following areas: a. Housing First 101: An Overview b. Promoting Housing First within agencies using an Organizational Change Approach[11] c. Core Components and Efficacy of RRH[12] d. Using RRH as a Housing First Intervention e. Landlord Engagement[13] f. Harm Reduction g. Motivational Interviewing h. Trauma-Informed Care i. Education on homelessness being a health issue	Low	Long-term	MCoC

https://www.hudexchange.info/resource/5827/stella-p-quick-start-guide/

[11] This training's audience is program directors. The training provides program directors with concrete tasks to further develop a Housing First approach within their programs.
[12] See the following for curriculum: https://endhomelessness.org/resource/rapid-re-housing-toolkit/
[13] See the following resource: https://www.usich.gov/solutions/housing/landlord-engagement/

Background and Approach

Background

The Maine State Housing Authority (MaineHousing), on behalf of the Maine Continuum of Care, commissioned a gaps and needs analysis of homeless initiatives in the state. The goal of the analysis was to take a comprehensive look at the services, resources, and housing available to and needed by people and families experiencing homelessness in Maine and to better understand the barriers they face and their unmet needs. An additional goal was to better understand the issues that contribute to becoming and remaining homeless in Maine.

The Human Services Research Institute (HSRI) was designated as the organization to carry out the project in partnership with the Technical Assistance Collaborative. It is hoped that the findings described in this report will provide a rich foundation for the upcoming 5-year consolidated planning effort.

Maine Context

Described below are state and local organizations, federal programs, and entities that provide housing and homelessness resources and services or are responsible for addressing homelessness in Maine. We also describe initiatives or issues that impact the housing and homelessness resources and system.

MaineHousing

MaineHousing is an independent authority, created by the Maine State Legislature in 1969, to address problems of unsafe, unsuitable, overcrowded, and unaffordable housing.[14] MaineHousing administers several federal housing-related programs, including the Low Income Housing Tax Credit Program, the Section 8 Rental Assistance programs, the Emergency Solutions Grant (ESG) Program, the Weatherization Program, and the Low Income Home Energy Assistance Program.[15]

MaineHousing has financed the development of subsidized apartments and the rehabilitation of private apartments (Mod-Rehab) in return for commitments that these units would have affordable rents.[16] Additionally, MaineHousing has 86 housing units that were rehabbed through a HUD program that no longer exists but that are still under contract with MaineHousing.[17] These 86 Mod-Rehab units are available to shelter users but the subsidy is with the building and a person loses their rental assistance when they move out.[18]

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[14] http://www.mainehousing.org/about/strategic-plan
[15] Ibid.
[16] http://www.mainehousing.org/programs-services/rental/subsidized-housing
[17] Communication with MaineHousing on 7/30/2019.
[18] Ibid.

As part of their Homeless Programs, MaineHousing finances emergency shelters and other affordable housing options.[19] Through the Emergency Shelter and Housing Assistance Program (ESHAP), MaineHousing provides grants to emergency shelters and agencies that serve people who are homeless or are at risk of becoming homeless.[20] ESHAP funded shelters administer the Stability Through Engagement Program (STEP) which provides short-term rental assistance to rapidly re-house individuals and families who meet the federal definition of homelessness.[21] The STEP program is available in 10 counties in Maine.[22] Through the STEP program, MaineHousing has funded 165 vouchers.

MaineHousing has linked ESG funds with STEP funds and Housing Choice Vouchers (HCV) to create the Home to Stay (HTS) Program.[23] HCV are available from ESHAP grantees and are available for individuals and families who are homeless and are seeking permanent housing.[24] There is a 200 set-aside of HCVs available from ESHAP shelters. The shelters are required through HTS to provide a year of housing navigation services to individuals and families after they are housed to ensure housing stability.[25] After the one year, the voucher becomes a regular HCV voucher administered by MaineHousing staff.[26]

Department of Health and Human Services

The Maine Department of Health and Human Services (DHHS) provides health care and social services to almost a third of the Maine population, including children, families, the elderly, and people with disabilities, mental illness, and substance use disorders.[27] DHHS also promotes public health through the Maine Center for Disease Control and Prevention, operates two state psychiatric hospitals, and provides oversight to health care providers through the licensing division.[28]

DHHS is responsible for managing rental assistance subsidy programs that mainly assist people with a primary diagnosis of mental health. One is Shelter Plus Care (S+C), which is funded by the U.S. Department of Housing and Urban Development (HUD) and provides rental subsidies and supportive services to homeless individuals with disabilities, primarily those with chronic mental illness, substance use disorder, and HIV/AIDS.[29] The other subsidy program is the Bridging Rental Assistance Program (BRAP). BRAP provides housing assistance for up to 24 months to people with psychiatric disabilities—or until the person is awarded another housing voucher

[19] http://www.mainehousing.org/programs-services/homeless
[20] Ibid.
[21] Ibid.
[22] Communication with MaineHousing on 7/30/2019.
[23] http://www.mainehousing.org/partners/partner-type/homeless-service-providers/homeless-initiatives
[24] http://www.mainehousing.org/programs-services/homeless/homelessdetail/HomeToStay
[25] Communication with MaineHousing on 7/30/2019.
[26] Ibid.
[27] https://www.maine.gov/dhhs/about-us.shtml
[28] Ibid.
[29] https://www.maine.gov/dhhs/samhs/mentalhealth/housing/spc/index.html

or subsidy.[30] The subsidies are administered in geographic areas by the following community-based mental health centers which serve as Local Administrative Agents (LAA): Aroostook Mental Health Center; Common Ties Mental Health Services; Community Health and Counseling; Kennebec Behavioral Health; Shalom House; and Sweetser.[31] Shalom House serves as the Central Administrative Agent (CAA) for the S+C and BRAP subsidy programs.[32]

DHHS also administers the federally funded Projects for Assistance in Transition from Homelessness (PATH) program, which provides outreach and engagement services to people who are literally homeless and have a mental illness and/or co-occurring mental health and substance use disorders.[33] PATH operates as a formula grant program and provides funds to PATH grantees which are the 50 states, the District of Columbia, Puerto Rico, and four U.S. territories. Funding is allocated based on a formula detailed in Section 524 of the original authorizing legislation (Sections 521–535). Maine PATH receives $300,000 per year—the minimum allocation amount for states. The PATH grantees, like Maine PATH, provide funding to provider organizations to provide services within the state or territory. Maine has contributed additional funds to expand the reach of PATH within Maine.

DHHS has an Office of Child and Family Services that is responsible for overseeing projects on youth and homelessness.

DHHS is responsible for collecting emergency contact information from each municipality. This information is used by municipal residents in applying for assistance and is forwarded periodically to the statewide 211 telephone number.[34]

Department of Education

Subtitle VII-B of The McKinney-Vento Homeless Assistance Act is the primary piece of federal legislation related to the education of children and youth experiencing homelessness.[35] The act guarantees the following rights[36] for children and youth who are homeless:

- immediate enrollment in school even if no records are available;
- the ability to remain in the school of origin, if in the student's best interest;
- receipt of transportation to and from the school of origin; and
- receipt of support for academic success.

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[30] https://www.maine.gov/dhhs/samhs/mentalhealth/housing/brap/index.html
[31] https://www.shalomhouseinc.org/wp-content/uploads/2016/07/LAA-Contact-List-4.26.19.pdf
[32] Ibid.
[33] https://www.maine.gov/dhhs/samhs/mentalhealth/housing/path/index.shtml
[34] https://www.maineshc.org/about.html
[35] https://nche.ed.gov/mckinney-vento/
[36] https://nche.ed.gov/wp-content/uploads/2018/12/ehcy_profile.pdf

The U.S. Department of Education allocates McKinney-Vento funding annually to states based on the state's proportion of the Title I, Part A federal allocation.[37] States must provide subgrant funds competitively to school districts within the state to implement the program within the school districts.[38]

Every Maine school district has a local McKinney-Vento Liaison to assist families and unaccompanied youth who are experiencing housing instability. It is mandated by the federal McKinney-Vento Act that Local Education Agencies identify and count annually the number of children and youth who are homeless in public schools.

Department of Corrections

The mission of the Maine Department of Corrections (DOC) is "to reduce the likelihood that juvenile and adult offenders will re-offend, by providing practices, programs and services which are evidence-based and which hold the offenders accountable."[39] DOC has adult and juvenile correction facilities and probation services.[40] Probation and parole officers work with people who have been released and are in the community, and they make referrals to the homeless and housing system and to supportive services. DOC staff are involved in statewide homeless and housing efforts such as the Statewide Homeless Council.

Services for Homeless Veterans

Maine's Bureau of Veteran's Services is engaged with partnering agencies to reduce the number of homeless veterans across the state.[41] Veterans who have become homeless or who are at risk of becoming homeless can obtain help through Maine's Bureau of Veteran's Services homeless case management program.

There are several programs within Maine to help veterans and their families. One of these programs, the HUD VA Supportive Housing (HUD-VASH) program, is a joint effort of HUD and the U.S. Department of Veterans Affairs (VA); the program helps veterans who are homeless and their families to obtain permanent housing.[42] The HUD-VASH vouchers component is administered by the Portland Housing Authority in Portland and MaineHousing for the rest of the state; the services are administered by the Togus Maine VA Medical Center.[43] The Supportive Services for Veteran Families (SSVF) program, which is for low-income veterans, provides case management and supportive services to prevent veterans from losing their homes or to identify new housing for veterans and their families. SSVF also provides services to rapidly re-house veterans and their families who are homeless and might remain homeless without this assistance.[44] SSVF is also funded by the VA and is administered

[37] Ibid.
[38] Ibid.
[39] https://www.maine.gov/corrections/
[40] Ibid.
[41] https://www.maine.gov/veterans/benefits/housing/homeless-veterans-services.html
[42] https://www.maine.va.gov/services/homeless/index.asp
[43] https://www.porthouse.org/183/Veterans-Affairs-Supported-Housing
[44] Ibid.

in Maine by Preble Street and Veterans, Inc., both of which serve all 16 Maine counties.[45]

The veteran system within Maine is working to end homelessness among veterans. Maine has implemented a coordinated entry system for veterans that utilizes a by-name list. A by-name list (also called a "master list" or "active list") is defined as a real-time, up-to-date list of people experiencing homelessness that can be filtered by categories and shared across agencies.[46] By-name lists are generated with data from outreach, the Homeless Management Information System (HMIS), federal partners, and community shelters and providers that work with specific homeless populations.[47] The purpose of the by-name lists is to identify individuals who are homeless, track their status and progress toward getting permanent housing, coordinate housing and services for all members of the household, measure progress toward goals (including how close a community is to ending homelessness among the subpopulation), and identify barriers to goal attainment and opportunities to resolve these barriers.[48]

Public Housing Authorities

There are 24 public housing authorities (PHAs) in Maine, including MaineHousing. PHAs administer the HCV (Section 8) that are funded by HUD. Individuals or families with an HCV must find housing that meets minimum standards of health and safety, as determined by the PHA.[49] With HCV, the PHA pays the landlord a housing subsidy and the family pays the landlord the difference between the actual rent charged and the amount subsidized by the program.[50]

Maine Continuum of Care

The Maine Continuum of Care (MCoC) is a statewide entity that supports projects throughout the state. Previously Maine had three CoCs within the state; three years ago, these merged into a statewide MCoC.

The MCoC's mission is to plan and coordinate an inclusive system that helps Maine people avoid or exit quickly from homelessness, and to address the underlying causes of homelessness.[51] Applying for funding from HUD for McKinney-Vento funding is one way that the MCoC works toward this goal.[52] MaineHousing serves as the

[45] https://www.preblestreet.org/?s=SSVF
[46] https://bitfocus.com/chronic-homelessness/by-name-lists-veteran-chronic-homeless
[47] Ibid.
[48] Ibid.
[49] https://www.hud.gov/topics/housing_choice_voucher_program_section_8
[50] Ibid.
[51] http://www.mainehousing.org/partners/partner-type/homeless-service-providers/homeless-initiatives
[52] Ibid.

Collaborative Applicant that organizes, assembles and submits the annual application for HUD CoC funds.[53]

CoCs are required to establish a centralized or coordinated assessment system (also referred to as coordinated entry).[54] Coordinated entry processes help communities prioritize assistance for people who are homeless based on vulnerability and the severity of their service needs so that people who need the most assistance can receive it in a timely manner.[55] Coordinated entry processes also provide information about service needs and gaps; communities can use this information to plan assistance and identify needed resources.[56] Maine CoC began implementing coordinated entry in the state; however, implementation was halted in late 2018 because of issues accessing the system, which was housed within 211 Maine (described later in the report) and HMIS. A revised coordinated entry system is expected to go on-line in October 2019.

Statewide Homeless Council

The Statewide Homeless Council (SHC) was established by Maine statute in 2004 and began in 2005.[57] (The authorizing legislation was subsequently amended, in 2008, to expand the council's role and add additional members.[58]) SHC's role is to:

- provide leadership to end homelessness and provide support to the three Regional Homeless Councils;
- educate people on homelessness issues;
- serve as a coordinator of information;
- assess statewide needs;
- identify potential resources;
- provide assistance to people who are homeless by identifying resources and improving access to them; and
- review, monitor and implement plans to end homelessness.[59]

The SHC has 14 members—including members from the three Regional Homeless Councils, the Directors of MaineHousing and the Bureau of Maine Veteran's Services and the Commissioners of DHHS and DOC.[60] SHC members are appointed by the governor, the president of the Maine Senate and the speaker of the Maine House of Representatives.[61]

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[53] http://www.mainehousing.org/partners/partner-type/homeless-service-providers/homeless-initiatives
[54] https://files.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf
[55] Ibid.
[56] Ibid.
[57] https://www.maineshc.org/
[58] Ibid.
[59] Ibid.
[60] https://www.maineshc.org/about.html
[61] Ibid.

The SHC serves as an advisory committee to MaineHousing, DHHS and the DOC on homeless matters,[62] and its most recent plan to end and prevent homelessness was amended in 2017.[63]

Homeless Regions

As noted above, there are three Regional Homeless Councils in Maine. Each Council meets monthly to discuss homelessness within their region, emerging trends, and information to be shared by the regional representative or co-chairs with the SHC.[64] Exhibit 1 lists the counties that each region encompasses. There are 16 counties in Maine.

Exhibit 1

Maine Homeless Regions and Associated Counties

Homeless Region	Counties
Region 1	Cumberland and York
Region 2	Oxford, Franklin, Androscoggin, Kennebec, Somerset, Waldo, Knox, Lincoln, and Sagadahoc
Region 3	Aroostook, Piscataquis, Penobscot, Hancock, and Washington

Source: https://www.maineshc.org/regional-homeless-councils.html

[62] https://www.maineshc.org/about.html
[63] https://www.mainehousing.org/docs/default-source/housing-reports/2017-maine-plan-to-end-and-prevent-homelessness.pdf?sfvrsn=2
[64] https://www.maineshc.org/regional-homeless-councils.html

Long Term Stayers Initiative

The City of Portland, Oxford Street Shelter began a Long Term Stayers initiative in 2013. The initiative targeted people who were staying over 180 cumulative days in shelters or outdoors within a 365-day period, and the 180 days need not be consecutive.[65] The 'long term stayer' classification is based upon the length of time homeless, whereas HUD's definition of chronic homelessness includes the length of time criteria and that participants must have a disabling condition.[66] Although the Long Term Stayers initiative includes people that meet HUD's definition of chronic homelessness, the HUD definition was seen as applying well in Portland and Bangor but not in other parts of the state.[67] The Long Term Stayers initiative was expanded to other shelters in Portland and is also being implemented in shelters in Bangor, Ellsworth, and Brunswick. The definition of long term stayer will be adjusted as the length of the long term stayers in the shelters decrease under 180 days.

Community Action Agencies

There are nine Community Action Agencies (CAA) in Maine: Aroostook County Action Program; Community Concepts, Inc; Kennebec Valley Community Action Program; Penquis Community Action Program; The Opportunity Alliance; Waldo Community Action Partners; Washington-Hancock Community Agency; Western Maine Community Action Program; and York County Community Action Corporation. Services provided by the CAAs include assistance with energy and utilities, health, housing, early care and education, transportation, and workforce development.

Community Health Needs Assessments

In exchange for their tax-exempt status, nonprofit hospitals are required by the Internal Revenue Service (IRS) and the Affordable Care Act to conduct "community health needs assessments" every three years and to develop plans for activities to address the needs that are identified.

There is a Maine Shared Community Health Needs Assessment (CHNA) partnership whose vision is "to turn data into actions to improve the health of all Maine people."[68]

As part of the CHNA, community forums were conducted in each county in Maine. Participants at the forums were asked to vote on and rank health priorities for the county. The nine health priorities were: access to care; cardiovascular disease; chronic disease; mental health; older adult health/healthy aging; physical activity, nutrition,

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[65] http://www.mainehomelessplanning.org/wp-content/uploads/2014/04/Long-Term-Stayers-Initiative-Summary-Approved-3.11.14.pdf
[66] http://www.mainehomelessplanning.org/wp-content/uploads/2014/04/Long-Term-Stayers-Initiative-Summary-Approved-3.11.14.pdf
[67] Ibid.
[68] State Health Profile 2018: Maine Shared Community Health Needs Assessment available at https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents/ME-State-Profile_Web_010819.pdf

weight; social determinants of health; substance use; and tobacco use. All the counties in Maine identified mental health and substance use as a health priority; and all but one county identified access to care and social determinants of health as a health priority.

The top six priorities across all counties were tallied up to develop health priorities for the state. Mental health and substance use were identified as the top health priorities for the state, followed by access to care and social determinants of health. These are all areas that are relevant to people and families experiencing homelessness and/or at risk for homelessness.

General Assistance

Every town or municipality in Maine has a General Assistance program that helps people in need who have no other resources. Assistance is granted in the form of a voucher and is provided for basic necessities, such as housing, utilities, food and medications. In July 2019, Governor Mills signed a new law, *An Act Regarding Presumptive Eligibility and Homelessness under the General Assistance Laws* (S.P. 137 – L.D. 459), which broadened the definition of homelessness and declared homelessness an emergency at any time of the year.[69] The law also broadened the eligibility standards for General Assistance for a person experiencing or facing homelessness who is in a state of emergency.[70]

Asylum Seekers

Since June 2019, Maine received 448 asylum seekers who were fleeing persecution from countries like Angola and the Democratic Republic of the Congo and had entered the U.S. illegally through the southern border.[71,72] The asylum seekers were received in Portland, Maine and housed in an emergency shelter that was set up at the Portland Expo, a basketball arena, until other temporary or more permanent housing could be found for them. The emergency shelter was operated with support from nonprofits, state agencies, community members, and volunteers that cooked meals, served as interpreters, and helped staff the Portland Expo.[73] The last of the asylum seekers were moved out of the Portland Expo on Aug. 15, 2019—which was the deadline for closing the emergency shelter.[74] Of the 448 Asylum Seekers: more than 200 people were moved into temporary or permanent housing in southern Maine; 42 families moved into the homes of temporary host families from Saco to Brunswick; 26

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[69] https://www.pressherald.com/2019/07/09/mills-signs-bill-aimed-at-easing-burden-of-homelessness-in-portland/
[70] Ibid.
[71] https://www.pressherald.com/2019/08/15/emergency-shelter-operation-winds-down-in-portland-expo/
[72] https://www.necn.com/news/new-england/Hundreds-of-Asylum-Seekers-Flood-Portland-Maine-511430352.html
[73] https://www.necn.com/news/new-england/Hundreds-of-Asylum-Seekers-Flood-Portland-Maine-511430352.html
[74] https://www.pressherald.com/2019/08/15/emergency-shelter-operation-winds-down-in-portland-expo/

people who had been staying at the Expo and were still waiting for a housing placement on Aug. 15, 2019 were moved to overflow space at Portland's family shelter or, if there is no room available there, into a gymnasium at the Salvation Army; and some people found their own places to stay or moved on to new destinations.[75]

Asylum seekers are prevented by federal law from applying for work authorization for 180 days after arrival.[76] The wait for a court to decide whether they can stay in the United States permanently can take months.[77]

Governor Mills authorized funds for MaineHousing to provide temporary rental housing assistance to asylum seekers for up to 12 months.[78] The asylum seekers will be able to access General Assistance funds and other funds to help pay for rent.[79] General Assistance was opened up for asylum seekers in July 2019.[80]

Methods

HSRI used a mixed methods approach to identify homelessness and housing needs, gaps, and barriers in Maine—and to provide recommendations. The project consisted of four main elements:

- Gathering existing qualitative and quantitative data from available data, reports, presentations, and other documents identified by MaineHousing leadership and key informants who were interviewed.
- Focus groups throughout Maine with current or past guests of shelters funded by MaineHousing.
- Semi-structured key informant interviews with stakeholders throughout Maine. Key informants consisted of management and leadership staff such as from State Agencies and Community Action Agencies and chairs of the Homeless Councils, the Statewide Homeless Council and the Maine Continuum of Care, advocates, and other key stakeholders.
- Surveys completed by staff from the MaineHousing funded ESHAP shelters and the McKinney-Vento Liaisons in school districts throughout Maine.

For more detailed information on the specific sources used, please refer to Appendix C of this report.

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[75] Ibid.
[76] https://www.necn.com/news/new-england/Hundreds-of-Asylum-Seekers-Flood-Portland-Maine-511430352.html
[77] Ibid.
[78] https://www.maine.gov/governor/mills/news/governor-mills-urges-federal-government-provide-financial-support-maine-municipaliti
[79] https://www.pressherald.com/2019/08/15/emergency-shelter-operation-winds-down-in-portland-expo/
[80] https://www.pressherald.com/2019/07/18/mills-takes-emergency-steps-to-allow-asylum-seekers-to-qualify-for-ga/?rel=related

Limitations

It must be noted that this study was conducted over a short time period that began with a kick-off meeting in March 2019. While a significant amount of quantitative and qualitative data was gathered and analyzed, timeframe and resource constraints prohibited us from obtaining and examining all of the existing data we had initially desired and making sure that all key informants were interviewed.

With more time and resources, we would have conducted primary analysis of data from the HMIS and the DOE instead of relying on existing reports. We would have also included data from the 2019 Maine youth addendum PIT survey and attempted to obtain data from all of the PHAs/LHAs. Additional resources and time would have also allowed us to present more data at the county level.

Another limitation is that most of the information collected from ESHAP shelter staff was obtained through the *Shelter Survey* and some limited in-person and telephone discussions. With additional time and resources, we would have: conducted interviews with staff in all ESHAP-funded shelters; and interviewed staff from shelters that do not receive ESHAP funding and other community resources that exist throughout Maine. Many of these shelters and community resources are available from faith-based communities. One final limitation is that this study did not examine homelessness and housing issues within Native American tribes and communities within Maine.

Findings

In this section, we provide a description of homelessness in Maine and the factors that contribute to homelessness. We also describe homeless and housing resources and available services, and discuss the gaps and needs identified through this project. Last, we provide a summary of overarching themes identified across the three Homeless Regions, noting variation or nuances by region or area. Whenever possible, we highlight variations by subgroups (e.g., youth or criminal justice populations).

Homelessness in Maine

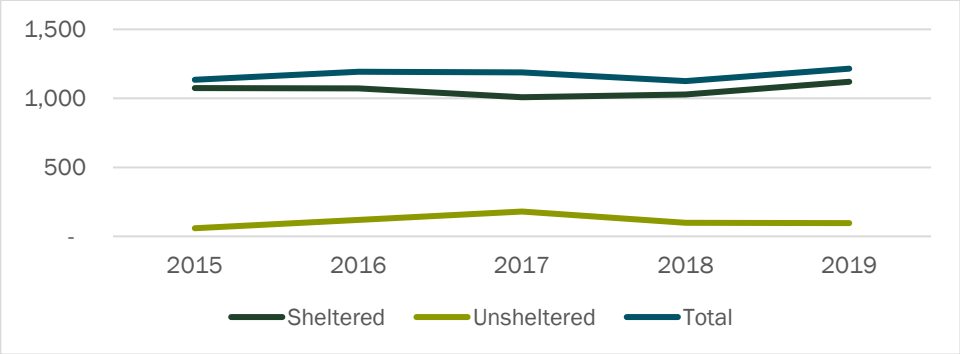
According to the 2019 point-in-time (PIT) count, conducted on Jan. 22, 2019, there were 1,215 people experiencing homelessness in Maine.[81] This number includes both sheltered and unsheltered individuals, and it marks a rise of 8% (90 more people) from the count in 2018.[82] Of the 1,215 people experiencing homeless on Jan. 22, 2019, 92.2% (n= 1,120) were in shelters on that night. The other 95 were unsheltered. Exhibit 2 shows the PIT data for 2015 through 2019. In 2019, Maine conducted a youth addendum survey on the same night the PIT count was conducted. Data from that survey was not available for inclusion in this report.

It is important to note that, during our discussions with stakeholders, a common theme that arose was the difficulty of counting people who are homeless in rural areas. Homelessness in rural areas is not as visible and is more hidden—and is therefore more difficult to count, especially during the winter months when the PIT count is conducted. Another population that was identified by stakeholders as being undercounted are unaccompanied youth; this population tends to do more couch surfing/hopping and thus is not considered homeless by the general homeless system, though they are considered homeless within the public school system. Stakeholders also identified that the federal definition of homelessness, which does not include people who are staying with friends and families or couch surfing/hopping, contributes to the undercount of people who are homeless in Maine. Because of Maine's winter climate, fewer people are likely to be found living in the streets. Some stakeholders noted that the PIT counts drive activity within the MCoC and that the data is showing that homelessness is dropping in the state; in some other areas, however, that is not seen as the case.

[81] http://www.mainehousing.org/docs/default-source/housing-reports/2019-point-in-time-survey.pdf?sfvrsn=6d6fb415_4
[82] Ibid.

Exhibit 2

Number of Maine People Experiencing Homelessness, 2015-2019



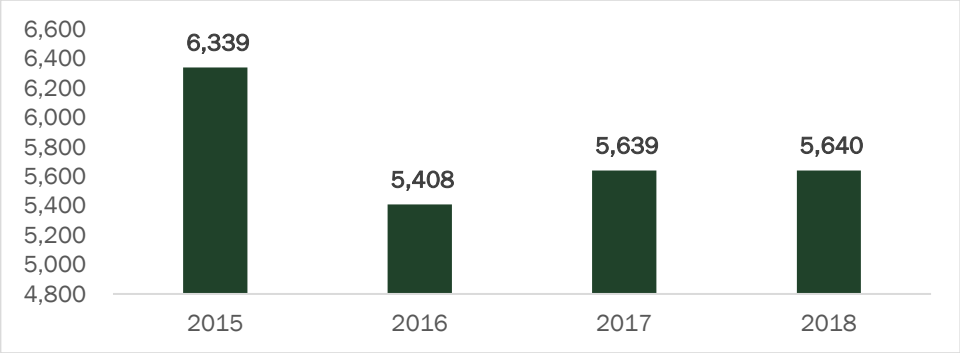
Source: Maine Homelessness Survey: 2019 Point-in-Time Count available at http://www.mainehousing.org/docs/default-source/housing-reports/2019-point-in-time-survey.pdf?sfvrsn=6d6fb415_4

Of the current and past users of ESHAP funded shelters who participated in our focus groups, many of those were not residing in the shelters noted that they were camping, living on the street, or couch surfing. Others had recently moved to sober living or were living at the Y or other locations. Reasons for not staying in the shelter included being restricted from shelters because of behavior issues or breaking shelter rules, being part of a couple and wanting to be together, or trying to stay clean and the shelters available were low-barrier. (Low-barrier shelters accept people as they are. High-barrier shelters have more requirements for the guests of the shelter, including around sobriety and avoiding substance use.)

As shown in Exhibit 3, the number of people served in emergency shelters that report to the Homeless Management Information System (HMIS) has declined between 2015 and 2018. However, the number of people served between 2017 and 2018 remained relatively the same.

Exhibit 3

Number of People in Emergency Shelters in Maine, 2015-2018



Source: Maine Housing Homeless Initiatives, Data Brief 2018 - DRAFT NOT FOR PUBLICATION, Emergency Shelters (ES): HUD System Performance Measure 3

Note: Data does not include people in Domestic Violence Shelters or other non-HMIS participating emergency shelters.

Populations Facing Homelessness in Maine

The data reported in this section come from MaineHousing and the Department of Education.

INDIVIDUALS

According to the 2019 PIT count, people who were experiencing homelessness on Jan. 22, 2019 were more likely to be male and non-white compared to Maine's population.[83] People in emergency shelters in Maine in 2018 were more likely to be male, a racial minority, and younger than a typical Maine person.[84] Of the people in the 2019 PIT count, 70% were adults over the age of 24, 23% were children under the age of 18, and 7% were young adults between the ages of 18 and 24.[85] In 2018, of the people served in Maine shelters, 70% were adults over the age of 24, 19% were children under the age of 18, and 12% were young adults between the ages of 18 and 24.[86] Some stakeholders discussed that Maine has a large aging population and that more people who are older (e.g., over the age of 65) are being seen in the homeless shelters. This is an important issue to track in future counts.

Individuals who participated in the focus groups covered all of the age groups noted above. While many participants were from Maine and from areas near the towns/cities where the shelters were located, some came from other parts of the county—including Massachusetts, New York, Texas, Ohio, and Florida. From the focus groups discussions with guests at domestic violence shelters and in discussions with stakeholders that work with that population, we learn that some of the victims of domestic violence relocate from areas outside of the state or region in order to move away from the perpetrators/abusers.

SUBPOPULATIONS

As shown in Exhibit 4, the PIT Maine count also captures information on the types of people who are experiencing homelessness. Compared to the 2018 count, more people in the 2019 count identified as having a substance use issue and being chronically homeless than in 2018. There were also more youth and unaccompanied youth identified in the 2019 count than in 2018. And in 2019, fewer people experiencing homelessness identified as being a domestic violence survivor, as having a mental illness, and as being a veteran.

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[83] http://www.mainehousing.org/docs/default-source/housing-reports/2019-point-in-time-survey.pdf?sfvrsn=6d6fb415_4

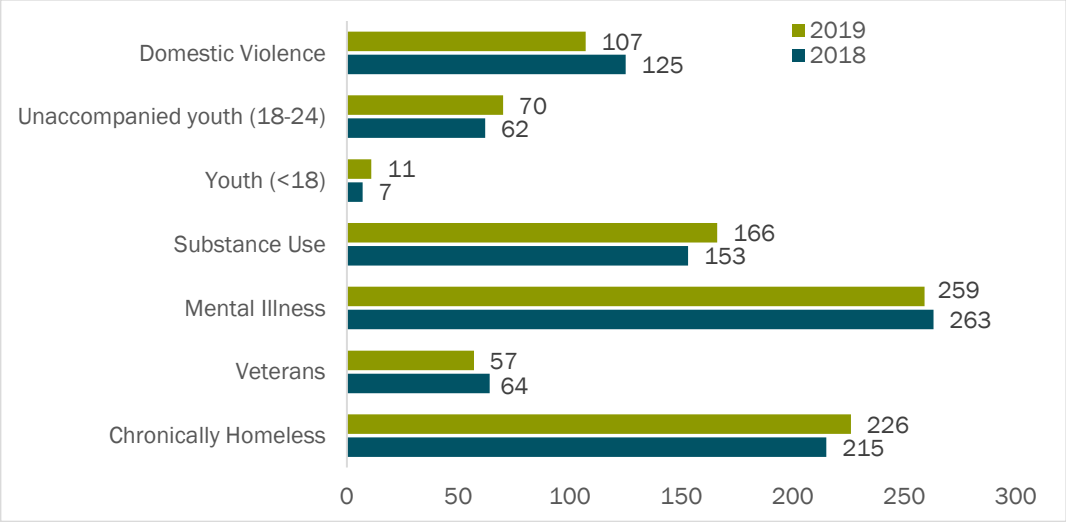
[84] Ibid.

[85] http://www.mainehousing.org/docs/default-source/housing-reports/2019-point-in-time-survey.pdf?sfvrsn=6d6fb415_4

[86] Data obtained from document Maine Housing Homeless Initiatives, Data Brief 2018 - DRAFT NOT FOR PUBLICATION, Emergency Shelters (ES): HUD System Performance Measure 3 received from MaineHousing

Exhibit 4

Maine Homeless Subpopulations in 2018 and 2019 PIT Count



Source: Maine Homelessness Survey: 2019 Point-in-Time Count available at http://www.mainehousing.org/docs/default-source/housing-reports/2019-point-in-time-survey.pdf?sfvrsn=6d6fb415_4

Note: People could self-identify as belonging to more than one subpopulation

Focus groups participants included individuals who self-identified as belonging to all of the homeless populations noted above.

FAMILIES

Over one third of the households in the PIT count were families with children.[87] In the 2019 PIT count there were 448 households with at least one child and 767 households without children.[88]

Some key stakeholders identified that families, including families with children, are seen more in rural areas. Stakeholders also noted, however, that families are also seen in more urban areas like in the suburbs of Portland.

CHILDREN/YOUTH WHO ARE HOMELESS ENROLLED IN PUBLIC SCHOOLS

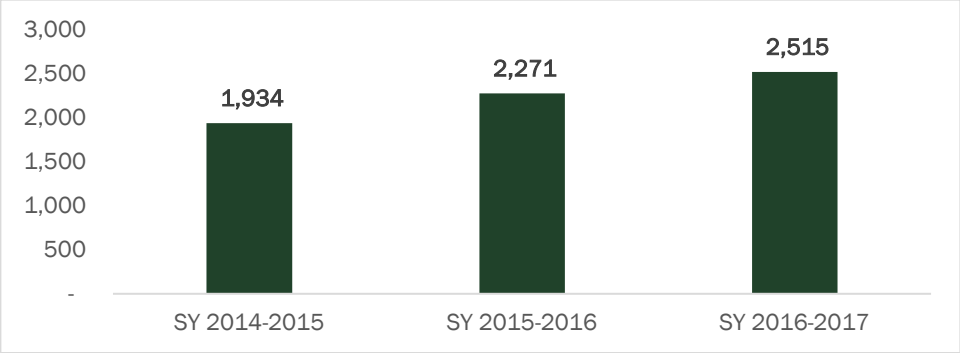
As shown in Exhibit 5, the number of children and youth who are homeless in Maine public schools grew between the 2014-2015 school year and the 2016-2017 school year, which is the last year for which there is publicly available data.

[87] Data obtained from document Maine Housing Homeless Initiatives, Data Brief 2018 - DRAFT NOT FOR PUBLICATION, Emergency Shelters (ES): HUD System Performance Measure 3 received from MaineHousing

[88] Ibid.

Exhibit 5

Number of Children/Youth Who Are Homeless and Enrolled in Public Schools



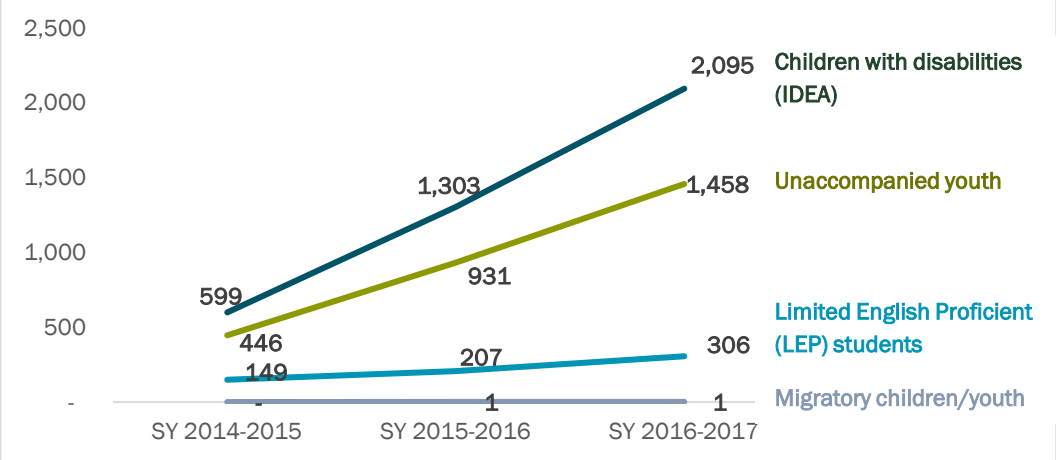
Source: Data available from the U.S. Department of Education's EDFacts Initiatives, obtained from http://profiles.nche.seiservices.com/StateProfile.aspx?StateID=25;

Note: Included are all children and youth in grades Pre-K through 12 who are homeless.

As shown in Exhibit 6, the increase in the number of homeless children in Maine occurred across the four subgroups tracked.

Exhibit 6

Subgroups of Children/Youth Who Are Homeless and Enrolled in Public Schools



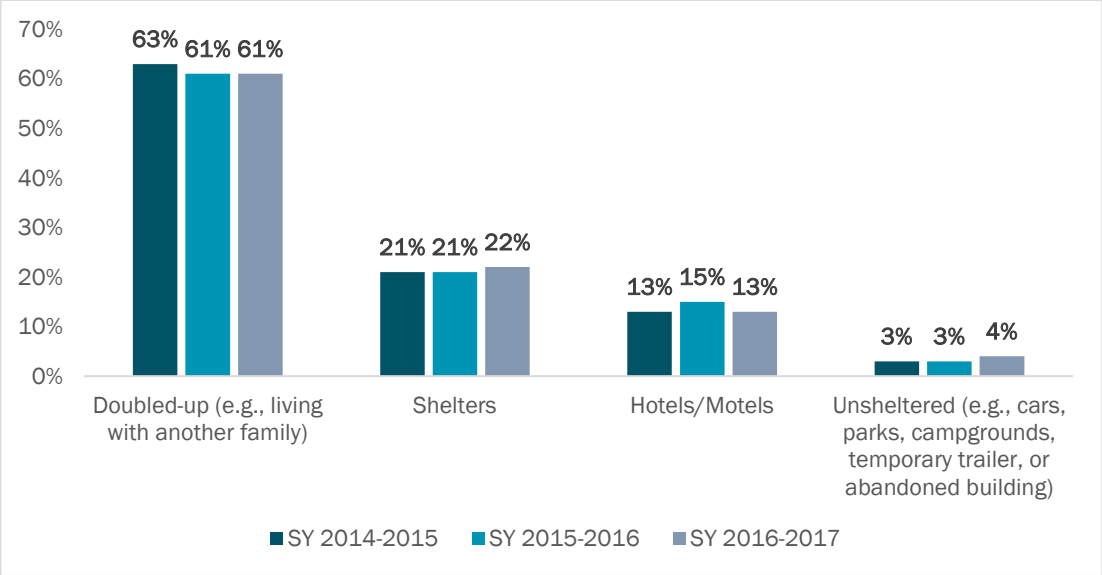
Source: Data available from the U.S. Department of Education's EDFacts Initiatives, obtained from http://profiles.nche.seiservices.com/StateProfile.aspx?StateID=25

Note: The subgroups are mutually exclusive; it is possible for students who are homeless to be counted in more than one subgroup.

The primary nighttime residence of the children/youth who are homeless and enrolled in Maine public schools remained consistent between the 2014-2015 school year and the 2016-2017 school year: the majority in both years were doubled-up (e.g., living with another family) or in a shelter (Exhibit 7).

Exhibit 7

Primary Nighttime Residence of Children/Youth Who Are Homeless and Enrolled in Public Schools



Source: Data available from the U.S. Department of Education's EDFacts Initiatives, obtained from http://profiles.nche.seiservices.com/StateProfile.aspx?StateID=25

Factors Contributing to Homelessness

During our focus groups with current and past shelter guests and our telephone interviews with key stakeholders, we discussed factors seen as contributing to homelessness.

The current and past shelter guests identified the following factors as contributors:

- Substance use issues;
- Mental health crises, some of which contributed to losing employment and businesses;
- Health issues or accidents that contributed to losing business and/or employment and housing;
- Escaping domestic violence/abuse or bad relationships;
- The lack of affordable housing, with some areas having even less housing because of being college towns or gentrification;
- The cost of housing;
- Living in unsafe housing and therefore had to leave (e.g., without heat in the winter);
- Being evicted from housing or housing being foreclosed or torn down;
- Employment issues such as getting paid low wages, only certain jobs or industries available in towns or counties, only part-time employment

available, some areas have more seasonal work (e.g., summer work in coastal communities and winter work in the mountains), etc.;

- Cost of childcare, which in some areas can be as high as $300-500 a week per child and childcare providers that do not accept childcare subsidies.

Stakeholders identified many of the same issues as those identified by the focus group participants. Many stakeholders identified economic conditions and poverty as key factors contributing to homelessness, with these issues being more difficult in rural areas. Rural poverty was noted to be a different phenomenon than in other parts of the state like southern Maine, which is more populated. Several stakeholders identified the issue of multi-generational cycles of poverty within rural Maine.

Stakeholders noted that among the homeless, there are five major subsets of populations; these are discussed in the *Maine Plan to End & Prevent Homelessness*[89]: 1) those that are chronically homeless; 2) those that are circumstantially homeless; 3) families experiencing homelessness; 4) victims of domestic violence; and 5) unaccompanied youth. The chronically homeless, also referred to as long term stayers, is the smaller group that has a primary presentation of mental illness. The circumstantially homeless group is seen as the larger group whose primary presentation is poverty. Most families and victims of domestic violence are also identified as having a primary presentation of poverty. While for many of the unaccompanied youth (40%), the primary presentation is family discord and individual reasons.[90]

Several stakeholders identified that there was the challenge of people being discharged from hospitals and the criminal justice system into homelessness. Sometimes people are dropped at the shelters after discharge.

Stakeholders identified state policies that have contributed to homelessness, such as the state's initial choice not to adopt Medicaid expansion, a reduction in the availability of intensive case management, work limits for SNAP, and relatively low minimum wage. Some of these policies were seen as pushing more Mainers into poverty. Maine has since adopted Medicaid expansion, and many stakeholders noted that this policy has led to more access to health and behavioral health services to people who are homeless.

Some stakeholders identified local policies that contributed to homelessness. One group of stakeholders noted that it is difficult to create regional solutions for affordable housing when there is a great deal of local control. Others noted that in some counties where large affordable housing makes sense, there are not many incentives to develop such housing. It was also noted that in some areas of the state, local zoning restrictions were impacting the availability of housing. Some

[89] https://www.mainehousing.org/docs/default-source/housing-reports/2017-maine-plan-to-end-and-prevent-homelessness.pdf?sfvrsn=2
[90] Ibid.

stakeholders did note, however, that some communities and municipalities are more open to discussing and addressing issues related to the availability of housing.

Homelessness Among Unaccompanied Youth

The youth that participated in the focus groups identified the following factors as contributing to their homelessness:

- having issues with family and roommates;
- facing mental health issues;
- experiencing trauma (e.g., abuse from parents or other family members or not being taken care of by family);
- having substance use issues;
- being kicked out of the home by the family;
- death of parents;
- being lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) and not accepted at home;
- aging out of systems; and
- having own apartment and letting friends stay with them which resulted in violation of lease and losing apartment.

Stakeholders identified other issues that contributed to youth homelessness, including the shortage of foster care placements in the state and the youth not wanting to be in residential treatment because the programs are more structured and have more rules than shelters.

In regard to youth homelessness, a distinction was made by stakeholders between two types of youth who are homeless: those who experience some type of crisis or issue at home and who can possibly be reunited with their families if provided with appropriate supports; and those who cannot be reunited with their families. With regard to the first group, stakeholders noted that prevention and reunification efforts can be utilized with the youth and families to prevent the youth from entering and staying in homelessness. For the second group, stakeholders recommend removing youth from the streets and younger youth from shelters in order to decrease the chances of the youth adjusting and liking the “lure of the streets” and its freedoms and subsequently being thrown into homelessness cycles that include involvement with the criminal and juvenile justice system.

Homeless and Housing Resources and Services

In this section we describe some of the homeless and housing resources and services that are available in Maine.

Voucher/Subsidy Resources

Shown in Exhibit 8 is information regarding some of the vouchers and subsidies available in Maine. Included in the exhibit are the originating funds, administrator, eligibility requirements and some information on unique program characteristics. Between Jul. 1, 2016 and Jun. 30, 2019, a total of 5,537 were housed throughout Maine using BRAP and S+C.[91] During this period the counties that had the most people housed with BRAP and S+C were: Cumberland County (n=989, 29%); Penobscot County (n=547, 16%); York County (n=477, 14%); Kennebec County (n=444, 13%) and Androscoggin County (n=407, 12%).[92] More people were housed using BRAP (3,205, 58%) than with S+C (2,322, 32%).[93] BRAP is a transitional voucher/subsidy, while S+C is permanent. Of those housed, over 30% (n=1,727) were newly housed between Jul. 1, 2016 and Jun. 30, 2019,.[94] Of those housed with BRAP and S+C vouchers/subsidies, over half (n=1,720, 51%) have been housed for over 2 years.[95]

The average housing assistance per unit per month for both of these vouchers/subsidies is $488 and the average tenant payment per month is $309.[96] This type of information was not obtained from the LHAs/PHAs for the Housing Choice Voucher (HCV) and Mainstream Voucher.

[91]Data received from Shalom House on 7/19/2019
[92]Ibid.
[93] Ibid.
[94] Ibid.
[95] Ibid.
[96] Ibid.

Exhibit 8

Vouchers and Subsidies Available in Maine

Voucher/ Subsidy Name (Type)	Originating Funding Source	Administrator(s)	Eligibility	Unique Program Characteristics
BRAP (Transitional)	DHHS	CAA and LAA	Adults with severe and disabling mental illness who: • meet eligibility care for community support services; • currently receive Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) benefits, have applied for benefits, or are in the appeal process; • have applied for Section 8 Housing Voucher; and • meet one of BRAP's three priorities (psychiatric discharge or released from a correctional facility within last 30 days or literally homeless as defined by HUD)[97]	Person pays 51% of their adjusted income for rent up to Fair Market Rent[98]
S+C (Permanent)	US HUD	DHHS (grantee) CAA and LAA	Individuals with severe and persistent mental illness, chronic substance user, co-occurring disorders, and HIV/AIDS who have to meet the following homeless priorities: • HUD defined chronic homeless; • Maine defined long term stayer; • HUD defined literal homeless; • HUD defined moving from/graduating transitional housing with documentation of homelessness upon entrance; and • homeless as defined by HUD and have a mental illness, substance use disorder, co-occurring disorder, or HIV/AIDS.[99]	Person pays 30% of their adjusted income for rent up to Fair Market Rent[100]

[97] https://www.shalomhouseinc.org/wp-content/uploads/2018/06/BRAP-SPC-Powerpoint-April-2019.pdf
[98] Ibid.
[99] https://www.shalomhouseinc.org/wp-content/uploads/2018/06/BRAP-SPC-Powerpoint-April-2019.pdf
[100] Ibid.

Voucher/ Subsidy Name (Type)	Originating Funding Source	Administrator(s)	Eligibility	Unique Program Characteristics
Housing Choice Vouchers (HCV) - (Section 8)	U.S. HUD	LHA/PHA	Eligibility for a housing voucher is determined by the PHA based on the total annual gross income and family size and is limited to US citizens and specified categories of non-citizens who have eligible immigration status. In general, the family's income may not exceed 50% of the median income for the county or metropolitan area in which the family chooses to live. By law, a PHA must provide 75 percent of its voucher to applicants whose incomes do not exceed 30 percent of the area median income. Median income levels are published by HUD and vary by location.[101]	The housing voucher family must pay 30% of its monthly adjusted gross income for rent and utilities, and if the unit rent is greater than the payment standard the family is required to pay the additional amount. By law, whenever a family moves to a new unit where the rent exceeds the payment standard, the family may not pay more than 40 percent of its adjusted monthly income for rent.[102]
Mainstream Voucher	U.S. HUD	6 LHA/PHAs awarded in 2018	Non-elderly persons (a person 18 years of age or older and less than 62 years of age) with disabilities. Administered using same rules as HCV.[103]	Same as HCV[104]

[101] https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/about/fact_sheet
[102] Ibid.
[103] https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/mainstream
[104] Ibid.

Maine CoC Housing Inventory

A Housing Inventory Count (HIC) is reported annually by each CoC across the nation. The HIC occurs annually in January and tallies the number of beds and units available on the night of the count by program type.[105] Beginning in 2018, the report included data on beds dedicated to subpopulations.[106]

As shown in Exhibit 9, there were a total of 5,481 year-round beds and units in Maine in 2018. The number of temporary/transitional and permanent housing beds were comparable: 2,724 versus 2,747, respectively. Of the temporary/transitional housing, over half of the beds/units (55%, n=1,494) were transitional and 45% were in emergency shelters (n=1,225). Only 15 beds/units were in safe havens.

The majority of the permanent housing beds/units (85%, n=2,360) were in permanent supportive housing. There were 298 (11%) in Rapid Re-Housing (RRH) and 89 (3%) in other types of permanent housing—which includes housing with services (no disability required for entry) and housing only.

In 2018, Maine reported having 111 overflow/voucher beds in the HIC.

Of the 5,481 year-round beds and units reported in the 2018 HIC count, over half were for adults only (n=2,864); close to half (47%, n=2,597) were beds for families; and 15% (n=837) were units for families. Only 20 beds (less than one percent of the total beds) were child-only beds (Exhibit 9).

As noted above, 2018 was the first time that data was captured on beds dedicated to subpopulations, namely for veterans, youth, and people who were chronically homeless. In the 2018 HIC count it was reported that less than 10% of the total beds were for these populations. The beds for those that are chronically homeless and/or veterans are permanent housing; while all the beds that are available for youth are either in emergency shelters or transitional housing (Exhibit 9).

[105] https://files.hudexchange.info/reports/published/CoC_HIC_State_ME_2018.PDF
[106] Ibid.

Exhibit 9

HUD 2018 Housing Inventory Count for Maine CoC, January 2018

Housing Type	Family Units	Family Beds[1]	Adult-Only Beds	Child-Only Beds	Total Year-Round Beds	Seasonal	Overflow/ Voucher	Subset of Total Bed Inventory: Chronic Beds[2]	Subset of Total Bed Inventory: Veterans Beds[3]	Subset of Total Bed Inventory: Youth Beds[3]
Emergency, Safe Haven & Transitional	**435**	**1,333**	**1,381**	**20**	**2,734**	**0**	**111**	**n/a**	**51**	**138**
Emergency Shelter	173	558	651	16	1,225	0	111	n/a	12	57
Safe Haven	n/a	n/a	15	n/a	15	n/a	n/a	n/a	0	0
Transitional	262	775	715	4	1,494	n/a	n/a	n/a	39	81
Permanent Housing	**402**	**1,264**	**1,483**	**0**	**2,747**	**n/a**	**n/a**	**n/a**	**327**	**0**
Permanent Supportive Housing*	307	964	1,396	0	2,360	n/a	n/a	279	327	0
Rapid Re-Housing	68	214	84	0	298	n/a	n/a	n/a	0	0
Other Permanent Housing**	27	86	3	20	89	n/a	n/a	n/a	0	0
Grand Total	**837**	**2,597**	**2,864**	**20**	**5,481**	**0**	**111**	**279**	**378**	**138**

Source: https://files.hudexchange.info/reports/published/CoC_HIC_State_ME_2018.PDF;

Notes:

*HUD's point-in-time count does not include persons or beds in Permanent Supportive Housing as currently homeless.
**Other Permanent Housing (OPH) - consists of PH - Housing with Services (no disability required for entry) and PH - Housing Only, as identified in the 2017 HMIS Data Standards.

[1]Family Units and Family Beds categories include units and beds for households with one adult and at least one child under age 18.
[2]Chronic Beds include beds in Permanent Supportive Housing dedicated to serve chronically homeless persons.
[3]Veteran Beds and Youth Beds, respectively, include beds dedicated to serve homeless veterans and their families, and include beds dedicated to housing homeless youth age 24 and younger.

PHA Housing Resources

Shown in Exhibit 10 are the number of Housing Choice Vouchers (HCV) and Public Housing (PH) units that were available in each PHA as of June 2018. Total Annual Contributions Contract (ACC) units refers to the total of the HCV and the PH units. The PHAs are ordered based on their total number of units. In June 2018, MaineHousing had the most total units available (n=3,179), followed by the Portland Housing Authority (n=2,704), Lewiston Housing Authority (n=1,468), Housing Authority City of Bangor (n=1,005), and The Housing Authority of the City of Westbrook (n=846). Some PHAs offer a preference in their tenant/client selection process to or reserve a certain portion of available housing resources for persons experiencing homelessness.

Exhibit 10

Housing Choice Vouchers (HCV) and Public Housing Units Available Within Each Public Housing Authority (PHA) in Maine, June 2018

PHA Name	HCV Units	% HCV	PH Units	% PH	Total ACC Units
Maine State Housing Authority	3,179	100	0	0	3,179
Portland Housing Authority	1,709	63	995	37	2,704
Lewiston Housing Authority	1,031	70	437	30	1,468
Housing Authority City of Bangor	444	44	561	56	1,005
The Housing Authority of the City of Westbrook	846	100	0	0	846
Auburn Housing Authority	543	75	177	25	720
South Portland Housing Authority	351	50	346	50	697
Sanford Housing Authority	560	82	120	18	680
Waterville Housing Authority	449	70	194	30	643
Brunswick Housing Authority	366	66	191	34	557
Biddeford Housing Authority	471	100	0	0	471
Augusta Housing Authority	431	100	0	0	431
Ellsworth Housing Authority	356	88	50	12	406
Brewer Housing Authority	162	51	154	49	316
Presque Isle Housing Authority	88	32	185	68	273
Old Town Housing Authority	186	68	86	32	272
Bath Housing Authority	130	57	97	43	227
Fort Fairfield Housing	133	62	81	38	214
Caribou Housing Authority	178	100	0	0	178
Van Buren Housing Authority	84	48	90	52	174
Bar Harbor Housing Authority	0	0	115	100	115
Southwest Harbor Housing Authority	0	0	50	100	50
Tremont Housing Authority	0	0	22	100	22
Mount Desert Housing Authority	0	0	18	100	18
Portsmouth Housing Authority	1	100	0	0	1

Source: https://files.hudexchange.info/resources/documents/FY-2018-CoC-PHA-Crosswalk-Report.pdf
Notes: PHA unit information is extracted from HUD's Inventory Management System/Public and Indian Housing Information Center and was current as of June 2018.

ESHAP Shelter Resources

POPULATIONS SERVED BY ESHAP FUNDED SHELTERS

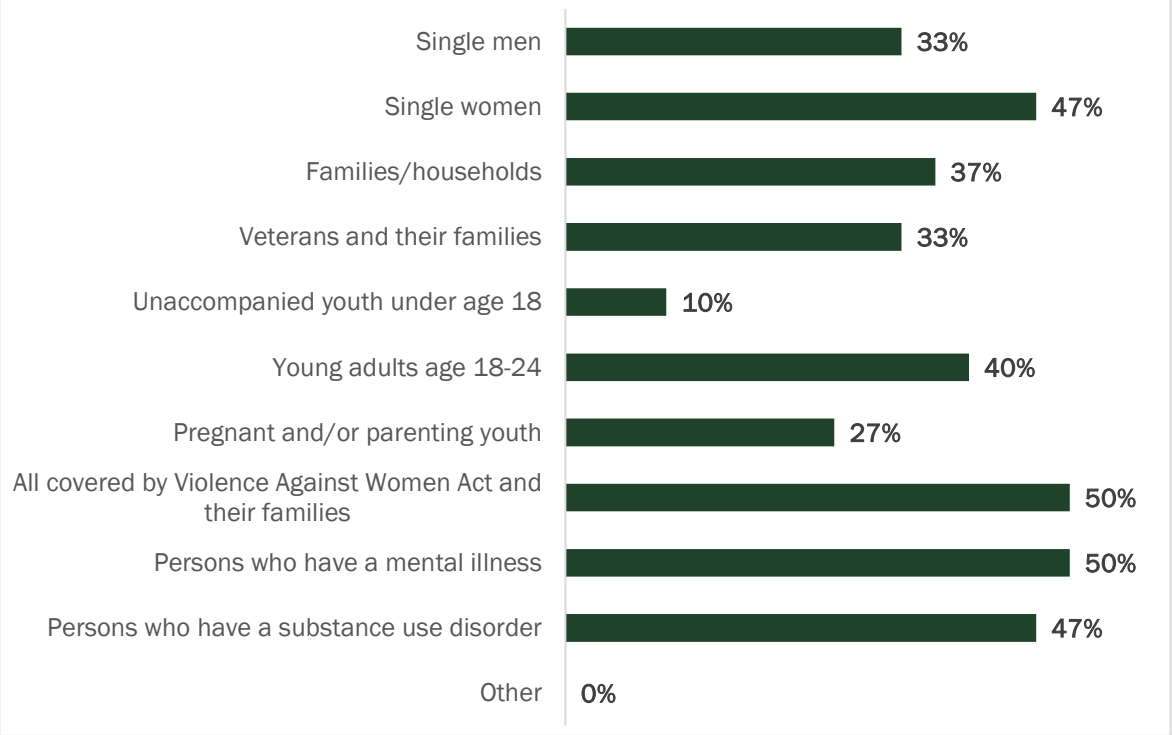
MaineHousing currently funds 36 shelters through the Emergency Shelter and Housing Assistance Program (ESHAP). Appendix D lists the names of the shelters, the populations they serve, and the counties and town where they are located.

Exhibit 11 shows the populations served by the ESHAP funded shelters, as reported in the *ESHAP Shelter Survey*. Most reported serving several populations—for example, single men and women and families. There are a few exceptions in that some shelters only serve unaccompanied youth, single men, or single females.

It is important to point out that there are other shelters available in Maine, such as those run by faith-based groups like the Greater Portland Family Promise which provides overflow spaces for family shelters in the Portland area.

Exhibit 11

Populations Served by ESHAP Funded Shelters



Source: ESHAP Shelter Survey, N=30 respondents

Notes: Respondents could check all that apply so percentages do not add to 100%. Two of the twelve shelters included as serving 'young adults age 18-24' have an age limit of 21; one of the ten shelters included as serving 'veterans and their families' only serves adult veterans without children.

LIMITS TO LENGTH OF STAY IN ESHAP FUNDED SHELTERS

The majority (86%) of the ESHAP funded shelter have no limits on the length of time that shelter guests can stay in the shelters. Of the shelters that limit the length of stay, two shelters indicated that guests can only stay for 30 days, one shelter indicated that the limit is six months, and another shelter indicated that the limit is nine months.

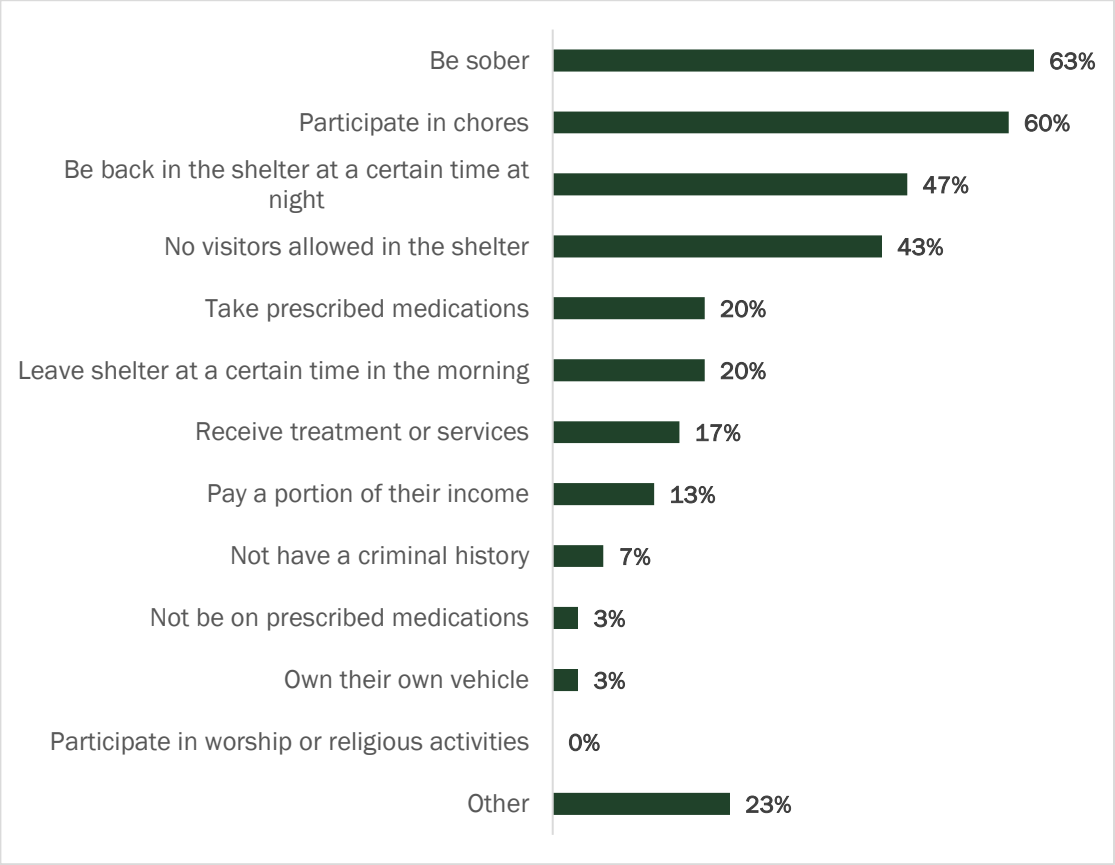
ESHAP FUNDED SHELTER RULES

As shown in Exhibit 12, the ESHAP funded shelters have different rules that guests must follow. The majority of the respondents of the *ESHAP Shelter Survey* noted that shelter guests must be sober and participate in household tasks/chores (63% and 60% of survey respondents, respectively).

Other rules that shelter guests must follow as noted by respondents of the *ESHAP Shelter Survey* are that the location of the shelter must remain confidential, guests must maintain confidentiality of other guests, guests cannot bring illegal substances or alcohol into the shelter, no violence or threats of violence or aggressive behaviors are allowed, and guests must work on a plan for permanent housing and work with a housing navigator.

Exhibit 12

Rules Guests of ESHAP Funded Shelters Must Follow



Source: ESHAP Shelter Survey, N=30 respondents

Note: Respondents could check all that apply so percentages do not add to 100%.

The current and past guests of the ESHAP shelters that participated in the focus groups noted similar rules to those reported in the *ESHAP Shelter Survey*. For the most part, current and past shelter guests saw the rules as important for the safety of the guests, especially in shelters that housed people fleeing domestic violence. However, some of the focus group participants identified some rules as being problematic—for example, not being allowed to leave during the first two weeks (this

was especially problematic for parents of young children), not being allowed to have guests at the shelter or to leave the shelter for over 23 hours. In one shelter there was also the issue of guests having to pay part of their income to stay at the shelter and also having to turn over their food stamp cards, though some of the guests had children that were being taken care of by family members who needed access to that benefit. Many of these rules pertain more to the high-barrier or dry shelters. Some of the guests also noted that it was challenging for people that work late or overnight shifts to have to leave the shelter early in the morning.

HOUSING RESOURCES AND SERVICES

As shown in Exhibit 13, the respondents of the *ESHAP Shelter Survey* noted that many resources and services are provided within the shelter. All respondents noted that shelters were providing assistance with: applying for housing vouchers/subsidies, locating and applying for housing, working with potential landlords/homeowners and making referrals and connections to permanent housing. Many of the *ESHAP Shelter Survey* respondents noted that they have Housing Navigators or case managers/case workers that help people apply for housing vouchers and/or subsidies and help connect them with permanent and transitional housing. Rent Smart (a renter education course) or similar tenant education course was provided by most of the shelters that responded to the survey. Focus group participants that were familiar with the course noted that it was very helpful.

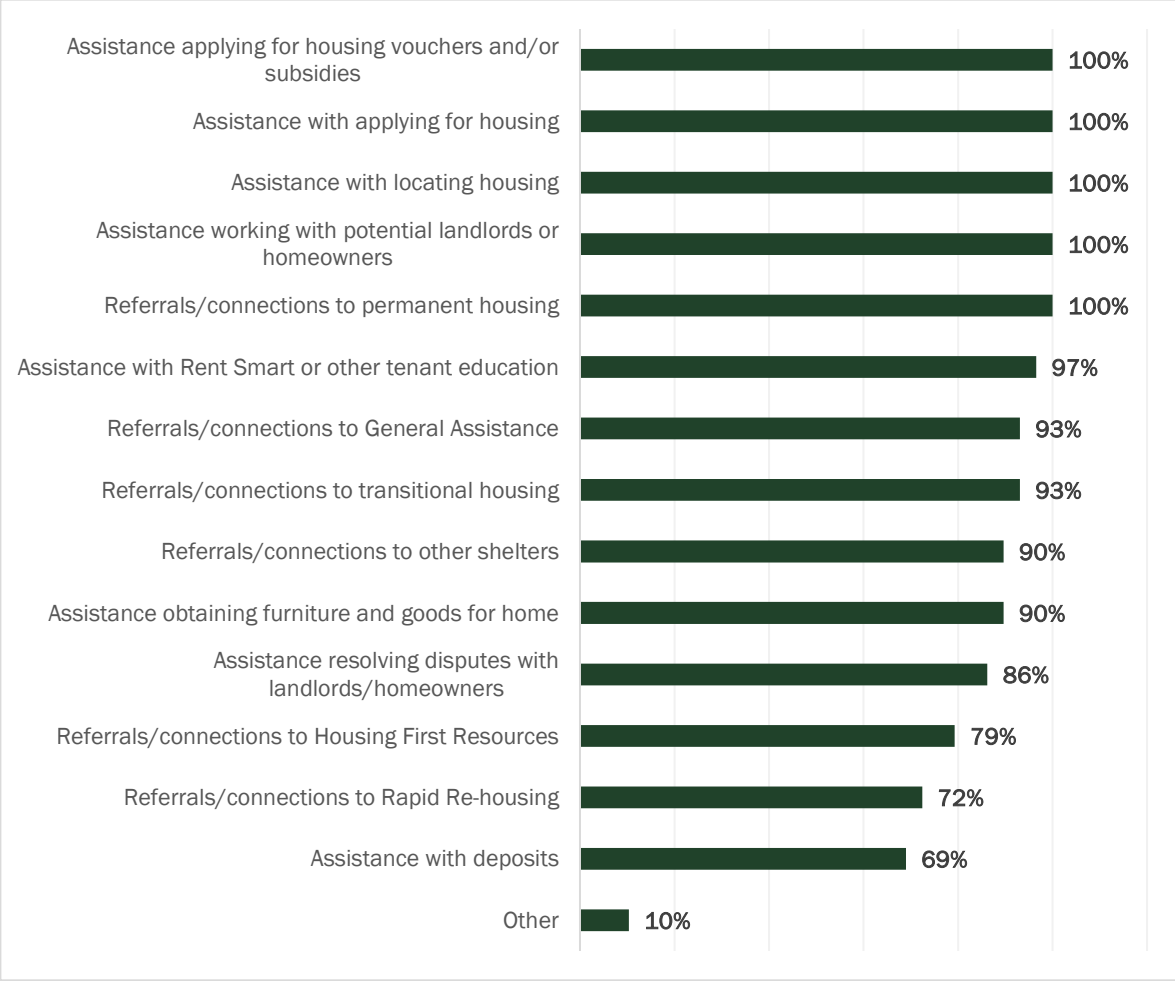
Stakeholders identified that housing navigators and case management services were available to help people obtain and keep housing. Stakeholders noted that housing navigators have been a game changer within Maine in helping people get and retain housing. They did note that the roles of housing navigators vary across the state.

One stakeholder noted that Maine Housing is the only funding stream that funds housing navigation services, and the services are capped to one year after initial engagement of the client.

It was noted by stakeholders that in some areas like in Portland there are staff dedicated to following up with individuals in the community once they are housed.

Exhibit 13

Housing Resources and Services Provided Within ESHAP Funded Shelters



Source: ESHAP Shelter Survey, N=29 respondents

Note: Respondents could check all that apply so percentages do not add to 100%.

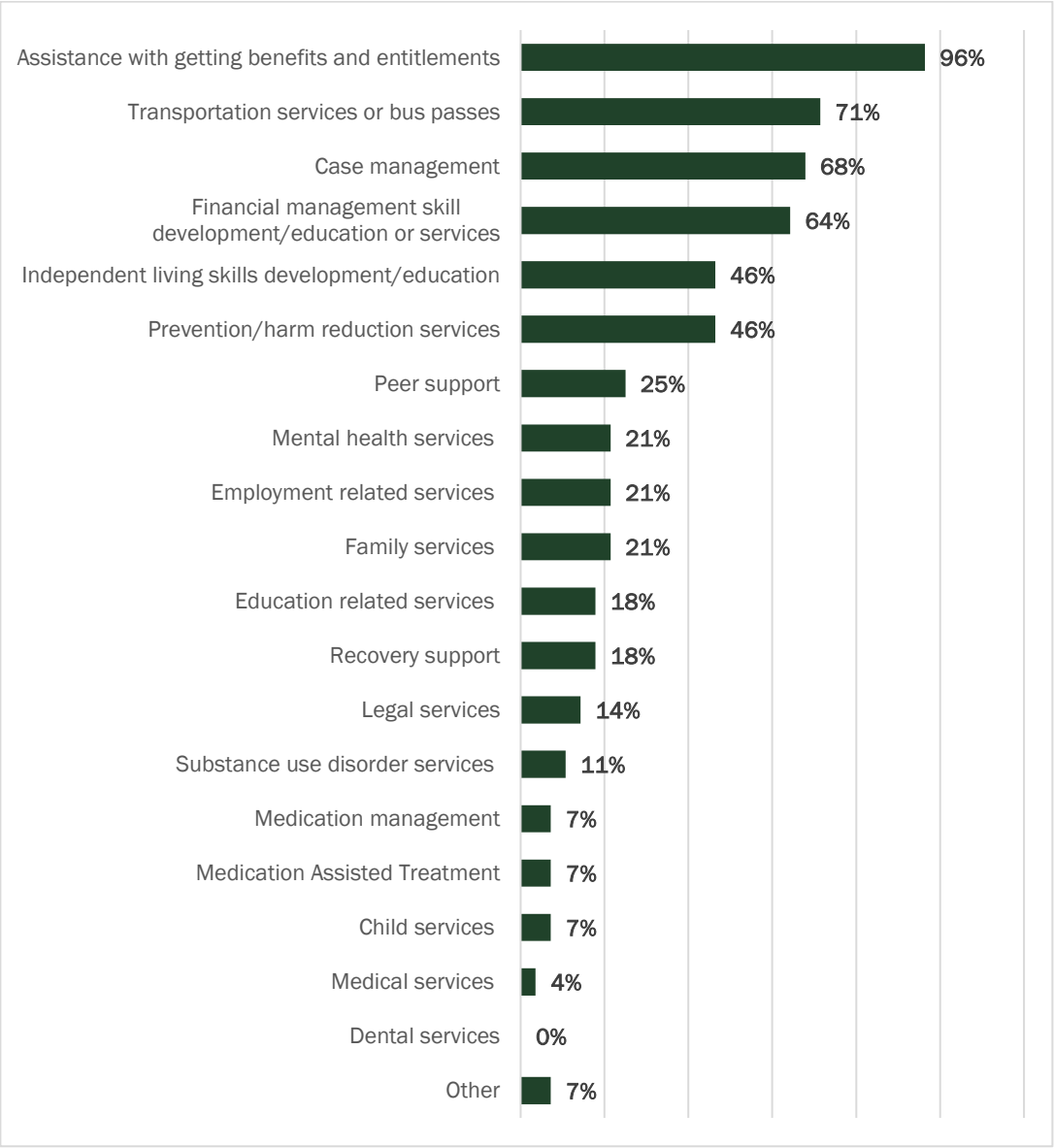
SUPPORTIVE SERVICES

Exhibit 14 lists the supportive services that *ESHAP Shelter Survey* respondents reported as being provided in the shelters. Almost all of the respondents noted that assistance was provided to help shelter guests obtain benefits and entitlements. The majority of the shelters provide some type of transportation service or bus passes, case management services, and financial management skill development or education. Almost half of the shelters provided independent skills development or education and prevention and harm reduction services.

Services that were reported as not as readily available are also services that were identified by focus group participants and stakeholders as areas where there are gaps. The gaps in services are discussed further in this report.

Exhibit 14

Supportive Services Provided Within ESHAP Funded Shelters



Source: ESHAP Shelter Survey, N=28 respondents

School Resources

In this section we discuss the resources that are available within public schools in Maine.

MCKINNEY-VENTO LIAISONS

As previously mentioned, each school system in Maine has an assigned McKinney-Vento Liaison. The respondents of the *School Survey* noted that most (98%) of the McKinney-Vento Liaisons have other responsibilities within their assigned schools, and the majority of the McKinney-Vento Liaisons (85%) reported that, on average, they spend less than 25% of their time on McKinney-Vento Liaison responsibilities. The McKinney-Vento Liaisons have held their positions for an average of 5.3 years;

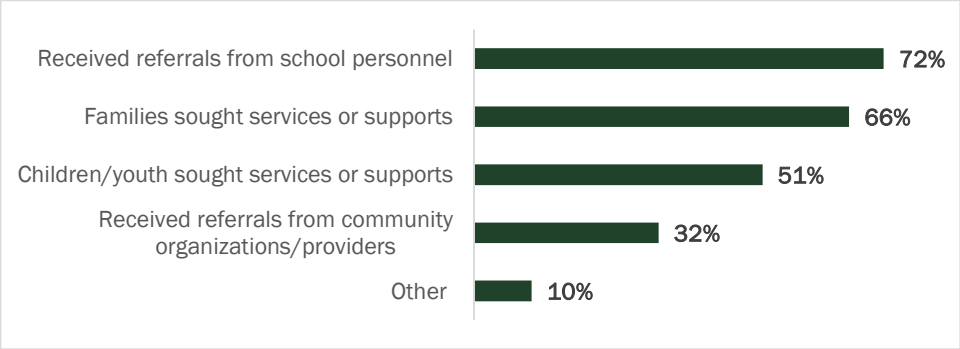
the minimum reported tenure was less than one year, and the maximum was 20 years.

METHODS TO IDENTIFY STUDENTS WHO ARE HOMELESS

Three-quarters of the respondents of the *School Survey* noted that the students who were homeless during the 2018-2019 school year were identified through referrals from school personnel (Exhibit 15). Two-thirds of the respondents noted that they identified students who were homeless through the families who sought services or supports (Exhibit 15).

Exhibit 15

Methods to Identify Students Who Are Homeless



Source: School Survey, N=80 respondents
Note: The 19 respondents who selected "not applicable," indicating they did not serve any homeless youth during the 2018-2019 school year, are not included in the denominator for the percentages.

The respondents of the *School Survey* reported that most students who are identified as homeless are enrolled in school within the same day (42%) or within a week (51%).

General Assistance

Focus group participants noted that what General Assistance will pay for differs across towns/municipalities. Some General Assistance programs will pay shelter fees; others are more preventive and will only pay your rent in order to keep you from losing your home. The focus group participants discussed having to do some type of work (e.g., clean parks or the shelter) in order to receive General Assistance.

Key stakeholders also identified that General Assistance varies by towns and municipalities and that some are more responsive than others to the issue of homelessness. It is expected that the new law signed by Governor Mills in July 2019 —*An Act Regarding Presumptive Eligibility and Homelessness under the General Assistance Laws* (S.P. 137 – L.D. 459)—will impact the responsiveness of General Assistance programs to homelessness.

Community Resources

Throughout Maine there are many community resources that are available to people who are homeless or are at risk for becoming homeless. Focus group participants and

stakeholders identified community resources such as food pantries, soup kitchens, personal essentials pantries (where people can get toilet paper, toothpaste, diapers and other things not covered by SNAP), day or drop-in programs, and assistance with obtaining clothes and household goods etc. Some of these resources are available from faith-based communities.

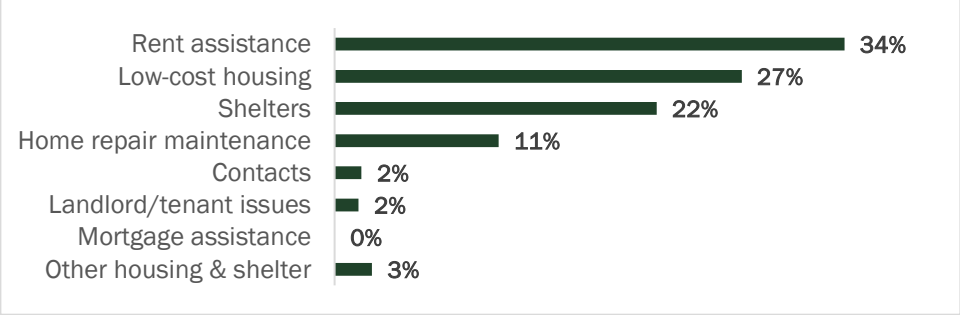
211 Maine

211 Maine is a statewide service that began as part of the national 211 movement designed to centralize and streamline access to information and resources in the areas of health and human services.[107] 211 Maine is a collaborative effort of the United Ways of Maine, Maine DHHS, and the Opportunity Alliance as the Contact Center Partner. 211 Maine can be reached via phone, text, or email. There is also a searchable online resources directory.[108]

Between the period of Aug. 19, 2018 and Aug. 18, 2019, 211 Maine received 6,225 requests for housing-related assistance.[109] Housing-related assistance was the second top requested category received by 211 Maine. However, the actual number of housing-related assistance requests may be higher than reported: housing-related requests may have been captured under other categories in the iCarol system used by 211 Maine.[110] As shown in Exhibit 16, the top three housing and shelter requests were for rental assistance (34.2%, n=2,129), low-cost housing (27.3%, n=1,702), and shelters (21.6%, n=1,345). It is clear that these are topics for which there seems to be a need throughout Maine and not just among those who are homeless.

Exhibit 16

211 Maine Top Housing & Shelter Requests, Aug. 19, 2018 - Aug. 18, 2019



Source: Data obtained from 211 for Maine requests between the period of Aug. 19, 2018 and August 18, 2019 retrieved from https://me.211counts.org/

Exhibit 17 shows the top ten zip codes and corresponding cities and counties from where the requests for housing and shelter originated into 211 Maine during the period of Aug. 19, 2018 and Aug. 18, 2019. The most requests came from Wesley in

[107] https://211maine.org/about/
[108] The resource directory is available at: https://prd.icarol.com/landing.html?token=d12f9c53-b3ac-4cf4-8bec-0b479bf2be4b&cssMode=Publish&orgNum=114424&db=114424
[109] https://me.211counts.org/
[110] Information received from 211 Maine via email on July 24, 2019.

Washington County, Portland in Cumberland County, South Gardiner in Kennebec County, Detroit in Somerset County, and Prospect Harbor in Hancock County.

Exhibit 17

Ranking of Zip Codes, Towns and County with the Most Housing & Shelter Requests from 211 Maine, Aug. 19, 2018 – Aug. 18, 2019

Rank	Zip Code	Town	County
1	04686	Wesley	Washington
2	04101	Portland	Cumberland
3	04359	South Gardiner	Kennebec
4	04929	Detroit	Somerset
5	04669	Prospect Harbor	Hancock
6	04056	New Field	York
7	04102	Portland	Cumberland
8	04240	Lewiston	Androscoggin
9	04920	Bingham	Somerset
10	04221	Canton	Oxford

Source: Data obtained from 211 for Maine requests between the period of Aug. 19, 2018 and Aug. 18, 2019 retrieved from https://me.211counts.org/

Homeless and Housing Barriers, Gaps and Needs

Shelter Barriers, Gaps, and Needs

SHELTER AVAILABILITY AND CAPACITY

During our focus groups with current and past users of the ESHAP funded shelters, participants noted a lack of shelters for single men with children. It was also noted that in some of the urban areas there were more shelters available for single men than for single women. In one high-barrier shelter where a focus group took place, some participants noted that there were not enough dry shelters available in the state. These participants noted that they did not want to be in shelters where people were actively using substances or where people would be using their drug of choice outside of the shelter doors. However, some stakeholders identified not having enough low-barrier shelters in the state/region.

One stakeholder discussed that there were more older adults utilizing homeless shelters. Some of these older adults have multiple health conditions and require special accommodations (e.g., handicap-accessible rooms and bathrooms) which are not available in most shelters. It was noted by a stakeholder that there were no domestic violence shelters in the MidCoast region. One stakeholder noted that more shelters are seeing people with intellectual and developmental disabilities and that shelters do not have the capacity or the resources to work with this population.

Stakeholders and focus group participants also discussed the need for shelters for younger youth. It was noted by stakeholders that it was not ideal to have younger youth (e.g., 14-year-olds) in the same shelter as 18-year-olds, as the needs of these

youth tend to be very different and the youth are exposed to more riskier behaviors and attitudes being around older youth. It was also noted by a stakeholder that in order to make room for a 14-year-old, sometimes shelters will move an 18-year-old to an adult shelter. This stakeholder noted that it is not appropriate for some 18-year-olds to be in an adult shelter; they recommended shelters for youth ages 14-17 and for youth ages 18-21.

Shelter capacity was brought up by current and past users of shelters and the stakeholders we interviewed. The shelters are typically full and difficult to get into. This issue is even more challenging in areas or counties where there is only one shelter. There are also some areas or counties that do not have any ESHAP funded shelters.

Stakeholders in an area in southern Maine noted that it seemed as though homeless shelters and programs were decreasing and that there was more focus on SUD treatment. Those stakeholders noted that sometimes staff in their agencies (e.g., case management) do not even call the shelter because the shelters are consistently unable to take people. Stakeholders have been placing families in campsites, though they noted that this resource has become expensive this year since campsites are requiring minimum stays, deposits, or plans to stay in the campsite for at least two months. The belief is that campsites have implemented these policies because they know there has been a growth in families who are homeless.

Some stakeholders discussed the need to upgrade shelters, especially many of the domestic violence shelters which were purchased over 30 years ago. It was noted that it is difficult to obtain capital funds to make needed changes in shelters.

Stakeholders identified issues with finding new locations for shelters or expanding the availability of shelters or shelter capacity. Some of the challenges were related to issues of NIMBYism ("not in my back yard"). Several stakeholders discussed the relocation of the City of Portland, Oxford Street Shelter. They noted that there were challenges in finding a new location for the shelter—some of which may have been due to NIMBYism. These stakeholders also noted that the location that was decided upon was not seen as acceptable since it is located far from the downtown area and from where many of the housing and services are available. It was noted that people in the shelter would have to use more of their limited resources for transportation from the shelter and into town where the core services and housing are located.

RESTRICTION FROM SHELTERS

As previously noted, some past shelter users noted during the focus groups that they were not staying at an ESHAP funded shelter because they had been restricted from the shelters for behavior issues or rule-breaking. One focus group participant noted that they had been restricted from every shelter in the area. However, the participants that we spoke with during the focus groups that were restricted from the shelters have continued to work with staff from the shelter or outreach programs in obtaining housing, though they were not allowed to stay in the shelter. Some shelter users noted

that other guests had been asked to leave or left the high-barrier/dry shelters because they were more likely using substances.

Some stakeholders noted that there were issues with both low-barrier and high-barrier shelters throughout the state restricting guests for behavior issues or rule-breaking and that some individuals therefore had no place to go and were driven to live outdoors. Stakeholders also noted that some of the people who get restricted from the shelters are those with more behavioral health issues and who require more supports.

SHELTER MODELS

Stakeholder identified issues with some shelters conducting background checks and not operating under a Housing First mindset—meaning they believed the shelters were requiring people to prove they are worthy or ready for housing before they can be housed.

WORKFORCE/TRAINING ISSUES

In one of the focus groups in an urban area, it was noted that it would be helpful to have more Peer Navigators in shelters. In some of the shelters visited during the focus groups, we did encounter staff who had experienced homelessness and in some cases substance use issues. Stakeholders also identified the need for more peer support within the shelter.

In the focus groups discussions with current and past users of the ESHAP shelters, it was clear that the role of the housing navigators or case managers/case workers differed depending on the shelter. In some shelters, housing navigators help guests apply for vouchers and apartments, help them look for apartments (including driving them to look at apartments), and work with landlords to get the guests housing. In other shelters, the focus group participants noted that they only receive help with completing documentation/paperwork to get a voucher or apply for housing. They did not receive assistance with locating/finding housing. In those instances, shelter guests noted that they were left on their own to locate housing, which is made more difficult when they don't have transportation and/or when they want to look for housing in different towns or areas. In some cases, individuals are handed lists of landlords or property management companies. Many focus group participants in more urban or populated areas felt that the housing navigators or case managers/workers had large caseloads because they worked with people both in the shelters and in the community. As noted by one focus group participant, "the wheels can turn very slowly." It was also noted that in more urban or populated areas it sometimes took months for people to be assigned a case manager/worker and that some people can't move forward in getting out of homelessness without one. Some focus group participants also felt that it would be helpful for housing navigators or case managers/workers to build more relationships with landlords, property management companies, and the community in general.

In a focus group, it was noted that it would be helpful for staff at the shelter to be better trained to respond to mental health crises. It was noted that sometimes staff

will call police when there is a mental health crisis instead of calling a crisis team. In one of the focus groups, shelter users identified large turnover issues within the shelter, including at the leadership level.

Some stakeholders identified that more work could be done to make sure that the system is more trauma-informed and person-centered. One stakeholder that works with youth noted that many youth are labeled as being "bad," and that people tend to say to youth "What's wrong with you?" instead of asking "What's happening?"

NEED FOR SUPPORTIVE SERVICES

Some focus group participants noted that there was a need for more behavioral health services within the shelters—such as individual and group counseling and Intensive Outpatient Treatment. It was also noted that while these services are available in some areas within the community, issues of transportation and insurance make it difficult for individuals to participate in the services.

NEED FOR INFORMATION AND RESOURCES

Focus group participants reported needing more information about vouchers and resources that are available. They also noted needing more information about eligibility for benefits and what is allowed and not allowed (e.g., how many hours one can work before losing benefits). Some focus group participants noted the need for more support to navigate other systems, such as DHHS and the social service systems.

Barriers Faced by People Experiencing Homelessness

HOUSING BARRIERS: OBTAINING HOUSING

As shown in Exhibit 18, people who are homeless face many barriers when looking for housing. Most of the respondents to the *ESHAP Shelter Survey* identified barriers in finding vacant and available units and having enough money for deposits. Over three quarters of the *ESHAP Shelter Survey* respondents identified the following as being a barrier for finding housing: not having home supports for mental, cognitive or physical health issues; finding a place that they can afford; and having a criminal record. The majority of the respondents also identified as barriers: having the documentation to apply for housing or vouchers, finding a place that will accept vouchers, having bad credit, and finding a place near public transportation. Almost two thirds of the respondents noted not having legal immigration status as a barrier for obtaining housing. Over half of the survey respondents identified the following barriers related to housing: not finding a place big enough for the family, being able to obtain housing vouchers or subsidies, finding a place that will pass the housing quality inspections.

In the "Other category, respondents noted that barriers for young adults are age and a lack of rental history. Another barrier that was noted was finding places that will allow pets, even those that are emotional support animals but not service animals.

The current and past shelter guests who participated in the focus groups identified many of the same barriers as those identified by the respondents of the *ESHAP*

Shelter Survey. The primary barriers identified by the shelter guests were the lack of affordable housing, landlords not accepting vouchers, housing vouchers or subsidies being insufficient to meet market rents, some vouchers having long waitlists or not being available, having insufficient time to locate housing even with extensions for vouchers, housing not passing housing inspections, and having bad or no credit or references. In some areas of the states, a barrier is that landlords are requiring payments to apply for housing, which is very prohibitive for people with limited incomes. Focus group participants in a southern Maine town noted that landlords charge an application fee to apply for an apartment nearly all of the times that they have applied for an apartment. Obtaining vouchers and housing was noted to be very challenging for unaccompanied youth who are homeless.

Some focus group participants noted that the arrival of asylum seekers with housing needs resulted in additional capacity challenges. Some stakeholders also noted that asylum seekers and the arrival of New Americans/Mainers also added burden to the tight housing market.

Stakeholders interviewed noted that the availability of vouchers varied by communities and regions of the state. In some areas, there are shorter wait-times to obtain vouchers and subsidies. This was evident when talking to current and past shelter users during the focus groups. Stakeholders interviewed also noted that there are ebbs and flows to the availability of vouchers/subsidies: sometimes they're more available and other times they're not. A lack of vouchers for people with substance use disorder was identified.

Stakeholders noted that the availability of affordable housing is very limited, that it's difficult to find housing and that competition is very high for the housing that is available. In some urban or more populated areas, people are available and willing to pay above the rents that someone with a voucher can pay. As noted by others, stakeholders also identified that it's sometimes difficult to find housing that will pass inspections. One stakeholder noted that in rural areas the housing stock tends to be older and have more quality issues. Some stakeholders identified that in some areas in the state, like in Lewiston, many affordable housing units were being torn down. In other areas, like in coastal Maine, the cost of housing is high or housing is being turned into Airbnb or seasonal rentals.

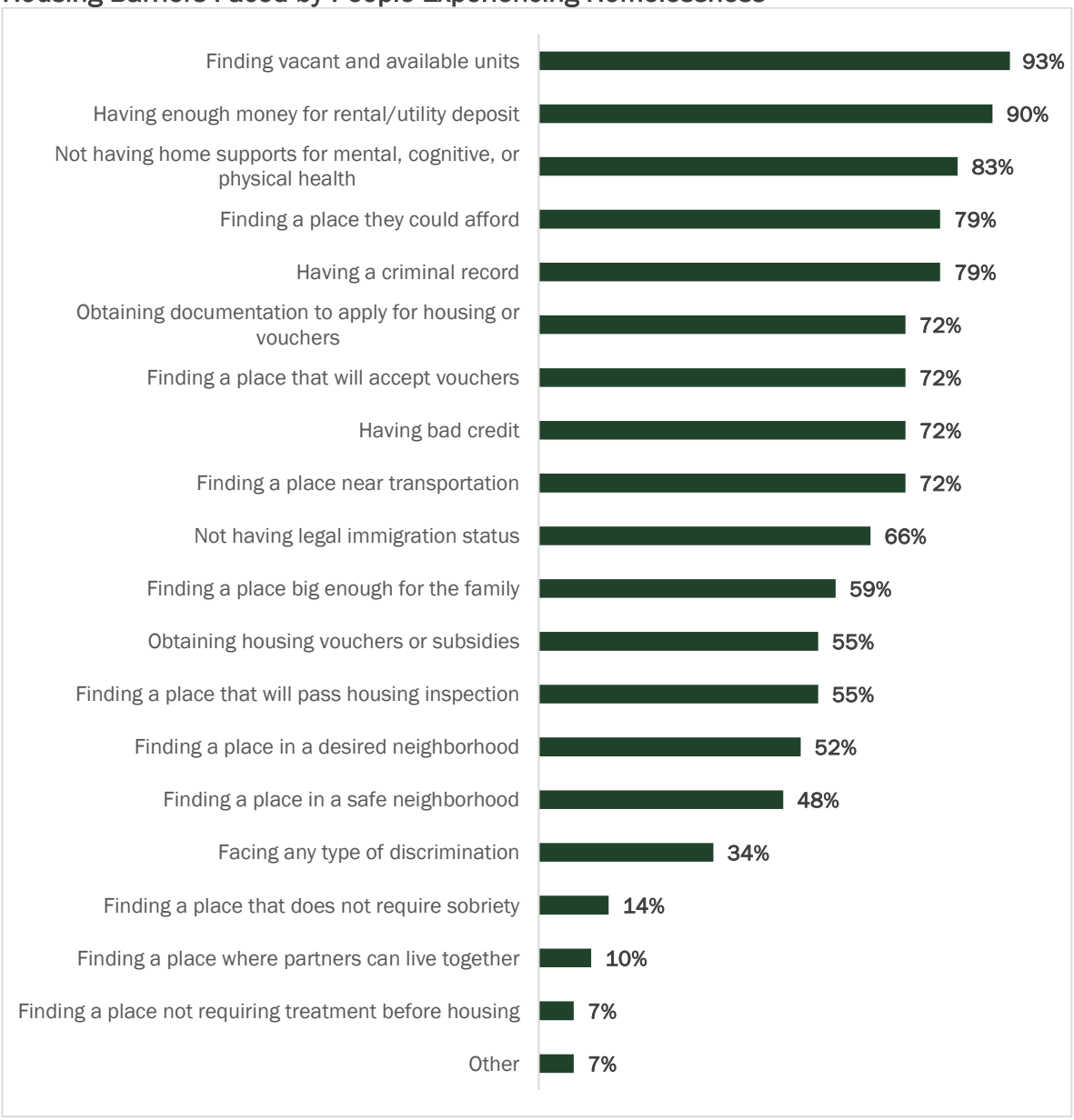
Stakeholders also identified barriers connected to clients having bad or no credit or references. One stakeholder noted that even the large property management companies in the area deny their clients because of credit issues, even when they have a veteran status which is a preference in some areas for receiving housing. Stakeholders also discussed the issue of landlords discriminating against voucher holders or evicting people without following the proper processes.

Some stakeholders noted that people cannot get into housing owned by PHA if they owe past-due amounts to the PHA.

Some of the stakeholders interviewed noted that having good relationships with landlords and property managements removed many of the housing barriers identified by respondents of the *ESHAP Shelter Survey*, and current and past shelter users. These stakeholders knew landlords and property management companies that were willing to work with people who are homeless and to overlook background issues related to criminal background, sex offenses, credit, and references. Stakeholders noted that it was helpful for landlords and property management companies to know that they could reach out to them if any issues arose with a tenant and that they were also available to provide ongoing supports to the tenants. Yet, many stakeholders noted they had limited funding to provide ongoing supports once people are housed.

Exhibit 18

Housing Barriers Faced by People Experiencing Homelessness



Source: ESHAP Shelter Survey, N=29 respondents

Note: Percent is for those that indicated a barrier or major barrier; Respondents could check all that apply so percentages do not add to 100%.

HOUSING BARRIERS: KEEPING HOUSING

Some stakeholders noted that a recent focus has been on short-term vouchers (i.e., those that are capped at 12 or 24 months) and that there was a need for more long-term vouchers. It was noted that people with short-term vouchers end up having to move, get another voucher, or return to homelessness when the vouchers run out.

Stakeholders interviewed discussed the need for ongoing supports once people are housed to ensure they can keep their housing. The amount of supports needed and provided should vary depending on the length of time a person was homeless and the person's needs. It was noted by stakeholders that some individuals, like those who are situationally homeless, may only need low levels of supports, while other individuals—such as those who are chronically homeless, long term stayers in shelters, and some individuals who have mental health or co-occurring issues—may need more intensive supports. However, it is important that levels of supports are flexible and are adjusted as a person's needs change. Ongoing supports are seen as important for identifying possible issues and preventing individuals from reentering homelessness.

SERVICES GAPS AND NEEDS

Respondents of the *ESHAP Shelter Survey* were asked to identify three services that represented the most critical gaps for services available to guests of the shelters (see Exhibit 19). Over half of the survey respondents noted that transportation services or bus passes were a critical gap. Key stakeholders also identified transportation as a critical issue throughout the state, though especially in rural areas. Some of the stakeholders in more rural areas noted that transportation was available from organizations or services, but that it was typically limited to medical appointments or to people who have MaineCare.

Over one third of the *ESHAP Shelter Survey* respondents identified mental health services as a critical gap. Of the total number of respondents to the shelter survey, 25% identified child services such as childcare as a critical gap; 21% identified medication management and legal services as a critical gap; and 18% identified critical gaps in case management, medical/physical, dental and substance use services. Under the "Other" category, respondents identified: services for young adults with developmental disabilities, Housing First models for youth, residential mental health and substance use disorder facilities, and elderly care and assisted living placement.

The current and past shelter guests who participated in the focus groups noted that they needed more support in finding health services (i.e., getting a primary care physician) and dental services, mental health services (especially related to the availability of psychiatrists and medication management), addiction services such as Medication Assisted Treatment like Suboxone, employment-related assistance like vocational rehabilitation and assistance with filling out job applications, and transportation. Most of these barriers were more pronounced in rural areas than in

urban areas. Some focus group participants discussed the potential of losing MaineCare or other benefits if they make over a certain amount.

Stakeholders noted that there was need for more physical/medical and dental services for people who are homeless. In some areas of Maine, access to physical/medical services or primary care leads to treatment of mental health and substance use issues.

Stakeholders also discussed the need for more supportive services in the community for people who are homeless and for those who have been housed. Some of the areas where gaps were identified were in the availability of substance use treatment services including inpatient services and detox. In the area of mental health services, it was noted that there are shortages of mental health professionals like psychiatrists in more rural counties like Aroostook. Many stakeholders discussed the need for more case managers or workers to do follow-up in the community to ensure that there are no issues with individuals who were housed. If issues have arisen, supports should be provided to resolve the issues. This type of work was seen as essential to ensuring that people can keep their housing and not return to homelessness. One challenge noted is the lack of funding to pay for case management services. Typically, case management services are only funded for people who have MaineCare; private insurance does not pay for case management. Some stakeholders noted that RRH has become more of a voucher program that pays for housing but does not pay for supports to the individuals. It was also noted by stakeholders that STEP does not provide supports needed by individuals.

In family shelters we heard from guests about the high cost of childcare and how not having childcare made obtaining and keeping employment even more difficult. Some stakeholders identify childcare as a major barrier for families who are homeless.

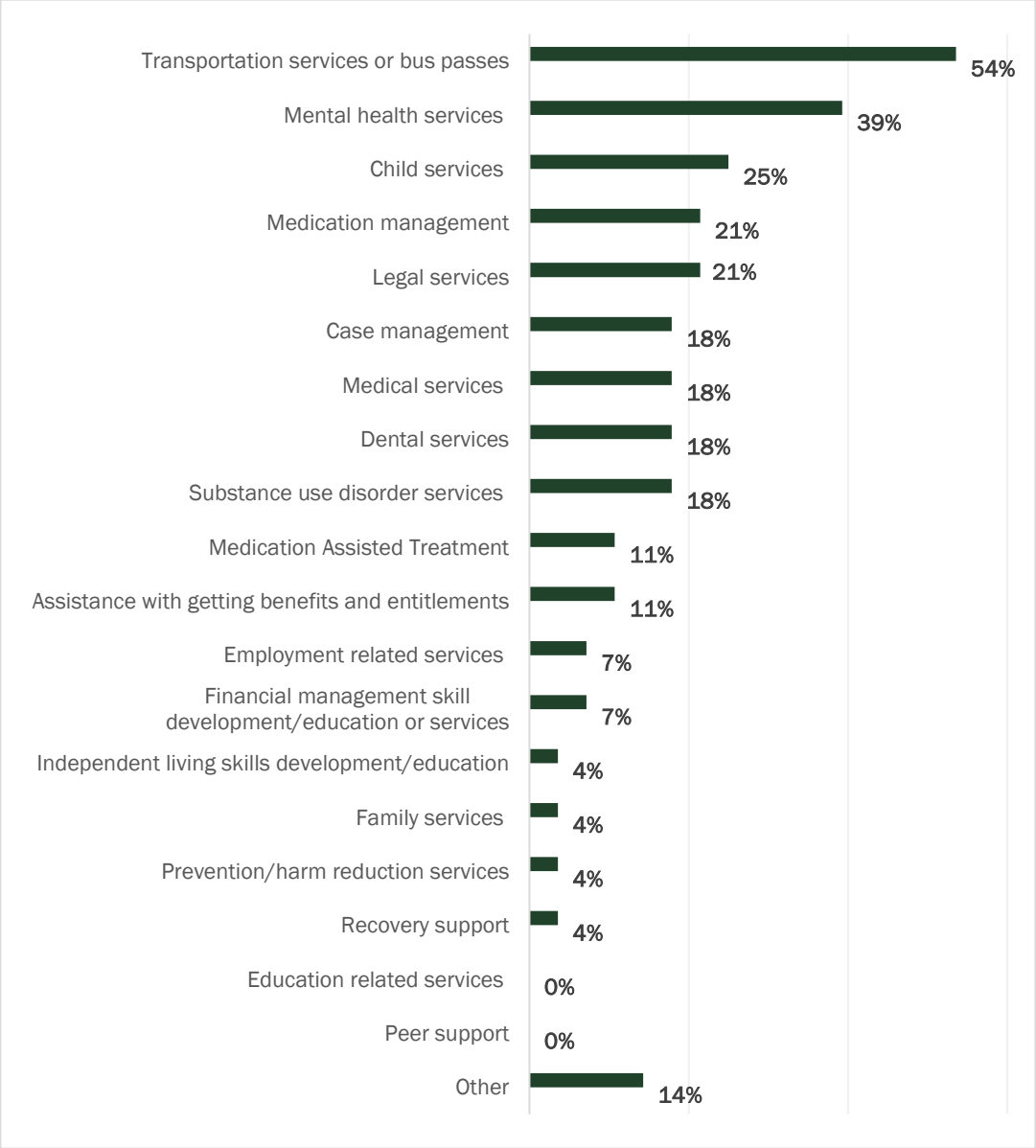
In several focus groups we heard about the need for legal support, though some support was available from Pine Street Legal Assistance. In one of the domestic violence shelters we heard there was previously a liaison from law enforcement who was very helpful. However, that liaison was no longer available.

Several focus group participants noted needing more information about what resources and services are available. One participant noted going to a DHHS local office and being asked to identify services needed; that person noted that it was difficult because they did not know what services were available.

One stakeholder noted that more one-stop-shops are needed across the state, where people who are homeless or at risk for homelessness can access supportive services and resources such as exercise rooms. They noted that the Preble Street Resource Center in Homeless Region 1 is the only resource center within the state for people who are homeless or at risk for homelessness.

Exhibit 19

Most Critical Gaps in Services for Guests of ESHAP Funded Shelters



Source: ESHAP Shelter Survey, N=28 respondents

SERVICES BARRIERS

The respondents of the *ESHAP Shelter Survey* identified many barriers faced by people who are experiencing homelessness when obtaining needed services (see Exhibit 20). The barriers noted by the majority of the survey respondents were: services having insufficient capacity; needed services not being available; transportation issues; clients not meeting service eligibility criteria; clients having proper documentation and/or legal status; and clients being unable to engage in services. Over half of the survey respondents identified insurance issues and not having the ability to pay for services as barriers faced by people who are experiencing homelessness when obtaining needed services. Under the "Other" category,

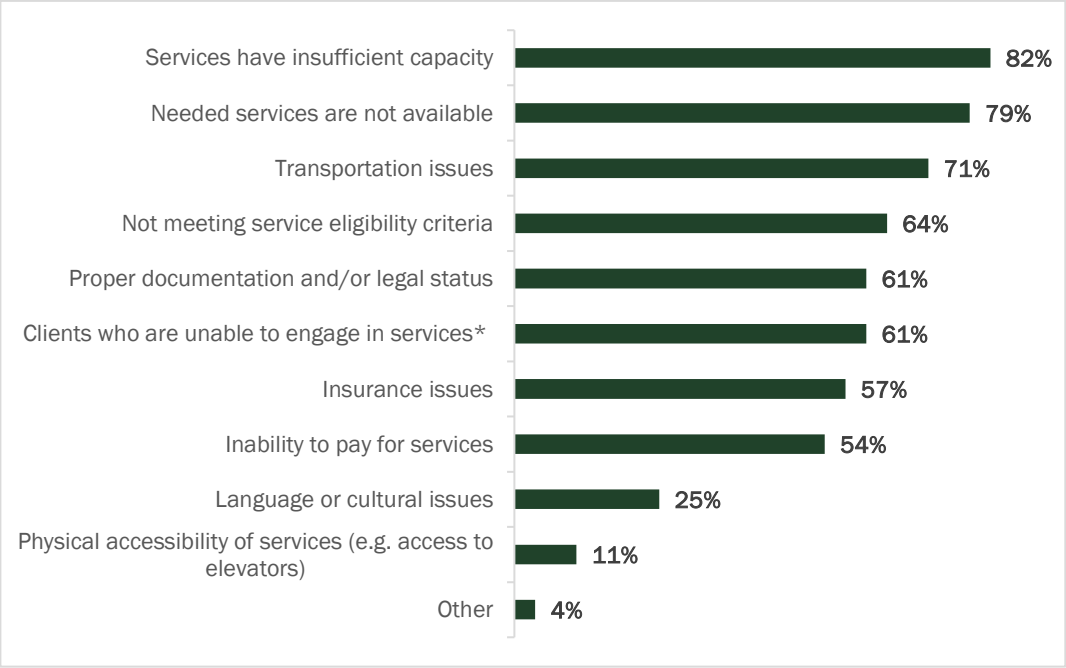
respondents noted that in small communities there are safety risks for victims of domestic violence since they may be located by their abusers.

The current and past shelter guests that participated in the focus groups noted that barriers to receiving services included lack of or unreliable transportation to get to services (e.g., making appointments to be picked up and the van not showing up), long waitlists for services, and providers not wanting to accept MaineCare. One focus group participant in Aroostook noted that they were using telepsychiatry and connecting to a psychiatrist in the southern part of the U.S. That participant noted this was useful since they were originally from the south and the psychiatrist understood them and southern culture better.

Stakeholders noted that there is less availability of supportive services in rural areas. Therefore, some people in rural Maine move to more urban areas to get the services they need to live such as health, mental health and substance use services.

Exhibit 20

Barriers to Obtaining Needed Services Faced by People Experiencing Homelessness



Source: ESHAP Shelter Survey, N=28 respondents
Note: Percent is for those that indicated a barrier or major barrier; Respondents could check all that apply so percentages do not add to 100%.

*Clients unable to engage in services due to cognitive, physical and/or mental health limitations

Other Barriers Faced by People Who Are Homeless

Participants of the focus groups conducted throughout Maine discussed the criminalization of homeless behaviors. Current and past users of shelters discussed how they have been given tickets by law enforcement for trespassing and/or sleeping in public places or abandoned buildings, all done in order to survive on the streets. One focus group participant noted being arrested over 20 times while experiencing

homelessness, including in some cases walking near a shelter where they had been restricted. The criminalization of homeless behaviors has led to arrest records and fines and fees that further stand in the way of people getting jobs or housing. One youth at a focus group noted they had accumulated many fines and fees and were looking at possible jail time for nonpayment.

Unaccompanied Youth Experiencing Homelessness

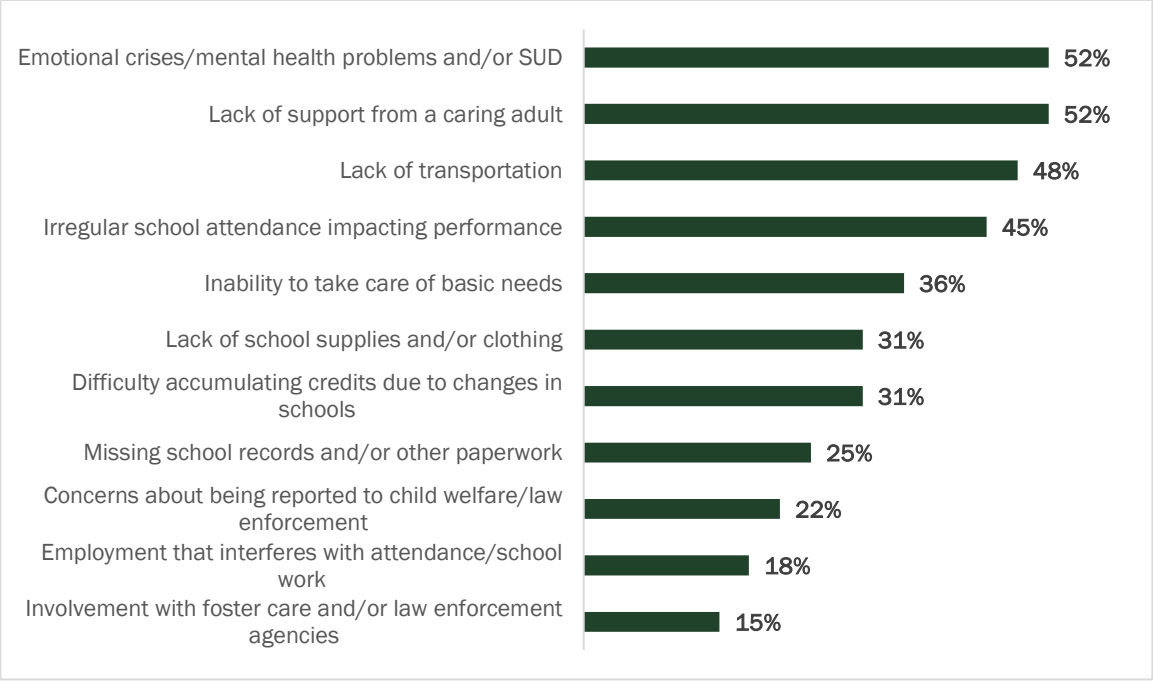
Over half of the respondents of the school survey identified that having emotional, mental health, and/or SUD issues and lacking the support of a caring adult are barriers that unaccompanied youth who are homeless face in enrolling, attending and/or succeeding in school (see Exhibit 21). Close to half of the school survey respondents identified the lack of transportation as a barrier for enrolling, attending and/or succeeding in school.

Focus group participants in youth shelters and stakeholders also discussed barriers to unaccompanied youth attending and/or succeeding in school. Some of the youth noted that it would be helpful to have services (i.e., classes or GED courses) available within the shelter in order to make it easier for them to participate in educational services. Some of the youth noted preferring to do education within the shelter.

Stakeholders noted that some of the youth, if they attended more than one school, have very fractured educational histories. Some of the youth are also behind in school and may be one, two, or more years behind other youth their age. This may be a cause of embarrassment for the youth. Also according to a stakeholder, many of the youth are seen as not fitting the mold of the kids that sit in classrooms during the day; some of the youth would also do better with shorter and less intensive days. It was noted that entities are supposed to work with school districts on the education of youth though the youth may not be successful being back in school and may have already failed in several different schools. A challenge for providing educational services to youth within shelters is that local school departments are required to pay for the education of the youth. Therefore if a school is not providing the education for the youth but another entity is, that entity would need to get funding for that youth.

Exhibit 21

Barriers Faced by Unaccompanied Youth Who Are Homeless in Enrolling, Attending, and/or Succeeding in School



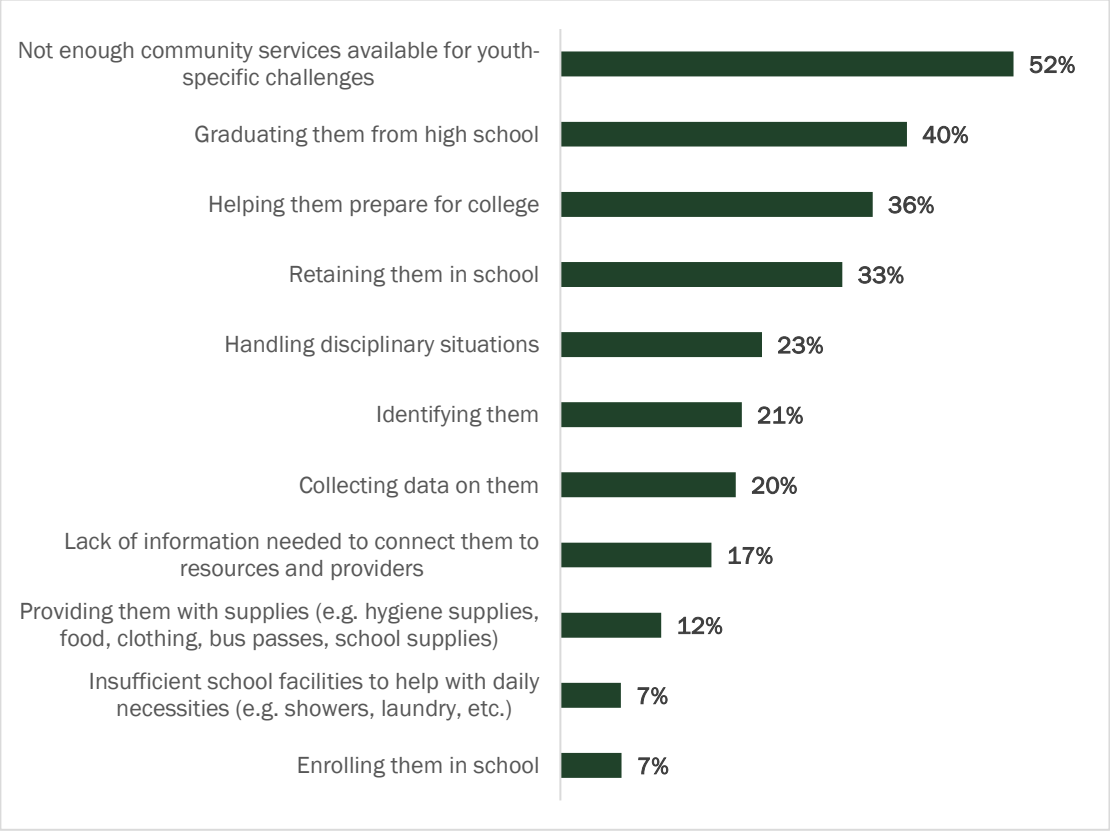
Source: School Survey, N=87 respondents

Note: Percent is for those that indicated a barrier or major barrier; Respondents could check all that apply so percentages do not add to 100%.

Over half of the respondents to the school survey identified that not having enough services available in the community tailored to youth-specific challenges was a challenge faced by the school districts (see Exhibit 22).

Exhibit 22

Challenges Schools Face in Serving Unaccompanied Youth Who Are Homeless



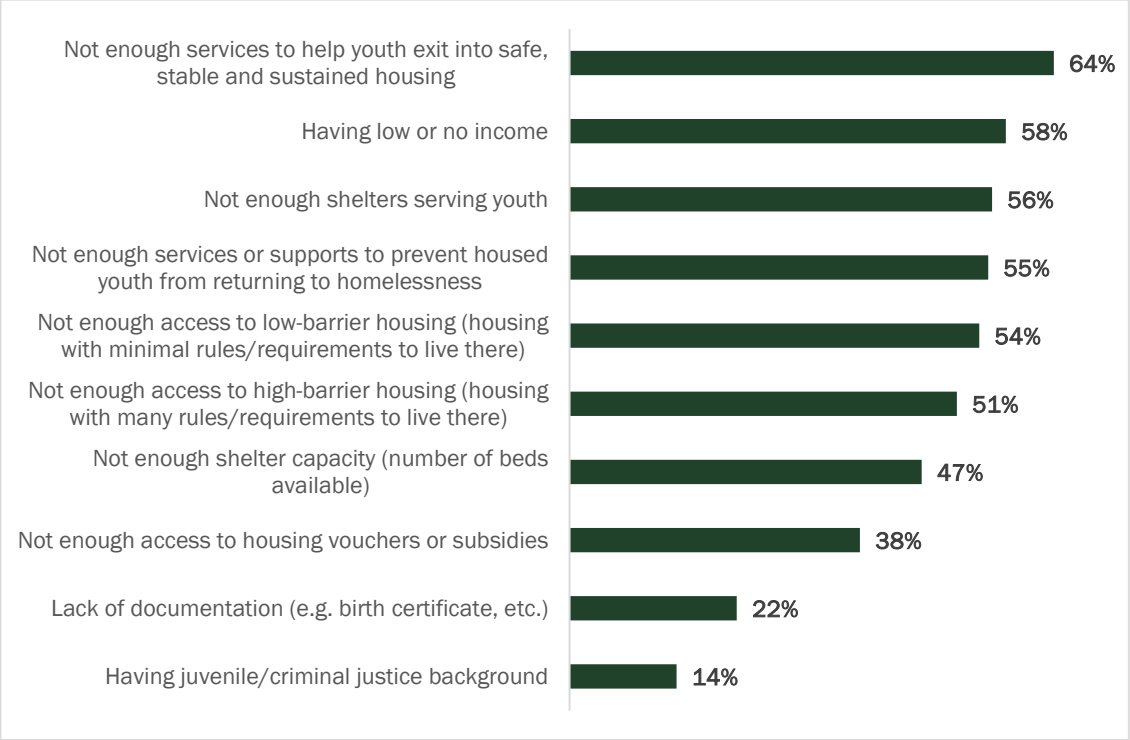
Source: School Survey, N=86 respondents

Note: Percent is for those that indicated that the item was challenging or extremely challenging; Respondents could check all that apply so percentages do not add to 100%.

Exhibit 23 shows the housing barriers faced by unaccompanied youth who are homeless, as identified by respondents of the school survey. Close to two thirds of respondents noted there were not enough services available to help youth exit into safe, stable, and sustained housing. Over half of the respondents identified the following housing barriers: having no or low income; not enough shelters to serve youths; not enough services or supports to prevent housed youth from returning to homelessness; and not enough access to low-barrier housing (housing with minimal rules/requirements to live there) and high-barrier housing (housing with many rules/requirements to live there).

Exhibit 23

Housing Barriers Faced by Unaccompanied Youth Who Are Homeless



Source: School Survey, N=86 respondents

Note: Percent is for those that indicated a barrier or major barrier; Respondents could check all that apply so percentages do not add to 100%.

A stakeholder who works with youth noted that some youth do not want to be in structured settings like residential treatment. They prefer to be in shelters where they can go in and out during the day. Though this stakeholder noted that there are some youth shelters that are run more like group homes.

Focus group participants and stakeholders discussed that it is very difficult to find landlords who are willing to rent to young people. Both focus group participants and stakeholders also noted that once housed, sometimes youth lose their voucher or housing because of issues of "door control," which is the youth opening their doors to friends who are still homeless and allowing them to stay over longer than what is allowed or having parties.

Services and Supports Needed by Students Who Are Homeless in Maine

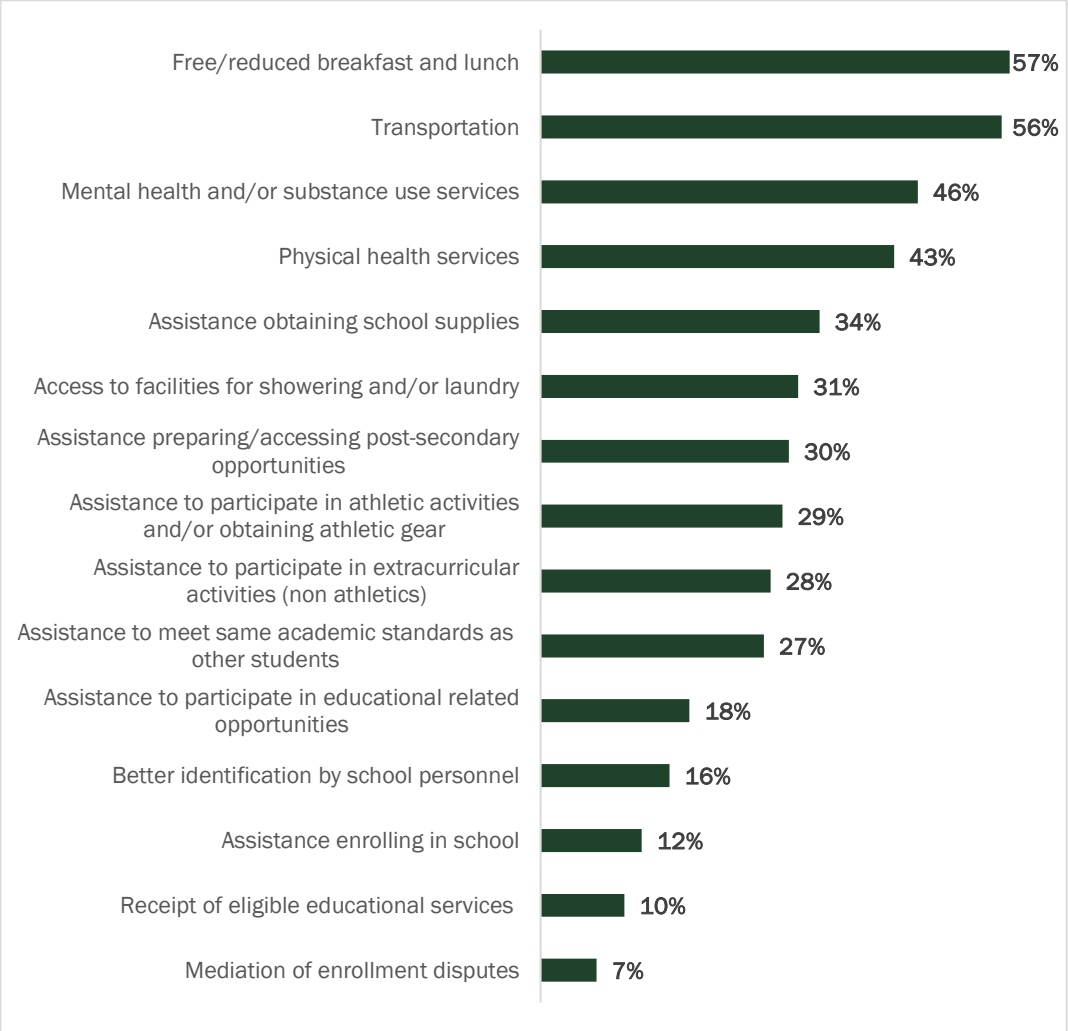
SCHOOL RELATED SERVICES AND SUPPORTS

Over half of the respondents to the school survey identified that students who are homeless in Maine needed the following school-related services: transportation and free or reduced meals (see Exhibit 24). Close to half identified the need for mental health and/or substance use services to be provided within the school. When asked in an open-ended question what the greatest need for school-related services

was/supports by students who are homeless in Maine, transportation was cited as the most needed service/support.

Exhibit 24

School Related Services and Supports Needed by Students Who Are Homeless in Maine



Source: School Survey, N=90 respondents

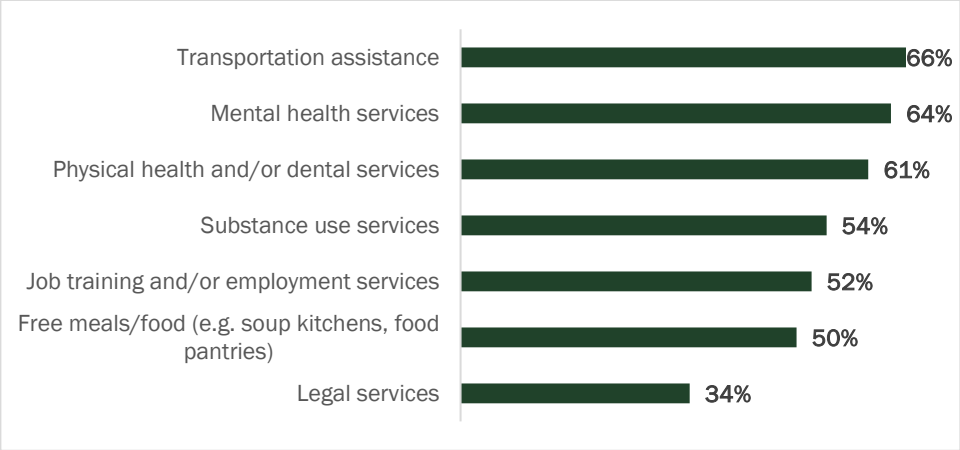
Note: Percent is for those that indicated a need or major need.

NON-SCHOOL-RELATED SERVICES AND SUPPORTS

Two thirds of the respondents to the school survey identified transportation assistance as the non-school-related service and support needed by students and families who are homeless in Maine (Exhibit 25). Over half identified mental health, physical health and/or dental, substance use treatment, and job training and/or employment as services needed by students and families who are homeless in Maine.

Exhibit 25

Non-School-Related Services and Supports Needed by Students and Families Who Are Homeless in Maine



Source: School Survey, N=90 respondents

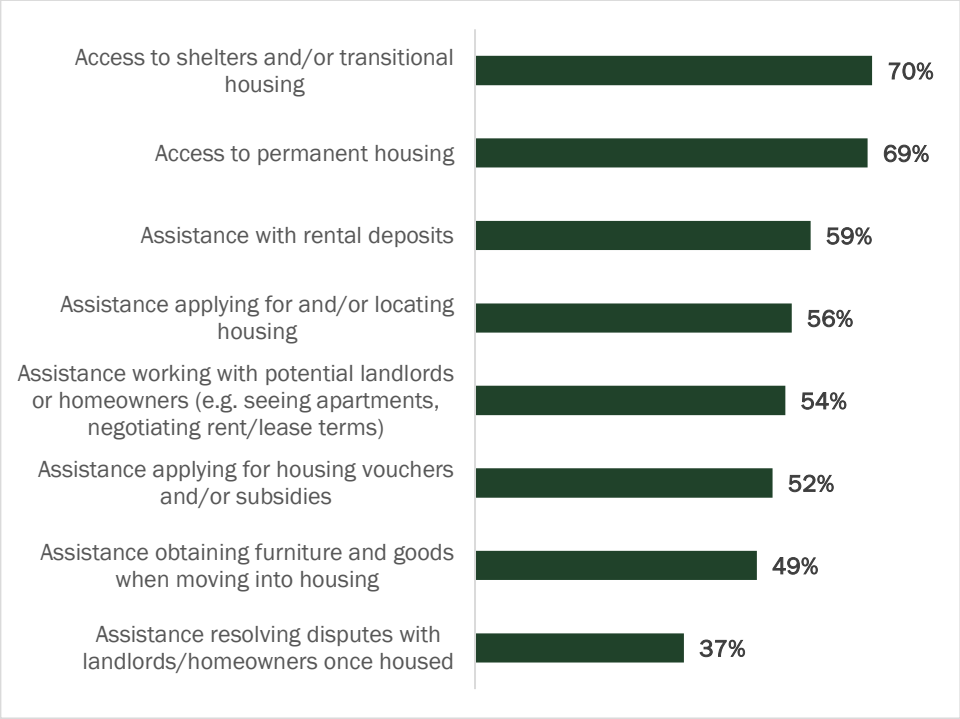
Note: Percent is for those that indicated a need or major need.

HOUSING SUPPORTS

Over two thirds of the respondents to the school survey identified that students and families who are homeless need access to shelters and/or transitional housing and permanent housing (Exhibit 26). Over half noted that students and families who are homeless needed assistance with rental deposits, applying for and locating housing, working with potential landlords or homeowners, and applying for housing vouchers and/or subsidies.

Exhibit 26

Housing Supports and Services Needed by Students and Families Who Are Homeless



Source: School Survey, N=90 respondents

Note: Percent is for those that indicated a need or major need.

Funding Barriers

Several stakeholders discussed challenges faced by service organizations and systems. One issue identified is that many of the federal and state funding mechanisms have large administrative burdens which include submitting ongoing reports and renewal applications for funding.

Many shelter staff also noted that funding is an issue. In order to obtain sufficient funding, shelters must obtain several funding streams, all which have different administrative, reporting and data collection requirements.

Collaboration and Coordination

ESHAP Shelter Collaboration With Other Systems

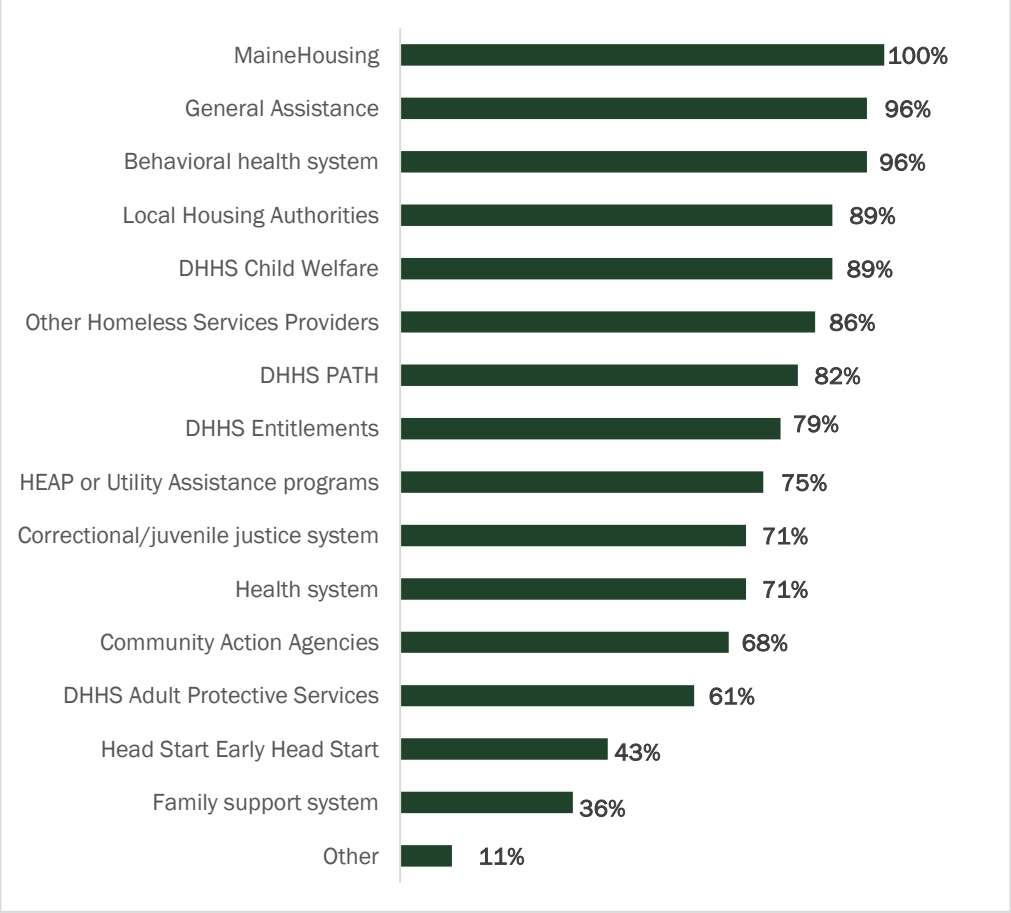
According to the respondents of the *ESHAP Shelter Survey*, the shelters participate in the Maine CoC and most actively coordinate shelter services and resources with other area shelters.

As shown in Exhibit 27, all ESHAP funded shelters reported that they collaborate with MaineHousing, and most reported that they collaborate with General Assistance and the behavioral health system. The majority of the shelters collaborate with other

systems, including with LHA/PHA, DHHS programs, other homeless service providers, and the health system. Only some survey respondents reported that the shelters collaborate with Head Start/Early Head Start and family support systems. One survey respondent noted that they collaborated with local nonprofits for clothing and non-food items.

Exhibit 27

ESHAP Funded Shelters Collaboration With Other Systems



Source: ESHAP Shelter Survey, N=28 respondents

Note: Respondents could check all that apply so percentages do not add to 100%.

Improving Collaboration Among Shelters

The *ESHAP Shelter Survey* respondents identified ways that collaboration among the shelters could be improved. These included:

- providing more opportunities for shelter staff to come together to network, train or participate in events where they could discuss practices, procedures, information and resources available;
- a better understanding of the resources that are available from providers and shelters;
- more referrals among the shelters;

- more responsiveness from shelters when others reach out to them; and
- more communications between direct care staff and especially housing staff which would lead to less duplication of services.

It was noted that when shelters collaborate it is often structured and formal. Several survey respondents noted wanting more opportunities for informal networking to take place. One respondent also noted that collaboration and communication could be improved by having a centralized real-time information hub or information clearinghouse. Other suggestions included looking at the system as a whole and looking for solutions that are in the best interest of the client and system and that involve the clients.

Improving Collaboration Between Shelters and Other Agencies

The *ESHAP Shelter Survey* respondents identified ways that collaboration among the shelters and other providers could be improved. These included:

- having more networking opportunities;
- obtaining more buy-in and participation in Coordinated Entry;
- increased awareness and education about homelessness, homeless services, and homeless shelters;
- more coordination between the shelters and service providers;
- more focus on preventing homelessness (e.g., helping pay back rent) instead of placement in a shelter;
- better mechanisms for sharing funding;
- more involvement in joint initiatives instead of only coordinating client transfers; and
- shelters establishing more relationships with other providers so that there are more successful linkages to services.

Improving Coordination and Collaboration Within Homeless and Housing System

Stakeholders discussed a need for a more comprehensive system that includes coordinated entry, by-name lists, case coordination, communication across providers, and a focus on prevention and on providing more long-term supports and services. These initiatives have been identified by stakeholders as being successful when working with veterans who are homeless. The by-name list has been implemented in some areas, including Portland, Bangor and Brunswick; new efforts are starting in Ellsworth. The focus of the by-name list efforts has been on the long term stayers in the homeless shelters. Stakeholders in rural counties noted that there were challenges in implementing coordinated entry which was seen as an automation of case management. In rural areas, providers rely on making referrals to each other to get people housing and services.

Stakeholders discussed the need for a more braided funding and collaborative system. One stakeholder noted that there is a need for a statewide systems to know who is working with youth. They noted that they only know if child welfare is working with a youth if they are told by the shelter.

Stakeholders also discussed the need for the state to take a role on regional collaborations to address issues of housing.

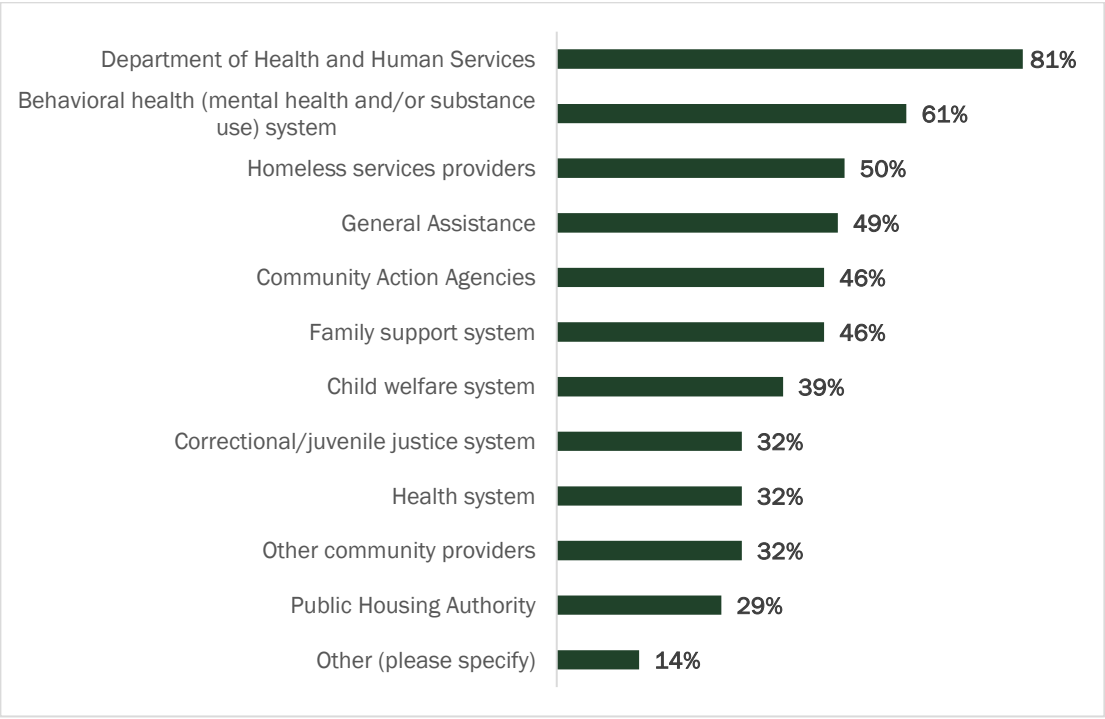
One stakeholder discussed that communities have different approaches to law enforcement and homelessness. In some areas, law enforcement is called to clear out homeless campsites and the police feel conflicted. The stakeholder identified a need for more best practices in the area of law enforcement.

Public Schools Collaboration With Other Systems

The majority of the school survey respondents noted that the school collaborated with the DHHS and behavioral health systems on behalf of children/youth and families who are homeless (Exhibit 28). They noted a lesser degree of collaboration between the schools and other systems on behalf of students and families who are homeless. Respondents also reported collaborating with the sending school districts, the Maine DOE, shelters, police departments, and local food pantries/cupboards. One respondent noted that it is sometimes difficult to make connections with other systems because families are not always up front about their circumstances or needs.

Exhibit 28

Schools' Collaboration With Other Systems on Behalf of Children/Youth and Families Who Are Homeless



Source: School Survey, N=84 respondents

Involvement of Services Users in the System

Stakeholders noted there was some level of involvement within the system of past or current services users on the Homeless Council, on boards of various organizations (e.g., local housing authorities, a requirement for Community Action Agencies that need to have one third of their board be consumers of services), etc. There are also advocacy organizations such as Homeless Voices for Justice that work in several areas of the state. Some organizations have staff or volunteers with lived experience. Some organizations obtained input from service users through the use of surveys and focus groups. However, stakeholders acknowledged that there was room to increase the participation of service users within the system. One stakeholder identified the need to involve more youth and their families, including representation on statewide groups like the Statewide Homeless Council. Some current and past shelter guests who participated in the focus groups wanted more forums to provide feedback and to engage in advocacy activities.

Recommendations

In this section, we identify recommendations for improving the homeless and housing resources and services in Maine. The recommendations are based on what we learned from our analysis, best practices from around the country, and expert opinion from stakeholders and project partners. Some of the recommendations are consistent with areas identified in the *Maine Plan to End & Prevent Homelessness.*[111] It is clear from the recommendations that the state requires a multipronged approach toward preventing and ending homelessness—an approach that increases the availability and capacity of shelters, vouchers, and housing and that provides people supportive services that match their need in order to help them get and keep housing. We know that new initiatives and funding such as the recently awarded HUD funds—$4.5 million to help with affordable housing in southern Maine and $3.3 million to help end and prevent youth homelessness—will assist in beginning to address some of the recommendations noted below.[112, 113]

We have listed the recommendations in order of priority, with Recommendation 1 having the highest priority and Recommendation 9 the lowest priority for implementation. Each recommendation has a corresponding priority ranking (low or high) and timeframe suggestion: ongoing; short-term (i.e., planning should be occurring now or within the next 3 months); mid-term (i.e., planning should begin within the next 6 months); and long-term (i.e., planning should begin within the next year). Though many of the recommendations will require close collaboration and coordination across the different systems and entities responsible for homeless and housing issues within Maine, we have listed the entity responsible in order of greater responsibility. As these are our suggestions, the entities responsible will have to develop their own list of priorities and timeframes based on ongoing initiatives and requirements and within the context of existing resources.

Recommendation 1: Increase the availability of affordable and safe housing

RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
1.1 Assess or analyze the availability of affordable housing in the public and private sectors	High	Short-term	Statewide Homeless Council and Maine CoC (MCoC)
1.2 Advocate with public housing authorities (PHAs) to consider adopting a homeless preference[114]	High	Short-term	MCoC, Statewide Homeless Council, and MaineHousing

[111] https://www.mainehousing.org/docs/default-source/housing-reports/2017-maine-plan-to-end-and-prevent-homelessness.pdf?sfvrsn=2
[112] https://www.pressherald.com/2019/08/25/southern-maine-affordable-housing-to-see-boost-from-feds/
[113] https://www.mainehousing.org/news/news-detail/2019/09/09/maine-receives-funding-to-prevent-youth-homelessness
[114] https://www.usich.gov/resources/uploads/asset_library/PHA_Guidebook_Final.pdf

1.3 Explore the possibility of developing more housing with PHAs	Low	Long-term	MCoC, Statewide Homeless Council, and MaineHousing
1.4 Increase knowledge around tax credit units, multi-family units, and 811 projects	Low	Long-term	Statewide Homeless Council, MaineHousing, and MCoC
1.5 Explore resources to support property owners in the rehabilitation and repair of housing to increase housing stock that meets inspections standards	Low	Long-term	Statewide Homeless Council, MCoC, and MaineHousing
1.6 Encourage Maine Department of Economic and Community Development and entitlement communities to consider using Community Development Block Grant (CDBG) to develop a risk mitigation pool to cover damages;[115] this would provide private property owners and managers with an incentive to rent to people who are homeless	High	Mid-term	MaineHousing, MCoC, and Statewide Homeless Council
1.7 Continue to provide Housing First model for persons with substance use disorder (SUD)	High	Ongoing	MaineHousing, MCoC, and Statewide Homeless Council

Recommendation 2: Improve the availability and capacity of shelters			
RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
2.1 Identify subgroups or areas of the state for which there are shelter gaps or not enough shelter capacity	High	Short-term	MCoC
2.2 Continue to focus on housing Long Term Stayers in shelters and implementing and supporting By-Name efforts throughout the state; adopt similar collaboration and coordination efforts as the Long Term Stayer initiative, such as By-Name list review and case consultation for Rapid Re-Housing (RRH) participants	High	Ongoing	MCoC
2.3 Advocate with shelters to decrease long-term restriction of people from shelters and to bring people back into the shelters	High	Short-term	Statewide Homeless Council and MaineHousing
2.4 Increase shelter flow by increasing the number of RRH units in the community	High	Long-term	MCoC

[115] https://www.usich.gov/solutions/housing/landlord-engagement/

2.5 Create a communitywide initiative to prevent homelessness: Convene a meeting of all agencies and providers regarding potential "prevention resources" including SSVF, ESG-funded initiatives, Legal Aide Providers, faith-based programs, fuel assistance programs. Determine any gaps in prevention resources and identify possible greater efficient use of resources	Low	Mid-term	MCoC and Statewide Homeless Council

Recommendation 3: Enhance supportive services pre- and post-housing placement

RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
3.1 Develop strategies to provide more supportive services within shelters or outreach programs	High	Short-term	MCoC and MaineHousing
3.2 Provide more supports to help people find housing (includes staffing and transportation)[116]	High	Short-term	MaineHousing, DHHS, and MCoC
3.3 Explore options to provide post-housing supportive services based on individual need	High	Short-term	MCoC, DHHS, and MaineHousing
3.4 Explore grant opportunities to provide support services for persons that are not Medicaid eligible	High	Long-term	DHHS, MCoC, and MaineHousing

Recommendation 4: Increase the availability of housing vouchers and subsidies

RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
4.1 Fully implement a Coordinated Entry System (CES)	High	Short-term	MCoC
4.2 Through CES, prioritize resources based on vulnerability, length of time homeless, and assessed likelihood the household will not leave homeless system without support	High	Short-term	MCoC
4.3 Through CES, ensure that people are connected to vouchers and subsidies that provide the appropriate needs (e.g., short-term vouchers/subsidies more appropriate for some populations like victims of domestic violence, youth, persons with SUD/COD)	High	Short-term	MCoC

[116] https://endhomelessness.org/resource/core-components-of-rrh/

4.4 Work with PHAs to increase voucher payment standard amount where voucher utilization is low	Low	Long-term	MaineHousing and MCoC
4.5 Maximize existing RRH a. Monitor RRH projects to identify barriers to full utilization b. Identify RRH participants that need more intensive housing intervention and create a move-on strategy as necessary. c. Review operations of all RRH programs including ESG, SSVF, and CoC Program funds to create meaningful targeting of resources	Low	Long-term	MCoC
4.6 Pursue flexible source of funding to create needed "tools" such as deposits, furniture, landlord bonuses, or damage payments[117,118]	Low	Mid-term	MaineHousing and MCoC
4.7 Continue to pursue strategies such as reallocation and bonus funds to expand PSH and RRH units in the CoC Program	Low	Long-term	MCoC
4.8 Identify ways to increase CoC Program competition score	Low	Long-term	MCoC

Recommendation 5: Prioritize and develop strategies to address the needs of sub-populations such as unaccompanied youth and people exiting hospitals and criminal justice system

RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
5.1 Youth: a. Provide more prevention services to prevent youth homelessness[119] b. Provide more family reunification and family interventions services to help end youth homelessness[120] c. Provide more supports to facilitate exits into safe, stable and sustainable housing and communities d. Provide more supports to help youth stay in or complete school	High	Mid-term	MCoC

[117] https://www.usich.gov/solutions/housing/landlord-engagement/
[118] https://www.hud.gov/sites/documents/LANDLORD-DESKBOOK.PDF
[119] See the following for examples https://www.chapinhall.org/wp-content/uploads/Chapin-Hall_VoYC_Child-Welfare-Brief_2019-FINAL.pdf and https://files.hudexchange.info/resources/documents/Ending-Youth-Homelessness-Promising-Program-Models.pdf
[120] See the following for examples http://endhomelessness.org/wp-content/uploads/2015/12/family-intervention-for-unaccompanied-youth.pdf

5.2 Coordinate and collaborate closely with hospital leadership and the Department of Justice to create a clear and defined pathway for individuals leaving either institution to avoid homelessness	Low	Long-term	Statewide Homeless Council, DHHS, DOJ/DOC, Hospital Leadership, MCoC, and MaineHousing

Recommendation 6: Use data to lead planning and program priorities

RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
6.1 Improve methodology for unsheltered PIT count	High	Short-term	MCoC
6.2 Target one or two Systems Performance Measures (SPM) to improve in the next year	High	Mid-term	MCoC
6.3 Establish continuous improvement process to monitor and evaluate the SPM[121]	Low	Long-term	MCoC
6.4 Begin to use Stella[122] to generate reports that allow the CoC to monitor progress on the SPM and other requested data reports to allow the CoC to make meaningful planning decisions	Low	Long-term	MCoC and MaineHousing (as HMIS Lead)
6.5 Identify any data discrepancy within Stella reports to allow for future monthly reports on the SPM for the CoC	Low	Long-term	MCoC

Recommendation 7: Form a Landlord Engagement working group within the MCoC

RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
7.1 Find opportunities to bring landlords, and property management companies into the crisis response system structure	High	Short-term	Statewide Homeless Council and MCoC
7.2 Establish a Landlord subcommittee within the MCoC. The committee should have landlords, program managers, and providers within the CoC	High	Mid-term	MCoC
7.3 Develop a statewide landlord recruitment and engagement plan	Low	Mid-term	MCoC
7.4 Use written standards as a point to create a basic uniform landlord support system across providers	Low	Mid-term	MCoC

[121] See the following resource: https://files.hudexchange.info/resources/documents/Strategies-for-System-Performance-Improvement-Brief.pdf

[122] See https://www.hudexchange.info/resource/5827/stella-p-quick-start-guide/

7.5 Create a Landlord/Housing Liaison position in three of the most populated communities to streamline housing/landlord engagement efforts, maintain unit inventory of available housing, and to advocate with landlords as necessary[123]	Low	Long-term	MCoC and MaineHousing
7.6 Expand recruitment of new landlords via: a. A media campaign or Public Service Announcement (PSA) efforts b. Systematic outreach such as presentations to chambers of commerce, Rotary Clubs, and/or landlord associations c. City and/or state leadership. Examples of leadership targeting: Maine governor, mayors, state senators and representatives, and business leaders	Low	Long-term	Statewide Homeless Council and MCoC
7.7 Work with landlords to reduce stigma about individuals who are homeless, have mental health and substance use issues and increase the acceptance of vouchers and subsidies through landlord events	High	Mid-term	Statewide Homeless Council and MCoC
7.8 Advocate for more tolerant screening policies at properties to reduce impact of criminal backgrounds and no credit/bad credit and rental histories	High	Mid-term	Statewide Homeless Council and MCoC

Recommendation 8: Work collaboratively with the criminal justice system to identify educational opportunities and housing and resource gaps

RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
8.1 Continue to provide training on homelessness, mental health issues and substance use disorders to law enforcement and the criminal justice system	High	Short-term	MCoC
8.2 Consider increasing coordination and collaboration with the Department of Justice to ensure people leaving criminal justice settings are not ending up in the homeless response system	Low	Long-term	Statewide Homeless Council, MCoC, DOJ and DHHS
8.3 Identify resources to prevent or divert people exiting the criminal justice system from the homeless response system	Low	Long-term	Statewide Homeless Council and MCoC

[123] See following resource: https://www.usich.gov/news/core-components-centralized-landlord-engagement-programs-community-landlord-engagement-initiatives

Recommendation 9: Create a comprehensive training curriculum for providers and for the community to improve outcomes and to educate and reduce stigma about homelessness, mental health and substance use			
RECOMMENDATION	PRIORITY RANKING	STRATEGY TIMEFRAME	ENTITY RESPONSIBLE
9.1 Create a learning community, or a community of practice, between providers who want a venue to share with their peers the challenges and successes of implementing or administrating RRH, PSH, CES, and the Housing First approach	Low	Long-term	MCoC
9.2 Increase the frequency and content and curriculum of training provided to CoC members to include training in the following areas: a. Housing First 101: An Overview b. Promoting Housing First within agencies using an Organizational Change Approach[124] c. Core Components and Efficacy of RRH[125] d. Using RRH as a Housing First Intervention e. Landlord Engagement[126] f. Harm Reduction g. Motivational Interviewing h. Trauma-Informed Care i. Education on homelessness being a health issue	Low	Long-term	MCoC

https://www.hudexchange.info/resource/5827/stella-p-quick-start-guide/

[124] This training's audience is program directors. The training provides program directors with concrete tasks to further develop a Housing First approach within their programs.

[125] See the following for curriculum: https://endhomelessness.org/resource/rapid-re-housing-toolkit/

[126] See the following resource: https://www.usich.gov/solutions/housing/landlord-engagement/

Appendices

Appendix A: Additional Works Cited

Maine Plan to End Homelessness (Updated June 2017). Available at: https://www.mainehousing.org/docs/default-source/housing-reports/2017-maine-plan-to-end-and-prevent-homelessness.pdf?sfvrsn=2)

Strategic Plan Overview from the Maine State Housing Authority. Available at: http://www.mainehousing.org/about/strategic-plan)

Maine Homelessness Survey: 2019 Point In Time Count (2019), from the Maine State Housing Authority. Available at: http://www.mainehousing.org/docs/default-source/housing-reports/2019-point-in-time-survey.pdf?sfvrsn=6d6fb415_4)

Homeless Initiatives: Data Brief 2018 (2019) from the Maine State Housing Authority.

Maine Shared Community Health Needs Assessment (n.d.) from the State Health Profile 2018. Available at: https://www.maine.gov/dhhs/mecdc/phdata/mainechna/documents/me-state-profile_web_010819.pdf)

*Bridging Rental Assistance Program and Shelter Plus Care Presentatio*n (2019) from Shalom House. Available at: https://www.shalomhouseinc.org/wp-content/uploads/2018/06/brap-spc-powerpoint-april-2019.pdf)

Coordinated Entry Policy Brief (2015) from the US Department of Housing and Urban Development. Available at: https://files.hudexchange.info/resources/documents/coordinated-entry-policy-brief.pdf)

Appendix B: List of Acronyms

ACC	Annual Contributions Contract
BRAP	Bridging Rental Assistance Program
CAA	Community Action Agencies
CDG	Community Development Block Grant
CES	Coordinated Entry System
CHNA	Community Health Needs Assessment
CoC	Continuum of Care
COD	Co-occurring Disorders (mental health and substance use)
DHHS	Department of Health and Human Services
DOC	Department of Corrections
DOE	Department of Education
ESG	Emergency Solutions Grant
ESHAP	Emergency Shelter and Housing Assistance Program
GA	General Assistance
HCV	Housing Choice Voucher
HMIS	Homeless Management Information System
HIC	Housing Inventory Count
HTS	Home to Stay
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	HU VA Supporting Housing
MaineH0using	Maine State Housing Authority
MCoC	Maine Continuum of Care
PATH	Projects for Assistance in Transition from Homelessness
PH	Public Housing
PHA	Public Housing Authority
PIT	Point-in-Time
PSA	Public Service Announcement
PSH	Permanent Supportive Housing
RRH	Rapid Re-Housing
S+C	Shelter Plus Care
SAU	School Administrative Unit
SHC	Statewide Homeless Council
SNAP	Supplemental Nutrition Assistance Program
SPM	System Performance Measure
SSVF	Supportive Services for Veteran Families
STEP	Stability Through Engagement Program
SUD	Substance Use Disorder
VA	Veterans Affairs

Appendix C: Data Sources

As noted earlier, our approach to identify homeless and housing needs, gaps, barriers, and recommendations in Maine consisted of four main elements: 1) a review of documents and reports; 2) focus groups throughout Maine with current or past guests of shelters funded by the MaineHousing Emergency Shelter and Housing Assistance Program (ESHAP); 3) key informant interviews with a range of stakeholders; and 4) surveys with staff from ESHAP funded shelters and with McKinney Vento Liaisons in school districts throughout Maine.

Existing Documents

MaineHousing staff and key informants we interviewed identified and sent us existing documents, presentations, summary reports, and spreadsheets containing information related to Maine homeless and housing resources and services. Documents reviewed are listed in Appendix A. Data from the following sources were included in our analysis.

Point-in-Time Data: Data on sheltered and unsheltered people experiencing homelessness in Maine during one day in January for 2015 through 2019. Also data on subpopulations experiencing homelessness in Maine in 2018 and 2019.

Emergency Shelters HUD System Performance Measure 3: Data on people in Maine who spent at least one night in a shelter between 2015 and 2018.

U.S. Department of Education: Data on children and youth in Maine who were homeless and enrolled in public schools for school years 2014-2015 through 2016-2017.

HUD Continuum of Care (CoC) Housing Inventory Count (HIC): Data on beds and units available in temporary/transitional and permanent housing in Maine in January 2018.

HUD CoC Public Housing Authority (PHA) Crosswalk: Data on Housing Choice Vouchers (HCV) and public housing units available in Maine as of June 2018.

Maine Shared Community Health Needs Assessments: Information on the 2018 health priorities identified during community forums in counties in Maine.

211 Maine: Data on the requests that came into 211 Maine from August 19, 2018-August 18, 2019.

Focus Groups

The second major source of data for this report consisted of focus groups with current and former guests of ESHAP funded shelters or persons involved with programs affiliated with the shelter—so that we could understand the homeless and housing system from a service user or client perspective.

The sample for the focus groups was purposive. The approach for selecting the shelters for the focus groups included geographic spread across the three Homeless Regions, including shelters in rural and urban counties, high- and low-barrier shelters, and a good spread of types of populations served. For the recruitment process, an introductory email was sent to the Executive Director describing the purpose of the focus groups, inquiring about potential dates, and inquiring into willingness to recruit participants for the focus groups. The focus groups were conducted in May and June 2019. Focus groups were conducted with guests from single and family shelters; low- and high-barrier shelters; and shelters for youth and adults.

In a few cases, the focus groups took place in programs or offices affiliated with the shelters rather than in the shelters themselves. The programs involved were outreach programs and a resource center in a major city. Some of the organizations that had more than one ESHAP funded shelters brought guests from the different shelters, in some instances transporting the clients to the focus group location.

All focus group participants were provided a $15 incentive for participating in the focus group, and in almost all the focus groups, participants were served a light snack.

The exhibit below shows information regarding the number of focus groups conducted, the number of shelters/programs involved, and the number of participants that participated from each Homeless Region. A total of eighteen focus groups were conducted; six focus groups were conducted in each of the three homeless regions. A total of 24 shelters or programs participated. A total of 140 individuals participated. On average, each focus group had 8 participants. The focus group participants were identified by shelter or program staff. The focus groups were conducted by a team of two staff. One staff member conducted the interview, while another staff member took notes. The focus groups were audio recorded if recording was approved by all focus group participants. Please refer to Appendix E for the Focus Group Guide that was used for all groups.

Information of Focus Groups Conducted: Number Conducted by Homeless Region, Number of Shelters/Programs Involved and Number of Participants

Homeless Region	# of Focus Groups Conducted	# of Shelters/Programs Involved	# of Participants
Region 1	6	7	45
Region 2	6	8	43
Region 3	6	9	52
Totals	18	24	140

Key Informant Interviews

The third major source of data for this report consisted of interviews with key informants. Most of the key informants were identified by MaineHousing; a few were identified by stakeholders. The scheduling and conducting of the key informant

interviews began in May 2019 and ended in August 2019. Please refer to Appendix E for a copy of the Key Informant Interview Guide used for these semi-structured interviews.

For the recruitment process for the telephone interviews, we sent an introductory email to describe the purpose of the interview and to request information on potential dates for conducting the interview. Individuals who did not respond to the introductory email received follow-up emails and in some cases phone calls. The research team attempted to contact and schedule interviews with a total of 37 individuals identified as possible key informants. Of those, 28 individuals were successfully reached and interviewed—representing a response rate of 76%. There were 9 individuals who either did not respond or were unable to schedule a time during the project timeframe; only 3 individuals declined to participate. Appendix E identifies the organizations/types of stakeholders and titles or roles within Maine system who completed a key informant interview.

Surveys

ESHAP Shelter Survey: Data from ESHAP shelters were collected through a web-based survey which was administered in June 2019. This survey was developed for the needs and gaps analysis and was reviewed and approved by MaineHousing. The purpose of the survey was to collect information from ESHAP shelters regarding the types of shelter, populations served, shelter rules, housing services and resources provided within the shelter, barriers faced by people who are homeless when looking for housing, supportive services and resources provided within the shelter and available in the community, barriers faced by people who are homeless when obtaining needed services, and collaboration and coordination with CoC, coordinated entry system, and other systems. The survey also included open-ended questions including one inquiring about changes that would make the housing and homelessness system in Maine work better.

The recruitment process for the web-based survey included sending the recruitment email to the Executive Directors of the shelters and two follow-up emails that included a link to access the survey. The survey was sent to all 36 ESHAP shelters and it was completed by 31 of the shelters for an 86% response rate.

School Survey: Data from Maine public schools were also collected through a web-based survey, administered in May and June 2019. This survey was developed for the needs and gaps analysis and was reviewed and approved by MaineHousing. The survey was also reviewed by the Maine Department of Education. The purpose of the survey was to collect information from each School Administrative Unit (SAU) of Maine public schools regarding how students who are homeless are identified and enrolled in school, characteristics of student served, school related services and supports needed by students who are homeless, services in the community needed by students and families who are homeless, barriers faced by and to serving unaccompanied youth, collaboration and coordination with internal school resources and other systems and technical assistance received and needed. The survey also

included open-ended questions about changes that would make the housing and homelessness system in Maine work better for accompanied children and youth and unaccompanied youth served in the SAU.

The recruitment process for the web-based survey included sending the recruitment email to the McKinney-Vento Liaison at each SAU/school district within Maine and two follow-up emails that included a link to access the survey. The survey was sent to all 234 individuals with some individuals being responsible for more than one SAU/school district; it was completed for 102 SAU/school districts (44% response rate).

Appendix D: ESHAP Funded Emergency Shelters

Shelter Name	County	Town	Population Served
Bangor Area Homeless Shelter Emergency Shelter	Penobscot	Bangor	Single Adults
Bread of Life Ministries, Emergency Shelter	Kennebec	Augusta	Single & Family
Caring Unlimited DV Shelter - Audrey's House	York	Sanford	Domestic Violence
City of Portland, Oxford Street Shelter	Cumberland	Portland	Single Adults–Low Barrier
City of Portland, Family Shelter (4 Buildings)	Cumberland	Portland	Family
Family Violence Project, Kennebec DV Shelter	Kennebec	Augusta	Domestic Violence
Family Violence Project, Somerset DV Shelter	Somerset	Augusta	Domestic Violence
HOME, Inc., Dorr House Shelter	Hancock	Orland	Single men
HOME, Inc., Emmaus Homeless Shelter	Hancock	Ellsworth	Single & Family
HOME, Inc., Sister Marie Ahern House	Hancock	Ellsworth	Single & Family
HOME, Inc., St Francis Inn	Hancock	Orland	Single & Family
Homeless Services of Aroostook, Sister Mary O'Donnell Shelter	Aroostook	Presque Isle	Single & Family
Hope and Justice Project, Central Aroostook DV Shelter	Aroostook	Caribou	Domestic Violence
Hope and Justice Project, Southern Aroostook DV Shelter	Aroostook	Houlton	Domestic Violence
Hope and Justice Project, Northern Aroostook DV Shelter	Aroostook	Fort Kent	Domestic Violence
Knox County Homeless Coalition, Hospitality House	Knox	Rockland	Single & Family
Mid-Maine Homeless Shelter	Cumberland	Waterville	Single & Family
Milestone Recovery, Emergency Shelter	Cumberland	Portland	Single Males–Low Barrier
New Beginnings, Emergency Shelter	Androscoggin County	Lewiston	Youth

Shelter Name	County	Town	Population Served
Next Step, DV Shelter	Hancock	Ellsworth	Domestic Violence
Partners for Peace, DV Shelter	Penobscot	Bangor	Domestic Violence
Penobscot Community Health Center, Hope House Shelter	Penobscot	Bangor	Single–Low Barrier
Preble Street, Florence House Women's Shelter	Cumberland	Portland	Single Female
Preble Street, Joe Kreisler Teen Shelter	Cumberland	Portland	Youth
Rumford Group Homes, Monier Family Center	Oxford	Rumford	Single & Family
Rumford Group Homes, Norway Homeless Shelter	Oxford	Norway	Women & Children
Rumford Group Homes, Rumford Family Center Shelter	Oxford	Rumford	Family
Rural Community Action Ministries, Family Shelter	Androscoggin	Leeds	Family
Safe Voices, Annie Pearl Shelter	Androscoggin	Auburn	Domestic Violence
Shaw House Emergency Youth Shelter	Penobscot	Bangor	Youth
Tedford Housing, Cumberland St. Adult Shelter	Cumberland	Brunswick	Single Adults
Tedford Housing, Federal St. Family Shelter	Cumberland	Brunswick	Family
Through These Doors DV Shelter	Cumberland	Portland	DV
Western Maine Homeless Outreach	Franklin	Farmington	Single & Family
York County Shelter Programs, Inc., Adult Emergency Shelter	York	Alfred	Single
York County Shelter Programs, Inc., Family Emergency Shelter	York	Alfred	Family

Source: https://www.mainehousing.org/programs-services/homeless/emergency-shelters and information received from MaineHousing

Appendix E: Key Informant Interview and Focus Group Guide; Organizations/Stakeholders Involved

MaineHousing Homeless Initiatives Gaps and Needs Analysis: Key Informant Interview Questions - Revised Stakeholder Interviews

Summary of Interview Approach

The stakeholder interviews will be semi-structured, meaning the questions that will be asked will be adapted based on stakeholder roles and their responses to earlier questions. For example, if an individual being interviewed indicates no knowledge of criminal justice resources and services, none of the "criminal justice resources and services" questions will be asked. This interview guide represents the main population of questions and associated probes anticipated to be used across a wide variety of stakeholders- it is unlikely that an individual key informant would be asked all questions, or all possible probes under a question.

The main questions that might be asked are numbered. Questions that are lettered are potential probes the interviewer may use to further explore an individual's opinion on a particular topic, but they will not necessarily be asked.

The goal of the interview is to have a discussion with the stakeholder to elicit their perspective on the strengths and weaknesses of the housing and homeless service system and resources in Maine. As such, the order of the questions that are asked will vary from interview to interview, to keep the flow of the conversation going. For example, if an interviewee refers to a criminal justice program their organization operates in response to a question about what the individual's agency is doing to target populations experiencing homelessness (question II.3), the interviewee might next jump into criminal justice resources and services (section III.D) before returning later in the interview to a question about factors contributing to homelessness (question II.4), the question following the organizational response one within the interview guide. This approach helps ensure an efficient capturing of perspectives on a wide variety of topics, while enabling depth of exploration on topics interviewees are particularly informed about.

It is anticipated that interviews will be completed within 45-60 minutes based on our experiences using this approach in other needs assessment and gaps analysis projects.

MaineHousing Homeless Initiatives Gaps and Needs Analysis: Key Informant Interview Questions- Stakeholder Interviews

Final: June 4, 2019

I. Background Information

1. Tell me about yourself/your organization.
   a. Populations of focus? Explore if any of following served:
      - o All populations
      - o Unaccompanied adults
      - o Older adults
      - o Families/households with children
      - o Families/households without children (e.g., two adults)
      - o Unaccompanied youth (those under the age of 25)
      - o Parenting youth
      - o Youth aging out of foster care
      - o Pregnant women
      - o Veterans
      - o People who are new to homelessness
      - o People who are chronically homeless
      - o People with mental health and/or substance use disorders (SUD)
      - o People with HIV/AIDs
      - o People with disabilities (e.g., physical disabilities, intellectual and developmental disabilities)
      - o Child welfare involved families
      - o People who are justice involved
      - o People who are victims of domestic violence
      - o People who are victims of human trafficking
      - o Specific genders (i.e., males, females, transgendered and gender non-confirming)
      - o LGBTQ
      - o Specific racial and ethnic groups
      - o Refugees, New Americans and/or undocumented immigrants
      - o Other, specify
   b. Housing, homeless and/or services provided or issue you work on? (Note we will discuss these in more details later in the interview)
   c. Mission and values?
   d. How long in the area?
   e. Involvement in any state or local housing and homeless initiatives or workgroups? (Probe: Continuum of Care (CoC), Statewide Homeless Council, etc.)
   f. Any previous relevant work experience?
   g. [If a housing or service user or family member] How long have you or your family member been receiving housing and homeless services through **Maine/or your specific area?**
   h. Type of area located in: rural, urban, suburban

II. Contextual Information: Populations in Need & Factors that Contribute to Homelessness

1. What populations are experiencing homelessness or at risk for homelessness in **Maine/or your area?** [Probe: Populations may include unaccompanied adults, older adults, families/households with children, families/households without children (e.g., two adults), unaccompanied youth (those under the age of 25), parenting youth, youth aging out of foster care, pregnant women, veterans, people who are chronically homeless, People with mental health and/or substance use disorders (SUD), People with disabilities (e.g., physical disabilities, intellectual and developmental disabilities), people with HIV/AIDs, child welfare involved families, justice involved, people who are victims of domestic violence, people who are victims of human trafficking specific genders (including Transgendered and gender non-confirming), LGBTQ, specific racial and ethnic groups, Refugees/New Americans and/or undocumented immigrants or other, specified]

2. Are the majority of those that are homeless sheltered or unsheltered?
    i. Is this consistent across populations or does it differ for certain populations (e.g., veterans, unaccompanied youth, families with children, chronically homeless)?

3. What is your agency doing to target these populations that are homeless or at risk for homelessness?

4. What are some of the factors that you see contributing to homelessness in **Maine/or your area**?
    a. State/local policies or laws
    b. Political/public attitudes
    c. Structural/environmental factors
    d. Economic environment

5. Where do you think people in **Maine/or your area** first go for help with housing or homelessness?
    a. How is the experience different – if at all – for:
        i. People who are brand new to the system?
        ii. People who are chronically homeless?
        iii. People with mental health and/or SUD?
        iv. People who are justice involved?
        v. Families with children?
        vi. Unaccompanied youth?
        vii. Refugees or New Americans?
        viii. Other populations?

6. In **Maine/or your area**, how are people able to leave/exit homelessness? (E.g. find affordable housing or Permanent Supportive Housing (PSH)? find employment in the area? leave the area?)

III. Availability of Resources and Services (Only areas the individual indicates they are familiar with will be asked about).

A. Housing Resources and Services

1. What housing resources and services are available to help people who are homeless or at risk for homelessness? [Probe: services to help people get and retain housing like Housing Navigators, Rent Smart, case management/workers, vouchers/subsidies]
   a. How are these resources and services financed? (e.g., CoC, Emergency Shelter and Housing Assistance Program (ESHAP), Emergency Solution Grant (ESG), Stability Through Engagement Program (STEP)/Tenant Based Rental Assistance (TBRA), Housing Choice Vouchers (HCV), Home to Stay (HTS) vouchers, etc.)
   b. How are individuals and families connected to these resources and services? (e.g., referral)
   c. Are there barriers to providing these resources and services or accessing them? [Probe: accessibility or issues of transportation, not enough capacity, eligibility requirements or exclusion criteria (e.g., person must be clean and sober), long waiting lists, etc.]
   d. Is there sufficient **workforce capacity** to implement such resources and services?
   e. In your view, are these housing resources and services adequate in regard to quality and quantity?
   f. Are there any housing resources and services that should be added or expanded? Please describe any particularly innovative and/or successful initiatives related to housing resources and services?
   g. Are there any housing resources and services that are not useful or should be curtailed?
   h. In your opinion, are housing resources and services culturally and linguistically appropriate?
   i. Are there any populations that you feel aren't being reached by housing resources and services? Why do you think it has there been difficulty reaching them?
   j. Are there population groups that are being served particularly well? If so, please describe.
   k. What are the most important outcomes for individuals and families being served by these resources and services?
   l. What data or documents are available for us to understand more about these resources and services? [Probes for expenditures, numbers reached/numbers targeted, impact]

2. What housing types are available to help people who are homeless or at risk for homelessness? [Probe: Emergency shelters, rapid housing, transitional housing, safe havens, permanent supportive housing, other permanent housing]. [Note if a person works in a specific housing type, then there will also be a more focus discussion on that housing types)
   a. How are the different housing types financed?
   b. How are individuals and families connected to these resources and services? (e.g., referral, CoC, etc.,)
   c. Are there barriers to providing these housing types or accessing them? [Probe: accessibility or issues of transportation, not enough capacity, eligibility requirements or exclusion criteria (e.g., person must be clean and sober), long waiting lists, etc.]
   d. Is there sufficient **workforce capacity** to implement such housing types?
   e. In your view, are these housing types adequate in regard to quality and quantity?
   f. Are there any housing types that should be added or expanded? Please describe any particularly innovative and/or successful initiatives related to specific housing types?
   g. Have there been recent efforts to expand certain housing types (e.g. New emergency shelter or PSH sites or expanded capacity within current sites?) Were these efforts successful or not? Why do you think they were or were not successful? What were the challenges to expanding, e.g. zoning restrictions, permitting, community opposition?
   h. Are there any housing types that are not useful or should be curtailed?
   i. Are supportive services provided within the different housing types?
   j. In your opinion, are the different housing types culturally and linguistically appropriate?
   k. Are there any populations that you feel aren't being reached by the different housing types? Why do you think it has there been difficulty reaching them?
   l. Are there population groups that are being served particularly well? If so, please describe.
   m. What are the most important outcomes for individuals and families being served by these resources and services?
   n. What data or documents are available for us to understand more about these housing types? [probes for expenditures, numbers reached/numbers targeted, impact]

B. Homelessness Resources and Services

1. What homeless resources and services are available to help people who are homeless or at risk for homelessness? [Probe: housing navigation, Rent Smart, food pantries, day or drop in programs, etc.]
   a. How are these resources and services financed?
   b. How are individuals and families connected to these resources and services? (e.g., referral)
   c. Are there barriers to providing these homeless resources and services or accessing them? [Probe: accessibility or issues of transportation, not enough capacity, eligibility requirements or exclusion criteria, long waiting lists, etc.]

d. Is there sufficient **workforce capacity** to implement such resources and services?
e. In your view, are these homeless resources and services adequate in regard to quality and quantity?
f. Are there any homeless resources and services that should be added or expanded? Please describe any particularly innovative and/or successful initiatives related to homeless resources and services?
g. Are there any homeless resources and services that are not useful or should be curtailed?
h. In your opinion, are homeless resources and services culturally and linguistically appropriate?
i. Are there any populations that you feel aren't being reached by the homeless resources and services? Why do you think it has there been difficulty reaching them?
j. Are there population groups that are being served particularly well? If so, please describe.
k. What are the most important outcomes for individuals and families being served by these resources and services?
l. What data or documents are available for us to understand more about these homeless resources and services? [probes for expenditures, numbers reached/numbers targeted, impact]

C. School-Based Resources and Services

1. What school-based resources and services are available to help people who are homeless or at risk for homelessness?
   a. How are these resources and services financed?
   b. How are individuals and families connected to these resources and services? (e.g., referral)
   a. Are there barriers to providing these school-based resources and services or accessing them? [Probe: accessibility or issues of transportation, not enough capacity, eligibility requirements or exclusion criteria, long waiting lists, etc.]
   b. Is there sufficient **workforce capacity** to implement such resources and services?
   c. In your view, are these school-based resources and services adequate in regard to quality and quantity?
   d. Are there any school-based resources and services that should be added or expanded? Please describe any particularly innovative and/or successful initiatives related to educational resources and services?
   e. Are there any school-based resources and services that are not useful or should be curtailed?
   f. In your opinion, are school-based resources and services culturally and linguistically appropriate?
   g. Are there any populations that you feel aren't being reached by school-based resources and services? Why do you think it has there been difficulty reaching them?
   h. Are there population groups that are being served particularly well? If so, please describe.

i. What are the most important outcomes for individuals and families being served by these resources and services?
j. What data or documents are available for us to understand more about these school-based resources and services? [probes for expenditures, numbers reached/numbers targeted, impact]

D. Criminal Justice Resources and Services

1. What criminal justice resources and services are available to help people who are homeless or at risk for homelessness? [Probe in the areas of reentry and jail diversion programs, jails and prisons, etc.)
   a. How are these resources and services financed?
   b. How are individuals and families connected to these resources and services? (e.g., referral)
   c. Are there barriers to providing these criminal justice resources and services or accessing them? [Probe: accessibility or issues of transportation, not enough capacity, eligibility requirements or exclusion criteria, long waiting lists, etc.]
   d. Is there sufficient **workforce capacity** to implement such resources and services?
   e. In your view, are these criminal justice resources and services adequate in regard to quality and quantity?
   f. Are there any criminal justice resources and services that should be added or expanded? Please describe any particularly innovative and/or successful initiatives related to criminal justice resources and services?
   g. Are there any criminal justice resources and services that are not useful or should be curtailed?
   h. In your opinion, are criminal justice resources and services culturally and linguistically appropriate?
   i. Are there any populations that you feel aren't being reached by criminal justice resources and services? Why do you think it has there been difficulty reaching them?
   j. Are there population groups that are being served particularly well? If so, please describe.
   k. What are the most important outcomes for individuals and families being served by these resources and services?
   l. What data or documents are available for us to understand more about these criminal justice resources and services? [probes for expenditures, numbers reached/numbers targeted, impact]

E. Supportive and Rehabilitative Resources and Services

1. What supportive and rehabilitative resources and services are available to help people who are homeless or at risk for homelessness? [Probe: Supportive and Rehabilitative resources and services such as case management, housing supports, family services, independent living skills, transportation, education, employment, safety, harm reduction, financial managements, self-determination, health services, behavioral health services, veteran services, etc.)

a. How are these resources and services financed?
b. How are individuals and families connected to these resources and services? (e.g., referral)
c. Are there barriers to providing these supportive resources and services or accessing them? [Probe: accessibility or issues of transportation, not enough capacity, eligibility requirements or exclusion criteria, long waiting lists, etc.]
d. Is there sufficient **workforce capacity** to implement such resources and services?
e. In your view, are these supportive resources and services adequate in regard to quality and quantity?
f. Are there any supportive and rehabilitative resources and services that should be added or expanded? Please describe any particularly innovative and/or successful initiatives related to supported and rehabilitative resources and services?
g. Are there any supportive and rehabilitative resources and services that are not useful or should be curtailed?
h. In your opinion, are supportive and rehabilitative resources and services culturally and linguistically appropriate?
i. Are there any populations that you feel aren't being reached by supportive and rehabilitative resources and services? Why do you think it has there been difficulty reaching them?
j. Are there population groups that are being served particularly well? If so, please describe.
k. What are the most important outcomes for individuals and families being served by these resources and services?
l. What data or documents are available for us to understand more about these supportive and rehabilitative resources and services? [probes for expenditures, numbers reached/numbers targeted, impact]

IV. Possible Solutions for Preventing and Ending Homelessness and Closing Gaps in Resources, Services and Housing

1. What are some possible solutions for preventing and ending homelessness in **Maine/or your area** for:
    a. Homeless in general?
    b. Chronically homeless?
    c. Families?
    d. Unaccompanied youth?
    e. People with disabilities?
    f. Veterans
    g. Other populations?

2. What are some possible solutions for closing gaps in:
    a. Housing resources and services
    b. Homelessness resources services

V. System and Financial Issues

1. How are the formal and informal policies or practices of federal and state agencies and providers affecting the delivery of housing and homelessness resources and services?
    a. Are there any policies that are impeding the delivery of housing and homelessness resources and services?
    b. Are there any policies that are helping to ensure adequate resources and services are available?
2. Are provider rates for housing and homelessness resources and services adequate?
3. Are there any licensing or certification issues that you are aware of affecting the supply of individuals to provide services?
4. What mechanisms for coordination among and between provider organizations exist? In what ways might coordination of services be improved?
5. What mechanisms for coordination among and between relevant state and local agencies exist? In what ways might inter-agency coordination be improved? [Probe for housing, education, early intervention, vocational rehabilitation, justice systems (law enforcement, prisons, jails, courts), physical health systems including federally qualified health centers (FQHCs), aging and disability systems, child welfare, public health.]
6. What sorts of data does your organization collect (e.g., HMIS)? As part of regular program administration? Service user experience?
    a. How frequently are these types of data collection?
    b. How are these data used? Are these data reported to any other parties? Does your organization coordinate its data collection and analysis efforts with other organizations or report data in a centralized way (e.g., participate in some sort of larger, system-wide data initiative at the state or local level)?
    c. Are there any types of data that your organization should be collecting?
7. Do you believe the state and providers are conducting adequate oversight processes to assure that housing and services are of high quality? If not, what do you think they should be doing differently?
8. What has been the impact of Medicaid expansion on the housing and homelessness system?

VI. Community and Housing and Service User Involvement

1. Is there sufficient public input into decisions that impact the housing and homelessness systems?
    a. Are there forums and avenues for the public to have a voice in the housing and homelessness systems?
        - Are the forums and avenues provided for individuals with limited English proficiency?
        - Are the forums and avenues provided for all major groups represented in the community, including racial and ethnic minorities?

   b. Do entities within the housing and homelessness systems reach out to the public to seek their views? If so, how effective are these processes?
   c. Are they receptive to feedback from the community?
   d. Are there specific groups in the community that are given fewer opportunities to provide feedback, or whose feedback is overlooked?
2. Is there sufficient housing and service user and family member input into decisions that impact the housing and homelessness systems?
   a. Are there forums and avenues for housing and service users and their families to have a voice in the housing and homelessness systems?
      - Are there forums and avenues for service users and family members with limited English proficiency to have input into service delivery decisions?
      - Are there forums and avenues for service users and their families in all major groups represented in the community, including racial and ethnic minorities, to have input into housing and service delivery decisions?
   b. Do entities within the housing and homelessness systems reach out to housing and service users and family members to seek their views? Do they make use of bilingual staff, interpreter services, and translated materials?
   c. Are entities within the housing and homelessness systems receptive to service user and family member feedback?

3. Is there sufficient provider input into housing and homelessness system delivery decisions?
   a. Are there forums and avenues for providers to have a voice in the housing and homelessness delivery systems?
   b. Do entities within the housing and homelessness system reach out to providers to seek their views?
   c. Are entities within the housing and homelessness systems receptive to provider feedback?

VII. General Questions

1. Is there sufficient input from individuals and families that are or were homeless into decisions that impact the housing and homelessness systems?

2. Do you have any suggestions for ways to remove barriers for getting people housed or staying housed?

3. Any other ideas for changes that would make the housing and homelessness systems work better?

4. Is there anything else you would like us to know about your experience with homelessness and finding housing that we have not asked?

MaineHousing Homeless Initiatives Gaps and Needs Analysis: Focus Groups Questions- Individuals and Families Experiencing Homelessness

Final: June 4, 2019

I. Background Information of the Individuals and Families

The purpose of these questions is to gain a better understanding of individuals and families experiences with housing, homelessness and services. I want to learn a little about the people in this room.

1. How many of you are currently homeless?
    i. How long have you been homeless?
    ii. Is this your first time being homeless?
    iii. If not the first time that have been homeless, what is your history with being homeless?
2. How many of you are unaccompanied? How many have other family members or a partner/friend with you?
3. How many of you are veterans?
4. How many of you have a disability?
5. How about a mental health or substance use disorder?

II. Contextual Information: Populations in Need & Factors that Contribute to Homelessness

1. Who are some of the people and families (e.g., populations) experiencing homelessness or at risk for homelessness in **Maine/or your area?**

2. Are the majority of those that are homeless, sheltered or unsheltered (e.g., on the streets)?

3. What are some of the factors contributing to homelessness in **Maine/or your area**?

4. Where did you first go for help with housing or homelessness?

5. In **Maine/or your area**, how are people able to leave/exit homelessness? (E.g. find affordable housing or Permanent Supportive Housing (PSH)? find employment in the area? leave the area?)

III. Shelter Specific Questions

1. How many of you are current users of this shelter? Any of you are past users of this shelter?

2. How long have you been staying in this shelter? How much longer can you stay?

3. Have you faced any challenges in getting into this or another shelter?

4. Are there specific requirements or rules that make it difficult for you to stay here or in other shelters?

5. Are there nights when you try to utilize a shelter and are turned away? What do you do on those nights?

6. Are there services that could be provided within the shelter that could be useful to you to leave/exit homelessness?

III. Housing and Homelessness Resources and Services

1. What are some resources and services that you have utilized to find housing?
   a. In what ways have you been helped? (Probe: locating housing, completing paperwork)
   b. Do you have choice as to the type of housing you get and where it's located? How did you or will you choose your place?
   c. Do you have to pay for the housing? If so, about how much (what percent) of your income? Is it/will it be difficult to pay for the housing?
2. What are some of the difficulties or challenges that you face with getting housing either now or in the past?
   a. Are there specific requirements or rules that you have to meet or that you met before you can get housing?

   b. Do you or did you have to complete any specific program or services to prove you can be in your own housing?
3. What types of housing are available to you? [Probe: own apartments, shared room, shared kitchen and living areas (SROs)

4. What are some of the difficulties or challenges that you face with keeping housing either now or in the past?
   a. Are there specific requirements or rules that you have to meet or that you needed to meet to keep your housing?
   b. Do you or did you have to complete any specific program or services to keep your own housing?

IV. Supportive and Rehabilitative Resources and Services

1. What are some supportive and rehabilitative resources and services that you have utilized in the past year? [Probe: Supportive and rehabilitative resources and services such as case management, housing supports, family services, independent living skills, transportation, supported education, supported employment, safety, harm reduction, financial managements, self-determination, health services, behavioral health services, veteran services, etc.)
    a. Who provides these services? How frequently do you see/meet with staff?
    b. Can you choose the types of services you want? Do you need to follow a specific program? Can you refuse services?
    c. If you do not participate in treatment- does it affect your housing or the services you may get? Will you be kicked out of your housing if you do not receive services?
    d. Are there particular rules you must follow to retain services or housing? (e.g., sobriety, medication compliance, etc.)
    e. Do you pay for any of these services – either out of pocket, though Medicaid benefits or other types of benefits? If yes, how much do you pay?
    f. Have you encountered any problems/barriers participating in services? (e.g., transportation, childcare, schedule of services, etc.)
    g. How long can you receive services?
    h. Have any of these services been helpful in obtaining and retaining housing and or/exiting homelessness?
    i. Are there any resources or services that you would like to receive that you are not receiving?
    j. Have you received any help with accessing benefits (e.g., SSI/SSDI, Medicaid, Medicare, Food Stamps/SNAP, etc.)
    k. Have you seen improvements in your life because of receiving services? (e.g., help with sobriety, improved emotional/well-being, social relationships, being able to be reunited with children or family, etc.)
    l. What has been most helpful or most useful to you?

V. General Questions

1. If order to fully meet the needs of people experiencing homelessness in your community today what three services or resources are needed? (ex: more beds, larger shelter, more vouchers, more housing, etc.)

2. What three things would your community need to meet the unmet housing needs in your community? (ex: more Permanent Supportive Housing, Transitional Housing, affordable market rate housing, Cognitive and mental health services)

3. What suggestions do you have for increasing collaboration and coordination among shelter service providers?

4. What suggestions do you have for increasing collaboration and coordination among other agencies?

5. Is there anything else you would like us to know about your experience with homelessness and finding housing that we have not asked?

List of Organizations Represented and Participant Roles of those Involved in Key Informant Interviews and Focus Groups

Organization/Stakeholders Represented	Participant Roles of Key Informants
211 Maine	Advocate Leaders
Aroostook County Action Program, Inc.	Case Managers
Bangor Area Homeless Shelter	Chief Operating Officers
Catholic Charities	Co-Chairs
City of Bangor Department of Health and Welfare	Current and Past Shelter Users
City of Portland, Oxford Street Shelter	Deputy Directors
Community Concepts Inc.	Director
Community Housing of Maine	Director of Economic Development
Downeast Community Partners	Director of Energy-Housing, Community Initiatives
Family Violence Project	Executive Directors
H.O.M.E. Inc.	Family Enrichment Services Director
Homeless Regions	Liaison
Homeless Services of Aroostook	Manager
Homeless Voices for Justice	President
Hope and Justice Project	Recovery Coach
Kennebec Valley Community Action Program	Regional Manager
Knox County Homeless Coalition	Rental Assistance Manager
Maine Coalition to End Domestic Violence	Representative
Maine Council on Churches	Refugee Coordinator
Maine Department of Corrections	Social Work Leadership Team
Maine Department of Education	Youth Prevention Services Coordinator
Maine Department of Health and Human Services	
Maine Sheriff's Association	
Mid-Maine Homeless Shelter	
Milestone Recovery	
New Beginnings	
Penobscot Community Health Center, Hope House Shelter	
Preble Street Resource Center	
Preble Street, Florence House Women's Shelter	
Penquis Community Action Program	
Rumford Group Homes	
Shaw House	
Shalom House	
Statewide Homeless Council	
Tedford Housing	
Through These Doors Domestic Violence Shelter	
Veteran Health Administration	
Waldo Community Action Partners	
Western Maine Homeless Outreach	
York County Community Action Corp	
York County Shelter Programs, Inc.	