

Government Operations Committee Meeting
Homelessness Related Services Summary
February 7, 2022

Video Recording at www.bangormaine.gov/video
Agency Website: www.chcs-me.org

Community Health and Counseling Services (CHCS)

Executive Director Dale Hamilton presented an overview, accompanied by Meredith Smith.

- Offer multiple services; long standing community organization
- The attached handout includes overview of programs including
 - Shelter Plus Care (also offered by City)
 - Bridging Rental Assistance Program (BRAP)
 - Projects for Assistance in Transition from Homelessness (PATH)
 - SSI/SSDI Outreach, Access and Recovery (SOAR)
 - Overdose Prevention Through Intensive Outreach Naloxone and Safety (OPTIONS).
 - CHCS also offers other services such as therapy, behavioral health home services, and crisis services.
- Shelter Plus Care specific discussion (see attached handout for additional details)
 - Serves large area including Aroostook, Washington, Penobscot, and Piscataquis Counties.
 - Couch-surfing does not count in this program in terms of qualifying for assistance (BRAP has more flexibility). It was pointed out that HUD does not include couch-surfing in definition of homelessness.
- BRAP discussion (see attached handout for additional details)
 - Available to folks with serious mental illness and may also have substance use disorder.
 - This is a temporary program for those often waiting for Section 8 (a permanent housing voucher). It provides two-year transitional period (flexible, not firm but client must be on Section 8 waitlist).
 - Clients contribute up to 40% of their income toward monthly rent.
 - Eligibility criteria is more flexible – includes being homeless, released from jail, discharged from psychiatric facility or residential treatment program.
 - No waitlist for BRAP, as it is a subsidy or bridge for folks waiting for Section 8 assistance that has a long waiting list.
- PATH discussion (see attached handout for additional details)
 - CHCS holds contract for five counties but most services/resources delivered/based in Bangor due to proximity of services.
 - Designed to support individuals experiencing homelessness and engage them into supports but can take time. Ideal goal is to house but many steps in between, trust building is vital. Sometimes its about connecting folks to other existing services.
 - They provide weekly outreach via navigators, will go on-site to encampments, shelters, etc. Will bring supplies from Hope for Homeless.
 - Assist with applications, connecting of resources, etc. it is a short-term solution. The maximum amount of time per client is 6 months but that is sometimes extended. At that point, they are often referred to other services for ongoing case management in an effort to maintain services they've help to establish.
 - It was pointed out that there are issues with case management, funding constraints and long wait lists.

- General Discussion
 - Funding/Wait Lists - Mr. Hamilton explained part of issue is that the system for these services are underfunded. Certain rates that haven't been changed in over 20 years. This means reimbursement rates for services they (and others provide) were set that long ago and therefore are quite low.
 - COVID pandemic has created significant change in workforce, as experienced by many sectors. However, can no longer compete with other agencies in same field and others related to wages.
 - Homelessness needs everyone (local, state, etc.) to come together to help solve the matter. Service center communities are going to be affected to most but approach is really piecemeal.
 - In response to question about fragmentation related to funding and programs and is not well focused, Mr. Hamilton shared that having different providers provide similar or same programs is needed. CHCS has deficits in mental health services without even addressing overhead. As a result, providers are carrying the burden and are keeping access open. Fragmentation in his view is lack of shared information showing where the openings and available services are so people can be linked faster and more efficiently. Currently, existing system is overloaded with individual waitlists, core services are underfunded, should make sure we are investing in services that have good outcomes.
 - CHCS works with many agencies – created a model with federal funding for a Certified Community Health Behavioral Clinic that is meant to address some of those issues.

This document was compiled by the City of Bangor based on information provided at a City meeting. For complete information and for questions related to this agency's services, please contact them directly.



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CHCS Services Related to Homelessness

State of Maine Contracted Services

(information copied from <https://www.maine.gov/dhhs/obh/support-services/housing-services>)

Shelter Plus Care (SPC)

SPC is a federal program funded by HUD and designed to provide rental subsidies and supportive services to homeless individuals with disabilities, primarily those with chronic mental illness, substance use disorder, and HIV/AIDS. Following a Housing First model, initial SPC recipients are encouraged, but not required to accept the provision of services to go hand in hand with the voucher.

SPC clients are required to contribute 30% of their income toward their monthly rent. If they have 0 income, SPC pays 100% and is not required to go through General Assistance.

SPC Eligibility

1-Applicant is homeless as defined by the HUD definition:

- Shelter Verification
- Streets Verification (Living in a place not meant for human habitation)
- Transitional Housing Verification if homeless directly before entry
- Substandard housing and couch surfing is not considered homeless under SPC.

CHCS- 186 Housed 50 Looking

Bridging Rental Assistance Program (BRAP)

BRAP assists clients with Serious Mental Illness, including those who also have a Substance Use Disorder, with obtaining transitional housing by providing a rental subsidy and assistance with finding independent housing. BRAP is intended to serve as a bridge between homelessness and more permanent housing options, such as Section 8. BRAP clients are required to contribute 40% of their income toward their monthly rent.

BRAP Eligibility

1-Psychiatric Discharge: Applicants being discharged from Riverview, Dorothea Dix, or a private psychiatric hospital after a 72 hour or greater admission or have been discharged within the last 30 days. OR Applicants who are moving from a State Funded Residential Treatment program (Mental Health PNMI)

2-Applicant is being discharged within the next 30 days from a correctional facility (jail/prison)

3-Applicant is homeless as defined by the HUD definition:

- Shelter Verification
- Streets Verification (Living in a place not meant for human habitation)

- Transitional (homeless transitional not drug rehab transitional) Housing Verification if homeless directly before entry
- Couch surfing is not considered homeless.

CHCS- 194 Housed 37 Looking

Projects for Assistance in Transition from Homelessness (PATH)

PATH is designed to support the outreach, engagement and delivery of services to eligible persons who are homeless and have serious mental illnesses and/or co-occurring substance use disorder. Particular emphasis is placed on those most in need of services and/or engagement by an outreach worker and those services which are not supported by mainstream mental health programs.

CHCS- 149 enrolled participants

SSI/SSDI Outreach, Access, and Recovery (SOAR)

The SOAR model, developed by The Substance Abuse and Mental Health Services Administration (SAMHSA) is used to train case managers in completing and submitting applications for SSI/SSDI to maximize benefits access and employment support for individuals experiencing or at risk of homelessness.

Providers/Care Managers can enroll in a free, self-paced SOAR online course to learn how to better assist individuals experiencing or at risk of homelessness to apply for SSI/SSDI through this link.

Overdose Prevention Through Intensive Outreach Naloxone and Safety (OPTIONS)

The OPTIONS co-responder initiative embeds licensed behavioral health clinicians within local emergency medical services (EMS) and law enforcement agencies in every county across Maine. Liaisons work alongside their first responder counterparts to:

- Provide short-term counseling interventions when appropriate.
- Conduct proactive outreach with at-risk communities.
- De-escalate behavioral health crises when possible.
- Engage in post-overdose follow up and help with referrals.

Treatment Services

- Therapy
- Certified Community Behavioral Health Clinic (Federal Grant Program)
- Psychiatry
- Behavioral Health Home
- Community Integration (case management)
- Crisis Services (Mobile & Residential)