



Alliance for Addiction and Mental Health Services, Maine

The unified voice for Maine's community behavioral health providers

Malory Otteson Shaughnessy, Executive Director

Testimony in support of LD 1300

An Act To Require County Governments To Coordinate with Municipalities To Create Plans To Address Homelessness

Sponsored by Senator Representative Supica on April 16, 2021

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Good morning Senator Baldacci, Representative Matlack, and members of the Joint Committee on State and Local Government. I am Malory Shaughnessy, a resident of Westbrook, and Executive Director of the Alliance for Addiction and Mental Health Services. **On behalf of the Alliance, I am here to speak in support of LD 1300.**

LD 1300 would require the County Commissioners of each county, in consultation and coordination with the Statewide Homeless Council, Regional Homeless Councils, and the municipalities in the county, to develop and establish protocols to implement a plan to address homelessness within their counties.

As both a former Cumberland County Commissioner and someone very concerned about mental health and recovery, I wholeheartedly support this legislation as well.

There is clearly a link between psychiatric disorders and being homeless, but disentangling the nature of this relationship is complicated. Although estimates vary, studies looking at mental illness and persons who are homeless have generally found a high prevalence of mental disorders.¹ Mental illness had preceded homelessness in about two-thirds of the cases.

Homelessness itself, in turn, has been associated with poorer mental health outcomes and may exacerbate certain types of disorders. For example, findings indicate that homelessness is related to higher levels of psychiatric distress and lower levels of recovery from serious mental illness.²

People without homes with mental illness are also highly vulnerable to violence, with a reported lifetime incidence of 74% to 87% of violence being perpetrated against them.³

Clearly this is an important issue and one that should truly be addressed on the local level due to the varied needs across the state. Community-based mental health services play an important role as well. Homelessness could be drastically reduced if people with severe mental illness were able to access supportive housing as well as other necessary community supports.

In other states across the nation, counties play a much larger role in both addressing the needs of those with mental illness and substance use disorder, as well as investing in housing, and other methods to address the problem of homelessness.

Maine should be seriously looking at all the ways our counties could be more involved in supporting these efforts.

¹ Fazel S, Khosla V, Doll H, Geddes J. The prevalence of mental disorders among the homeless in western countries: systematic review and meta-regression analysis. *PLoS Med.* 2008;5:e225.

² Castellow J KB, Townley G. Previous homelessness as a risk factor for recovery from serious mental illness. *Community Ment Health J.* 2015;51:674-684.

³ Roy L, Crocker AG, Nicholls TL, et al. Criminal behavior and victimization among homeless individuals with severe mental illness: a systematic review. *Psychiatr Serv.* 2014;65:739-750.

According to the National Association of Counties, each year counties invest nearly \$11 billion in housing and community development, with local governments playing a key role in housing affordability, community planning, land use and zoning. Counties also invest heavily in supportive housing services for individuals with disabilities, veterans and those experiencing homelessness.

There are [examples from across the country](#) of innovative programs and projects at the county level designed to address these issues. There is even an [Affordable Housing Toolkit for Counties](#) to work on the front end of the issue by getting involved in planning for housing affordability.

In Maine, there are many examples of this work happening already. Cumberland County's website highlights their [Community Development Office](#) and its work to *“provide decent affordable housing, economic opportunities, and suitable living environments for all residents of Cumberland County. The Community Development Office works toward achieving these goals through administration of the U.S. Department of Housing and Urban Development Community Development Block Grant (CDBG) program and the HOME Investment Partnership Program.”*

This is a perfect moment in time to invest in this work, as well, with the American Rescue Plan Act of 2021 about to [infuse millions of dollars into our counties, cities, and towns across Maine](#). Counties will be receiving anywhere from \$3.2 million to upwards of \$57 million this May. Cities and towns will be receiving from a few thousand dollars up to nearly \$60 million dollars.

When we had the last big infusion of stimulus dollars from the federal government, in the ***American Recovery and Reinvestment Act of 2009***, as a county commissioner, I was able to witness first hand the work to expand Cumberland County’s collaboration with other local entities and communities to put our stimulus dollars into preventing homelessness from the economic crash of 2008. **With my testimony I am attaching a case study of that effort from the [HOMELESSNESS PREVENTION STUDY prepared for HUD in August 2015](#).**

As a former county commissioner, as the executive director of the Alliance and as a mother of an adult son with mental health challenges, I urge you to give this legislation a unanimous Ought to Pass vote.

*With 35 members, the **Alliance** is the state association for Maine’s community based mental health and substance use treatment providers. The **Alliance** advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system. All Mainers should have full access to the continuum of recovery-oriented systems of care for mental illness and substance use disorder – from prevention through treatment and into peer recovery support.*

MAINE HPRP-FUNDED PREVENTION PROGRAM

The state of Maine's homelessness prevention program, funded by HUD's Homelessness Prevention and Rapid Re-housing Program (HPRP), had two different components. The larger of these was its homelessness diversion and prevention program (HDPP), which was designed to provide primarily case management, resources, and referrals to all clients meeting standard HUD eligibility for HPRP; some limited financial assistance was also available. In addition, the state's homeless advocacy project (HAP) program provided legal counsel for unrepresented clients facing eviction in six high-volume district courts in the state; lawyers from this subgrantee also provided legal advice to all staff implementing HDPP. In total, Maine's program served 5,005 people in 2,229 households through September 30, 2010. Participants stayed in the program for an average 37 days (and a median 28 days).⁸⁷

Community Description

In 2010, point-in-time (PIT) counts identified 854 people in emergency shelter, 1,497 people in transitional housing, and 28 unsheltered people, for a total of 2,379 homeless people.⁸⁸ The number of unsheltered persons in the state was particularly low because the PIT took place in January, when the weather made it unsafe for people to be outdoors. At the time of HPRP, Maine had three Continuums of Care (CoC) homeless service systems: Greater Penobscot CoC, which served Penobscot County; the city of Portland CoC; and the Balance of State CoC, which served the rest of the state.⁸⁹ Two HPRP grantees—city of Portland and MaineHousing—also headed up the city of Portland and Balance of State CoCs. In addition, MaineHousing coordinated the homeless management information system (HMIS) for the entire state. The three CoCs together managed a housing inventory of around 2,400 beds. The Balance of State CoC accounted for the greatest proportion of transitional housing (278 of the 541) and permanent supportive housing (650 of the 1,116) beds. In terms of emergency shelter, the populous city of Portland had roughly as many beds (approximately 240) as the much larger Balance of State CoC; Greater Penobscot CoC managed about half that number of shelter beds (120).

In 2005, the governor of Maine convened a diverse group of stakeholders to form the Statewide Homeless Council. As its inaugural task, this council came together to draft Maine's ten-year plan. The plan, published in March 2009, identified five groups of people experiencing homelessness in order to design goals and strategies to address their unique needs. These groups included chronically homeless single adults, circumstantially homeless single adults, homeless families, victims of domestic violence, and unaccompanied youth. Helping to connect these populations to mainstream programs and services figured prominently among the strategies for all subgroups, as did case management, legal services, and financial assistance—all key components of the state's HPRP prevention program.

⁸⁷ Length of stay numbers are approximate and were calculated using a weighted average

⁸⁷ Maine's CoC system has since been reorganized into just two CoCs. The area covered by the Greater Penobscot CoC is now part of the Balance of State CoC.

⁸⁷ Portland is the largest city in Cumberland County, and the largest in the state.

⁸⁸ http://www.hudhre.info/CoC_Reports/2010_me_pops_sub.pdf.

⁸⁹ Maine's CoC system has since been reorganized into just two CoCs. The area covered by the Greater Penobscot CoC is now part of the Balance of State CoC.

DESIGN AND SETUP OF HPRP PREVENTION

The state of Maine had three direct HPRP grantees that together planned and implemented a coordinated statewide prevention program. MaineHousing, an independent state agency that brings together public and private funding for housing and homeless-related services in the state, received \$6.6 million; Cumberland County⁹⁰ received \$606,000, and the city of Portland received \$876,000. MaineHousing and the city of Portland chose to allocate the lion's share of their HPRP resources (70 and 75 percent, respectively) to rapid re-housing for their Engagement and Stabilization Program (ESP), which focused on providing long-term financial assistance to individuals with mental health issues and a history of chronic homelessness. In Portland, the percentage of households receiving prevention ended up being even lower than projected since most families that qualified for HDPP had already lost housing by the time they came to the shelter implementing the program. In contrast, Cumberland County anticipated using about two-thirds of its HPRP money for prevention since the jurisdiction did not have any shelters within its boundaries outside of Portland; the county ended up with more of an 80-20 prevention/rapid-re-housing split.

The grantees saw HPRP as an opportunity to scale-up homelessness prevention models already in place in the state. Cumberland County already ran a prevention program with Community Development Block Grant (CDBG) funds that successfully diverted many at-risk residents from seeking shelter in Portland by providing short-term bridge assistance and extensive alternative resources and referrals. MaineHousing funded an eviction prevention program from 2007 to 2009 in six district courts statewide using flexible HOME monies. And, the city of Portland used some of its Emergency Solutions Grant (ESG) funds to finance a partial staff position at one of its men's shelter to help divert singles at imminent risk by providing intensive short-term support, resources, and referrals.

Before they actually received HPRP, all three grantees, along with other community stakeholders such as Maine Equal Justice, came together to draft the assessments that all subgrantees would be using and to determine how these fields would translate into HMIS to track HPRP activities and outcomes. This process lasted 3 months and produced all the standard documents case managers were required to process for each client they saw.

IMPLEMENTATION

Throughout the state, 10 organizations implemented HDPP across all 16 Maine counties. This included six community action agencies and four emergency shelters, selected for their capacity to implement HPRP and their geographic coverage of the state. All HDPP subgrantees had to perform all screening and assessment in compliance with HUD and state guidelines, as well as provide HPRP case management and financial assistance to clients. Maine Housing also funded one organization, Pine Tree Legal, to provide legal representation to clients in eviction courts and consultations to HDPP case managers.

Outreach

The grantees expected their subgrantees to actively reach out to the potential clients. For example, the city of Portland partnered with the Portland Landlord Association to educate them about HPRP and outreach to residents at risk of eviction. Pine Tree Legal also visited the six courts where it provided services to connect with potential clients.

⁹⁰ Portland is the largest city in Cumberland County, and the largest in the state.

Point of Entry

The state had a “no wrong door” policy, meaning that a household could phone or walk in to any HDPP subgrantee agency and apply. Clients found out about HDPP through several mechanisms including Maine’s 211 system, local General Assistance offices (especially in areas without shelters available), shelters, medical providers, DHHS, Casey Family Services, and county district courts where Pine Tree provided services. Outside of Portland most first contacts were done by phone.

Intake: Eligibility and Assessment

HDPP. Potential HDPP clients passed through a series of different steps.

1. *Prescreening.* Whether a client’s first interaction with an HDPP subgrantee was in person or over the phone, the first step in the process consisted of a prescreening for eligibility (i.e., income and housing status), which included a substantial push for potential clients to exhaust all other resources before applying for HDPP. Subgrantees assisted clients in identifying housing options and offered on-the-spot job counseling, asset mapping, help identifying income supports appropriate for their needs (i.e., Supplemental Security Income, Disability Insurance, TANF, General Assistance), and referrals to churches, mental health services, and other local resources. This process varied in formality and intensity substantially across subgrantees; as a result, the share of clients going on to the next stage in the process ranged from 20 to 50 percent.
2. *Screening.* If the client passed the prescreening for HDPP, he or she scheduled a time to bring back full documentation and complete a formal screening. All HDPP subgrantees used the same basic HPRP intake form, which recorded information about demographics, income eligibility, housing status, and the case manager’s determination of how imminent the risk of homelessness is: less than 7 days, 7 to 14 days, 15 to 30 days, or more than a month. Clients had to provide documentation that they would lose housing within 14 days, including eviction notices or letters from family members. Clients also had to document their income for the past 30 days. At this stage, Cumberland County’s subgrantee required all potential clients to also fill out a housing options resource availability form, where they had to show that they had no appropriate housing options available (subsidized housing, family or friends, etc.) and that they had sought out and not been able to receive assistance from any other source, including General Assistance, churches, and friends or family.
3. *Full assessment.* If the client successfully passed through the screening stage, he or she completed a standardized “full initial assessment” tool, which gathered detailed information in six key domains to assist with ultimate eligibility determinations and decisions about the service package. This information included the following:
 - Security deposit: move-in date, amount needed
 - Rental assistance: screening for eviction, foreclosure, and natural disaster; monthly rent and number of months in arrears; housing subsidy receipt and application; arrears owed to housing agency; amount needed
 - Utility deposit: amount by type of utility, total needed

- Utility assistance: amount and number of months in arrears by type of utility, total needed
- Moving cost assistance: type of assistance (moving truck rental, moving company, short-term storage), duration, amount needed
- Motel and hotel voucher: date of scheduled move-in, compliance with rent reasonableness and habitability, availability of housing with family or shelter in the interim, other agencies contacted for assistance

HDPP case managers also sat down with clients to fill out a housing assessment and stability plan to detail the specific steps needed to secure housing, address income/benefits issues that threaten housing stability, and access mainstream services. In Cumberland County, clients drafted this plan unassisted.

4. *Eligibility and service package determination.* Within HUD guidelines, individual case managers and their supervisors had significant discretion to make eligibility determinations based on the information gathered in the prescreening, screening, and full assessment stages. There were no strict eligibility formulas or requirements for particular kinds of documentation. The same parties also made service package determinations. However, these decisions were constrained by the grantees' decisions to emphasize case management, resource, and referrals, and to minimize financial assistance. While the limits on the length of assistance did not preclude clients returning for recertification, case managers generally only considered those who fell into crisis again through no fault of their own (i.e., laid off from work after stabilization). Clients had to prove that they were making an effort to prevent their own homelessness.

Legal Services. Pine Tree Legal staff provided legal representation for all interested clients in its original six district courts throughout the state as well as some other courts in nearby areas. All these clients met basic income eligibility and the “but for” criteria automatically because of their presence in eviction court. Because HAP clients primarily received legal services only, they did not have to provide proof of sustainability or fit to be eligible. Pine Tree Legal sometimes referred clients who could benefit from HDPP to the nearest subgrantee, where they would have to go through the standard intake, screening, and assessment processes to qualify for additional assistance.

“But For” and Sustainability Rules (HDPP)

Maine heavily emphasized that clients had to exhaust all other potential resources available to them before qualifying for HPRP in order to satisfy the “but for” eligibility criteria. The steps clients had to go through and the kinds of documentation they had to provide to sufficiently demonstrate “but for” status, however, varied widely. HDPP clients also had to be able to prove they would be stably housed when their financial assistance ended to meet sustainability criteria for eligibility. Most of the time, this involved providing evidence of income sources that would begin in the immediate future. Because Maine grantees decided to limit financial assistance as much as possible to one-time or other very short-term payments, many higher-need clients were not eligible because they were not a good fit for the program.

Prevention Activities

Maine provided short-term financial assistance with intensive short-term case management for eligible prevention clients. The HPRP-funded prevention program served 5,005 people (2,229 households) in total.

Financial Assistance. MaineHousing and the city of Portland had no cap on the total *amount* of assistance a household could receive, but they limited the duration of rental assistance to 3 months and of arrearages to HUD's standard limit of 6 months. Clients who received rental assistance were also required to pay 30 percent of their own income toward rent every month. In contrast, Cumberland County chose to limit its financial assistance to a one-time payment of up to \$500 per household. While Cumberland County granted financial assistance to approximately 95 percent of eligible households, only a little more than half of eligible households statewide obtained financial assistance. Because of efforts to minimize per-case cost, most assistance across the state was one-time payments, despite the flexibility to provide longer-lasting subsidy in all but Cumberland County. Maine subgrantees also offered security deposits, hotel and motel vouchers, and utility deposits.

Case Management. The great majority (nearly 95 percent) of eligible clients received both case management and financial assistance. Case management generally lasted no longer than the subgrantee's limit on financial assistance; most clients received case management for about a month or month and a half, involving between three and six individual meetings. Case management generally consisted of several key components. First, case managers helped clients put together budgets and educated them about utilities (i.e., picking an apartment where they were included). Second, all HDPP case managers helped clients connect to the supportive services and financial resources identified as appropriate during intake and assessment. Third, case managers actively negotiated with landlords and utilities. Fourth, if clients needed to find new housing, the case manager assisted with that search and did the required housing inspection.

Legal Services. Pine Tree Legal provided legal representation for HAP in its original six district courts throughout the state as well as some other courts in nearby areas. As of September 2011, 615 households received some amount of this assistance, and 476 received full legal representation. Pine Tree Legal staff also offered consultations to HPRP caseworkers around benefit eligibility, tenants' rights, and other topics. In these cases, there was no attorney-client relationship, only general legal advice.

DATA AND MONITORING

MaineHousing manages and maintains the statewide HMIS for all homeless programs, including HPRP. All HDPP subgrantees entered data directly into HMIS, but five of the nine MaineHousing HDPP subgrantees and Cumberland County's subgrantee had never used HMIS before. Thus, MaineHousing's Homeless Recovery Funds program officer and the HMIS team provided extensive ongoing technical assistance; the HMIS team also led a daylong HMIS training at startup where staff walked all HPRP case managers through data entry and reporting.

Maine's HMIS captured only a small fraction of ineligible households because so much screening took place over the phone, particularly in Cumberland County and rural areas throughout the state. The city of Portland and York County captured a higher percentage of screened-out households in their data

because they conducted most of their screenings in person. In addition, Pine Tree Legal did not enter its legal services client information directly into HMIS in order to safeguard client-attorney privilege; the organization reported all data with unique household IDs to MaineHousing in another format and produced its quarterly and annual performance data outside of HMIS.

In addition to HUD's required data elements, subgrantees entered data from their standardized forms—intake, full assessment, and housing assessment and stability plan—into HMIS. MaineHousing designed HMIS for HPRP to allow data-sharing capability statewide so individuals could be tracked across jurisdictions. For example, a case manager in Portland could find the record of a client in HMIS and easily see that this person had sought and received assistance in western Maine earlier in the year. Because of this same capability, MaineHousing could also identify which HPRP clients showed up later in shelters. After the closeout of HPRP, the agency published a report that examined recidivism using HMIS data and analyzed HPRP client scores on six domains on the Arizona Self-Sufficiency Matrix at the time of entry and exit. Among other things, the report revealed higher scores among clients at exit as well as higher scores for those clients who had more contact with their case managers. Recidivism 4 months after the close of HPRP cases stood at 3 percent.

PLANS FOR THE FUTURE

MaineHousing has decided to use ESG dollars to continue homelessness prevention efforts in two key ways. First, it is funding legal services similar to those supported by HPRP in the six district courts where the program operated during HPRP. Second, MaineHousing's "Stable Lives: Linking Health, Housing, and Supportive Services" pilot program will continue the linkage aspects of the HDPP program for people who meet the new HEARTH Act definition of homeless in the three counties with the highest volume of homeless people and at least one federally qualified health center.

The city of Portland will continue its prevention efforts as a subgrantee to Preble Street Shelter for its recently awarded U.S. Department of Veterans Affairs' Supportive Service for Veterans Families program. The funding, totaling \$850,000 over 2 years with an option for a third, will employ the HDPP model.

Cumberland County plans to use CDBG to fund mostly the case management component.

Exhibit E.13: The State of Maine, Cumberland County, and the City of Portland Prevention Overview, Homelessness Prevention and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served Year 1 ^a	5,005	100	2,229	100
Persons in families	3,481	70	—	—
Adults without children	1,444	29	—	—
Total served Year 2 ^a	3,766	100	1,456	100
Persons in families	2,883	77	—	—
Adults without children	744	20	—	—
HPRP services				
Rental assistance	—	—	896	27
Case management	—	—	1,834	56
Security/utility deposits	—	—	636	19
Outreach and engagement	—	—	1,100	34
Utility payments	—	—	84	3
Housing search/placement	—	—	361	11
Legal services	—	—	668	20
Credit repair	—	—	0	0
Motel and hotel vouchers	—	—	2	<1
Moving cost assistance	—	—	43	1
Destination^b				
Total leavers	6,706	100	—	—
Homeless	112	2	—	—
Institutional setting	8	<1	—	—
Permanent housing w/ subsidy	979	15	—	—
Permanent housing without subsidy	3,310	49	—	—
Family or friends	170	3	—	—

Source: State of Maine homelessness diversion and prevention program and homeless advocacy project Annual Performance Report Data, 2009 program start through September 30, 2011.

— not applicable

^aTotal served numbers may not add to 100 percent because the “children only” and “unknown” categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

^bDestination numbers may not add to total leavers because the “other,” “hotel/motel,” “unknown,” and “deceased” categories are not included in this table.

“Homeless” includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.

“Institutional setting” includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.

“Permanent housing” with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.

“Permanent housing” without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.

“Family or friends” includes living with family, permanent tenure or living with friends, permanent tenure.