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**Initial Report from the
Youth Who Are Homeless Stakeholders' Group:
Bangor Pilot**

**In response to L.D. 2181,
Resolve, to Help Homeless Young People
Returning to Home or Safe Living Situations**

**Presented
December 28, 1999
to the
Region III Children's Cabinet**

Youth Who Are Homeless Stakeholders' Group: Bangor Pilot Abstract

Over 35 representatives of 28 Bangor-area agencies, families, and state departments met five times during the fall of 1999 as the Youth Who Are Homeless Stakeholders' Group: Bangor Pilot to develop a plan of care and a pilot to improve the opportunities for youth who are homeless. The group recognized that becoming homeless is one of many possible manifestations of risky behavior that can occur when youth are not supported with adequate assets and prevention programs. While the Stakeholders' Group strongly endorses prevention of homelessness as the preferred strategy, the group recognizes the need to institute immediate supports and services for youth who currently are homeless or at risk of being homeless.

The Bangor Pilot

Vision:

Every child age 10-24 in Region III who is homeless or at risk of being homeless will have a safe, nurturing, and accepting living environment that promotes opportunities to become a functional adult.

Mission:

The Youth Who Are Homeless Stakeholders Group will develop, make recommendations for, and guide the implementation of a Greater Bangor Area system of supports and services that will prevent youth homelessness; respond within 24 hours when youth have a crisis involving the temporary absence of a safe and nurturing living environment; and provide a full array of coordinated services for youth who are currently homeless. Additionally, components will be developed for replication in other parts of the Region.

Critical Components of Youth Care:

A child or youth (age 10-24) who is homeless is in crisis and needs immediate, caring, non-categorical connections with adults who will make certain he/she has housing, food, health services, clothing and other basic needs; crisis services; a safe and nurturing living environment; academic and vocational opportunities; and a mentoring relationship with an adult who is a positive role model. The goal of all services is designed to transition these youth into a functional adulthood. (See page 38 for a detailed list of critical components.)

Proposed Rapid Response Pilot

The Bangor Pilot will target 15 youth aged 10-21 who are identified as homeless for the first time. An intervention support team will connect with the youth within 24-48 hours to normalize the youth's circumstances quickly and return him/her to a stable, safe living environment. When the youth's family is not a placement option, the team will pursue transitional housing options, subsidized housing with a case management component, and host homes as priority options. Key elements of the pilot will include providing for the safety and well-being of the youth, connections with the family as a first priority when appropriate, comprehensive intake and assessment, case management, Noncategorical Flexible Funds, services and natural supports as determined by a service plan, a liaison within each agency, rapid response, longer-term housing options, education, case review and a comprehensive project results evaluation. The pilot expects to use \$150,000 to serve fifteen newly-homeless youth during the next year. This includes Noncategorical Flexible Funding which will be used to continue services beyond the initial Rapid Response ten days when needed. Medicaid will be used to pay for the treatment needs of Medicaid-eligible youth and families.

Initial Report from the Youth Who Are Homeless Stakeholders' Group: Bangor Pilot

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**Youth Who Are Homeless Stakeholders' Group:
Bangor Pilot
In Response to L.D. 2181,
Resolve, to Help Homeless Young People Returning to Home
or Safe Living Situations**

Background: What Youth Who Are Homeless Say

- ❖ *"I'd really like to go back to school 'cause I realize how important that is now. But, I burned so many bridges. I doubt they'd ever let me back now."* (16-year-old male)
- ❖ *"I'm really worried about [name]. She's only 14 and she is trying to get pregnant because she thinks some guy will take care of her. I told her it's not like that. It hurts like hell and you don't get to keep your baby anyway. I know. But, she just won't listen to me."* (17-year-old female who is seven months pregnant with her second child)
- ❖ *"It's so cold on the street."* (13-year-old female)
- ❖ *"I'd like to get my high school diploma or GED to get a job. I know it'll be hard for me. Other kids my age stayed at home and got to learn a lot more about how to talk to other people, how to get along. I may be smart about living on the streets, but I'm way behind on those skills I'll need to get a job."* (18-year-old male)
- ❖ *"I left home because I was on drugs. I said and did some terrible things that really hurt my mother. I'm off drugs now so I might have a chance."* (17-year-old female)
- ❖ *"[name] had to leave home. It just wasn't safe for him anymore because his Dad always beat him. He'd probably be dead now if he stayed."* (About a 16-year-old male)
- ❖ *"Oh, I survive by sleeping on friends' couches. Sometimes I use sex to get a warm place to spend the night."* (14-year-old female)
- ❖ *"Could you read this poem I wrote and tell me if it's stupid?"* (17-year-old female)
- ❖ *"What do I need? I need my mother's love."* (16-year old female)
(See Appendix A: What Youth Tell Us)

These comments were among the many insights shared by the 22 youth who are homeless in small group forums at the Shaw House in Bangor on November 9, 1999. Their stories were typical of youth at risk of being homeless or who are already living on the streets.

In many ways they are like other teenagers struggling to establish their own sense of self, crafting dreams for a bright future, wanting desperately to be liked by their peers and by adults. Some of them attend school regularly and achieve high grades. Others have dropped out. Some abuse substances. Some use sex to survive. Some have been abused for years. Some were first abused when they began living on the streets. A few have broken the law. Without our help, some will not live to celebrate their 18th birthday.

The Bangor area has nearly 150 homeless or “couch surfing” youth at any given time, according to statistics gathered for HUD reporting. The low-barrier shelter in Bangor, Shaw House, has 16 beds (8 girls; 8 boys--with licensing flexibility to accommodate additional youth in emergencies, such as on cold nights) and serves about 160 youth each year in their on-site health clinic, day program and Streetlight Outreach. Additionally, the Department of Mental Health, Mental Retardation, Substance Abuse Services provides services for many youth, both directly and through contract service agencies in the area. They also contract for Northeast Crisis Services which connects with many families at a time of crisis, often reducing the risk of homelessness for a youth or bringing a youth back home. Acadia Hospital provides inpatient care and outpatient services for youth and families experiencing mental health issues. The Department of Human Services provides housing, case management and services for youth who have been removed from their homes due to abuse and/or neglect or sometimes for youth involved in the juvenile justice system. In spite of the many services already available to youth and families, the system could be improved and expanded. Greater coordination among agencies, eligibility requirements that recognize the unique needs of homeless youth, timely eligibility determination, noncategorical funding for services for homeless youth, an automated case management system for tracking services for youth, and additional funding for services are all critical needs facing any group hoping to protect our youth from the perils of living on the street.

Correlation Between Risky Behaviors and Community Support of Youth

Youth homelessness is just one manifestation of risky behaviors youth engage in when they are not supported by their families, communities, and/or society as a whole. In a recent Search Institute survey conducted of youth of middle and high school ages in Bangor, 77% of the youth felt adults in the community did not value youth. Only 33% felt they had a useful role in the community, even though 62% donate at least one hour each week to community service. While 78% of the youth surveyed felt their family provided high levels of love and support, only 38% reported having positive family communication. Fewer than half of the youth felt safe in their home, school or community. Likewise, only 38% reported having adults in their lives who model positive, responsible behavior.

The Search Institute research indicates that youth with 21 or more of the 40 Developmental assets (See Appendix B.) have a greatly-reduced chance of engaging in risky behaviors, such as substance abuse, sexual activity, suicide and violence. For example, 61% of youth with 10 or fewer positive assets engage in violent behavior. Only 6% of youth with 31 or more assets and only 16% with 21-30 assets exhibit violent behaviors. Inversely, having large numbers of the Developmental Assets enhances positive behaviors. While 88% of youth with 31-40 assets maintain good health, only 25% of youth with 10 or fewer assets do.

Therefore, a critical component of any initiative to reduce homelessness among youth is a conscious effort by each community in Maine to build assets, ensuring that every youth has at least 21 of the 40 Developmental Assets. Currently, several initiatives such as the Newborn Visitation Programs, Early Childhood initiatives and Communities for Children are important components of preventive programs and need legislative support. Other activities promoted by the Children's Cabinet that will positively impact homelessness are designed to support youth and families at critical times of crisis or transition. The Integrated Case Management System, Local Case Resolution Committees and Pooled Flexible Funds will assist families. All of these initiatives are part of an entire system of supports needed by children and families.

Until all youth and communities are supported with adequate assets and prevention programs, there will be some youth engaging in risky behaviors, such as smoking, substance abuse, violence, suicide, and teen pregnancy. Becoming homeless is another manifestation of risky behavior. While the Bangor Pilot of the Youth Who Are Homeless Stakeholders' Group strongly endorses the concept that prevention of homelessness and other behaviors is critical and the preferred strategy, the group recognizes the need to institute immediate supports and services for youth who currently are homeless or at risk of being homeless. After conducting considerable research and exploring options, the group developed a set of recommendations for a full continuum of care and support for these high-risk youth. Additionally, members developed a pilot focused on preventing youth at risk of becoming homeless or newly homeless youth from entering the downward spiral of street living.

The Process

The Bangor Pilot Stakeholders' Group (See Appendix C for Membership.) conducted its first meeting on September 1, 1999, and developed a vision and mission:

Vision:

Every child age 10-24 in Region III who is homeless or at risk of being homeless will have a safe, nurturing, and accepting living environment that promotes opportunities to become a functional adult.

Mission:

The Youth Who Are Homeless Stakeholders' Group will develop, make recommendations for, and guide the implementation of a Greater Bangor Area system of supports and services that will prevent youth homelessness; respond within 24 hours when youth have a crisis involving the temporary absence of a safe and nurturing living environment; and provide a full array of coordinated services for youth who are currently homeless. Additionally, components will be developed for replication in other parts of the Region.

The group also began discussing its vision of critical components of a system of care that would prevent youth homelessness. The statement adopted by the group is:

Critical Components of Youth Care:

A child or youth (age 10-24) who is homeless is in crisis and needs immediate, caring, non-categorical connections with adults who will make certain he/she has housing, food, health services, clothing and other basic needs; crisis services; a safe and nurturing living environment; academic and vocational opportunities; and a mentoring relationship with an adult who is a positive role model. The goal of all services is designed to transition these youth into a functional adulthood. (See p. 38 October 6 minutes in Appendix D for a complete listing of the critical components.)

The full Bangor Pilot Stakeholders' Group met for a total of five meetings: September 1, October 6, November 2, December 8 and December 15 and have decided to continue meeting during the implementation phase of the pilot. The group named a six-member Steering Committee which met between full group meetings to conduct research, synthesize the work of the entire group and draft proposals for the entire group to consider and modify. All members were welcome to the Steering Committee and often attended to contribute further to the group's work. David Dyer, Acadia Hospital, chaired the Task Force and Steering Committee. Betsy Dorr and Becky Hayes Boober, of DHS, facilitated the meetings. Kasha Ellsworth, Region III Children's Cabinet AmeriCorps VISTA Volunteer, provided staff support.

After finalizing a vision and mission statement, the group inventoried the current services available to youth who are homeless in the five northern/Downeast counties of Region III. (Appendix E.)

Youth Involvement

Next, the Pilot Group analyzed the gaps in supports and services for youth at risk of being homeless and developed a strategy to solicit firsthand input from youth who are homeless or at risk of being homeless. Interview questions were developed and several members volunteered to meet with youth in various settings to obtain their input which would be shared with the rest of the group. Young people at risk of being homeless or currently homeless were also invited to participate in the Pilot Group meetings, although none chose to do so.

RoseAlma Senatore conducted surveys of youth and their families who accessed the Northeast Crisis Services and Acadia's services. Other members conducted two informal discussion forums with youth at Shaw House and through the Streetlight Outreach program. At the first one on October 27, Mary Ann Chalila of Bangor City Welfare prepared a home-cooked meal for the youth who then described what it was like to live on the streets and the factors that led them to the streets. On November 9, five additional members of the Bangor Pilot Group provided pizza for the 22 youth attending the small-group forums. Members of two rival gangs showed up for the forum. Additionally, a youth whose life had been threatened by both gangs was there. Several weapons were confiscated at the door--a testimony to the survival concerns faced by youth living on the streets. The youth at the forums candidly shared their stories and learnings and gave the Pilot Group critical insights into how to improve the system of supports and services for youth at risk of being homeless. (See Appendix A.)

The Plan

Using the youth input and L.D. 2181 (Appendix F) as guidelines, the Bangor Pilot Group developed two primary strategies for improving the lives of youth at risk or currently homeless:

- 1) A Comprehensive Continuum of Care (Appendix G); and
- 2) Plans for an Immediate Pilot for the Bangor Area.

Comprehensive Continuum of Care

Developing Healthy Child and Supporting Their Well-being

The Bangor Pilot Stakeholders' Group envisioned a system of supports and services which would intervene as appropriate to prevent a youth from progressing to the next level of risk on a continuum toward homelessness. In the ideal system, all communities would use the Communities for Children or similar coalitions to examine the status of children and families in the community and to consciously develop over 21 assets in the lives of each child/youth living in the community, including very temporary residents. All children would be immunized on time and would receive quality, timely health care, including mental health services. Visitations by qualified health-care providers would occur for each newborn to assist parents in assessing developmental needs, in assisting with parenting skills and in preventing abuse. Families would be linked with necessary services as soon as they are needed. As a child became school-aged, those services would be easily transitioned as supports for the child while attending school.

Schools would be inviting and nurturing environments that build on each youth's strengths and give opportunities to develop areas of weaknesses. All children would be supported according to their individual needs to achieve the Learning Results and to develop high aspirations for life. Life-long learning would be modeled and valued throughout the community. The school would be closely linked to social services to provide a seamless system of care and support for children and families.

Each child would be closely bonded with a minimum of three adults who are positive role models. This could include parents, relatives, school personnel, neighbors, mentors or others in the community who genuinely care about children. Additionally, youth would be given meaningful opportunities to contribute to the greater good of the community. They would have opportunities for long-term community service projects that makes a positive difference. They would have a voice on strategic decision-making bodies, such as the school board, town governance councils and committees, media editorial boards and other key areas of influence. Throughout the community, youth would see examples of how they are valued. Sometimes, it would be through such simple gestures as having an adult look them in the eye, call them by name in a caring way and actually listening to them.

Through this system of care and support, fewer children will be at risk of any number of behaviors which often lead to homelessness: substance abuse, escalating tension and stress in the home, unmet mental health needs, involvement with juvenile justice or public safety, violence, early engagement in sexual activities, to name a few.

Prevention

Even with the implementation of community-based supports of children and families, there will be children who need additional supports. At times of transition or crisis, youth are especially at risk. Schools are critical supports of youth who are moving into a community or of youth as they transition from one school to another (i.e., middle school to high school). Sometimes youth and families need additional intervention or services as well. An emerging physical or mental health condition may require professional treatment. The change of family status (divorce or death) may prompt a relocation, transition or change in financial conditions that need special attention. Sometimes violence in the family may necessitate intervention from Public Safety, Child Protective Services or a Domestic Violence Prevention Project. This intervention is followed by linkages with needed services to support the family in adopting nonviolent choices. Sometimes, a family may need the support of family mediation, counseling, respite, or any number of other services. Early connections to the five child-serving state agencies and their contract service agencies can help many families remain intact and provide for a healthy development of the children.

Rapid Response

If a youth becomes homeless, the Bangor Pilot Stakeholders' Group plans to implement a pilot project aimed at preventing the youth from becoming "owned by the streets." An intervention support team would immediately connect with the youth and determine whether or not he/she can return home if the right supports are put in place. Linkages to the services would be immediate. Likewise, the family and/or relatives will be contacted and mediation for bringing the youth home started--unless there are safety issues that make this infeasible. The youth will also be reconnected to his/her sending school system or arrangements made to enroll immediately in an alternative educational option. In short, the attempt will be made to normalize the youth's circumstances as quickly as possible and return the youth to a stable, safe living environment before predatory individuals on the street connect with the youth. (See next section on Pilot for more details.)

Living on the Streets

Youth already living on the streets need additional (and sometimes even basic) supports and services. Low barrier shelters with on-site health care facilities, showers, laundry facilities and day programs are critical. Here, the youth can be encouraged to link with needed services, such as substance abuse/mental or physical health treatment. A connection with an educational option appropriate to meet the individual's needs is also critical. During the implementation stage of this pilot, the group will pursue Stuart B. McKinney Program opportunities to develop additional education options for the area's homeless or at risk of being homeless youth. The group will also pursue options for linking the youth to caring mentors who will be positive role models. Each agency in the area will assign an individual as the "point person" for immediate intervention at the request of the Shaw House staff. Finally, other supports will be enhanced in areas such as treatment, recreational options, spiritual support and case management.

Noncategorical funding will be essential for carrying out these enhancements that are designed to get youth off the streets and into safe, productive living situations.

Getting Off the Streets

In addition to the components already mentioned, youth need affordable housing, job training and placement services, post-secondary education and career opportunities, and transitional services. For youth aging out of the children's services, a full plan for transitioning him/her into adult services is needed. Currently, several development projects are being undertaken by area agencies working with DHS and DMHMRSAS to help provide transitional services. Additional resources will be needed to keep aging-out youth from falling through the cracks and becoming homeless again.

The Pilot

The Bangor Pilot Stakeholders' Group will target 15 youth who are identified as homeless for the first time for the initial pilot. It is believed that these youth are more likely to return to a family when appropriate and timely interventions are provided. The Group also believes that these youth are extremely vulnerable to exploitation and drug use if they remain in a homeless situation beyond 24 hours. If funds permit, more than 15 youth will be served by the pilot.

While the Bangor Pilot Stakeholders' Group is committed to serving youth ages 10-24 in the Continuum of Care, the pilot will serve only youth ages 10-21. The transitional ages, 21-24, will be included in the long-term plan due to the lack of funding, resource limitations, and systems' divisions between children and adult services.

The pilot that will be developed can be modified and transferred to other areas of Region III after the pilot is evaluated. Often, existing services can meet many of the needs of the homeless youth in the pilot. However, greater flexibility and timely eligibility determination will be needed. Therefore, each agency will assign an agency liaison or ombudsman to work with the Project Manager to provide immediate cooperation and accessibility to existing services as they are appropriate for the youth's service plan.

Financial barriers to services will need to be eliminated when the Service Plan recommends various services. This could be accomplished by expediting categorical funding for which an individual youth is eligible or using noncategorical, Pooled Flexible Funds or through an agency's in-kind donation of services. Depending on the experience of the pilot, the Group anticipates a subsequent need for increased Pooled Flexible Funds to serve all youth in the Rapid Response category. Additionally, the Group recognizes a tremendous need for additional funds for the Region III DMHMRSAS office for mental health and substance abuse services, for both children and adults. Increased funding is needed especially for in-home supports, interventions and housing/shelter options. The Group will pursue transitional housing options, subsidized housing with a case management component, and host homes as priority options.

Using an automated case management system will facilitate initial and rapid eligibility determination, development of a service plan, tracking of services utilized by the youth and family and transferring the case to an agency for ongoing support. One member agency on the Stakeholders' Group has volunteered to modify their ACMS at cost for the project. For \$15,000-25,000 they will be able to enter data for the eligibility component. An effective ACMS for long-term use by the Bangor Area Youth Who Are Homeless Oversight Committee and staff could be developed at cost for approximately \$.5 million. The committee will pursue grant options to accomplish this. (Appendix I)

Key elements of the pilot will include providing for the safety and well-being of the youth, connections with the family as first priority when appropriate, comprehensive intake and assessment, case management, Pooled Flexible Funds, services and natural supports as determined by a service plan, a liaison within each agency, rapid response and longer-term housing options, education, case review and a comprehensive project results evaluation.

Connection with Families:

The first efforts will focus on finding safe placement for the youths. When appropriate and safe, the youth will be reunited with the nuclear or extended families.

Comprehensive Intake/Assessment of Youth's and Family's Needs:

Existing tools used by DMHMRSAS, DHS, and DOC will be administrated as appropriate. The Project team may request additional evaluations/assessments as needed.

Case Management:

Youth will be identified for the Project when he/she arrives at or is referred to the Shaw House, Northeast Crisis Services or another agency. The receiving agency will assign a case manager immediately for youth at risk of being homeless or newly homeless. The case manager will meet immediately with the youth, conduct assessment and intake, develop a service plan with the youth and obtain an immediate, safe placement for the youth (with the family placement being a priority when it is safe). The Automated Case Management System will be implemented to help identify resources and to track the youth as they are involved in the service plan. When all categorical funding sources have been exhausted, Pooled Flexible Funds assigned to the pilot will be used to fund services and supports determined necessary in the Service Plan.

Service Plan:

A Service Plan will be initiated at the first contact and will be developed jointly with the youth and the case manager (or an Integrated Case Management System Team) to help guide the project team in its efforts to serve the youth and family. The Service Plan will be used for utilization review and to measure outcomes, as well. To facilitate the implementation of the Service Plan, each agency will have a liaison or ombudsperson to streamline access to needed services within the agency.

Host Families:

When biological families (or previous foster families) are not an option for the youth, a natural Host Homes will be pursued. This might include a friend, teacher, church member or other caring

adult who is screened through a background check by Child Protective Services and Public Safety. If a natural host family is not available, an agency-based existing licensed Host Home (Regular Foster Care or Therapeutic depending on the youth's need) will be utilized. Other housing options will be pursued during the implementation phase by the Oversight Committee.

Education:

The Group will work with the local school systems and the Department of Education to develop appropriate regular and alternative education options for youth who are homeless. Grant funds will be pursued to assist this component.

Case Review:

Regular case review will provide oversight and accountability to the Service Plan.

Pilot Outcome Evaluation (Research and Analysis):

Dr. Cary Jensen from the School of Social Work and a board member of Shaw House will assess the pilot project. A support service for impact analysis and ethical study will be provided. The study will be performance-based and will analyze results of predetermined indicators. Among the issues to be addressed are the results for the youth served compared to a control group; effectiveness of various treatment and service plans; times used for various interventions and their effectiveness at keeping the youth from being homeless.

Operational and Governance:

- An Oversight Committee will be formed and will meet quarterly to review the pilot progress, treatment plans and expenditures of funds. Membership will include current members of the Bangor Pilot Stakeholders' Group.
- A part-time employee will be shared with Shaw House as the Project Manager and will serve as a central coordinator of cases and services. The Manager will report to the Oversight Committee. He/She will also be the team leader. (Currently, Greg Music of the Shaw House is being considered for this position.) The team would also include the case manager, the youth, serving agencies, and other interested parties.
- Shaw House or another nonprofit agency with a current contract with the DHS/DMHMRSAS Auditing, Contracting and Licensing Service Center will serve as the contract fiscal agent.

Budget:

The pilot expects to serve the first fifteen youth who have not been on the streets before through the process in a year's span. The first ten days will be the Rapid Response stage with an emphasis on engaging youth within the first 24-48 hours of becoming homeless or being in crisis. Pooled Flexible Funding will be used to continue services beyond the initial ten days when needed. Medicaid will be used to pay for the treatment needs of Medicaid-eligible youth and families.

The Pilot Budget

<u>Item</u>	<u>Cost</u>
¼ time project manager	\$10,000 (salary and benefits paid through pilot)
Case management (across agencies)	\$19,000 (salary and benefits seed with Medicaid draw down for 63% of cost for youth eligible for Medicaid)
Rapid Response Housing Options	\$25,000*
Rapid Response Operational Costs	\$10,000
Pooled Flex Funds/Treatment Funds	\$25,000
Project Evaluation	\$ 3,000
Extended Care Housing and Treatment	\$51,000
Administrative Fee for Fiscal Agent	\$ 7,000
	Total: \$150,000

***Housing Options Costs for Rapid Response**

10% Youth at Treatment Centers	8.5 bed nights @\$800 =\$6,800
70% Youth at Host/Foster Homes	60 bed nights @ \$50 =\$3,000
20% Youth Rapid Response	17 bed nights @ \$400 =\$6,800
Other Residential Options	

\$16,600 X 1.5 =\$25,000 (\$24,900)

Conclusion

While the Bangor Pilot will not eliminate the risk of homelessness for youth in Region III, it will give the Stakeholder Group/Oversight Committee insights into what is most effective at keeping youth from becoming longtime street dwellers. It will also help the committee develop a long-term strategy based on the learnings so we can prevent youth from becoming at risk of homelessness, can quickly return youth who find themselves in a homeless crisis and will begin the process of developing strategies for getting street youth off the streets and into healthy, safe and productive environments. It will help us keep youth in school or get them back into school and headed toward a viable life career. It will help us prevent at least 15 youth from having to resort to drugs, sex, violence to survive in the dangerous world of street life. Perhaps it will save one more 13-year-old from learning how cold the street can be---in all its implications.

Appendix A:

WHAT YOUTH TELL US



Questions for Those Outreaching to Youth Who Are Homeless or At Risk of Becoming Homeless

1. What do you need?
2. What is working for you in helping you get by?
3. What should we do to make this vision happen?
4. Where do you see yourself in 1 month?
5. What would have prevented [will prevent] you from becoming homeless?
6. How would you keep your brother/sister from becoming homeless? Advice to them?
7. What do you like on the streets?
8. What don't you like?
9. What would you do to change the world?
10. What would you like to tell us about being homeless?

Sample Responses from Youth/Families Using the Crisis Services and Acadia

Future plans range from getting married and starting a family, to finding a job, or going back to school.

What some of the youth wanted in two months were an apartment of their own, to live back with parents, or to be back into the school system.

How would you help to keep your little brother/sister off the streets?

The youth answered this questioned emotionally with responses such as, buying them an apartment, getting them help fast, tell them about the system, contacting DHS, etc., and explaining some of their horror stories.

Sample Responses from October 17, 1999

Youth shared their stories of living on the street. What I (adult interviewer) was most struck by was the fact that the experiences the 14-year-olds were describing were similar to what my generation would have talked about in college or even older.

Sample Responses from November 9, 1999

What do you need?

Shower, food, warm place, education (especially alternative program), my mother, friends, adults who care, money for a bus ticket to get to Texas, intelligent conversation, money.

What is working for you in helping you get by?

Others' parents who let me stay there; friends, Shaw House, working on the street

Where do you see yourself in 1 month?

Juvenile Justice court hearing, back in school, with boyfriend, at the same spot now, with my friends.

What would have prevented you from becoming homeless?

I started drugs to get back at my parents & that's what caused my downfall. (Other youth agreed drugs were what gave them problems.)

I didn't realize how awful I was to my mother.
Other parents, though, abuse kids & they have to leave.
Not getting kicked out of school and my parents discipline.
More things to keep me occupied.

Advice to younger?

Don't try to get pregnant---it hurts & doesn't get you the guy. Stay away from drugs. Appreciate your parents.

Try and work out problem, running away doesn't solve them it just buries them for awhile.

What like?

Freedom, seeing friends, no rules

Don't like?

Cold. Want something worthwhile to do. Would like to get back to school and/or work.

Other notes: There is a hierarchy based on age, experience on the streets. They have an idealized vision of the healthy, loving family & yearn for it. There was a real yearning to be accepted, loved & have something worthwhile to do.

Appendix B:

DEVELOPMENTAL ASSETS



The Asset Approach

giving kids what they need to succeed

Why do some kids grow up with ease, while others struggle? Why do some kids get involved in dangerous activities, while others spend their time contributing to society? Why do some youth "beat the odds" in difficult situations, while others get trapped?

Many factors influence why some young people have successes in life and why others have a harder time. Economic circumstances, genetics, trauma, and many other factors play a role. But these factors—which seem difficult, if not impossible, to change—aren't all that matters. Research by Search Institute has identified 40 concrete, positive experiences and qualities—"developmental assets"—that have a tremendous influence on young people's lives. And they are things that people from all walks of life can help to nurture.

Research shows that the 40 developmental assets help young people make wise decisions, choose positive paths, and grow up competent, caring, and responsible. The assets (see page 2) are grouped into eight categories:

- ▶ **Support**—Young people need to experience support, care, and love from their families and many others. They need organizations and institutions that provide positive, supportive environments.
- ▶ **Empowerment**—Young people need to be valued by their community and have opportunities to contribute to others. For this to occur, they must be safe and feel secure.
- ▶ **Boundaries and expectations**—Young people need to know what is expected of them and whether activities and behaviors are "in bounds" or "out of bounds."
- ▶ **Constructive use of time**—Young people need constructive, enriching opportunities for growth through creative activities, youth programs, congregational involvement, and quality time at home.
- ▶ **Commitment to learning**—Young people need to develop a lifelong commitment to education and learning.
- ▶ **Positive values**—Youth need to develop strong values that guide their choices.
- ▶ **Social competencies**—Young people need skills and competencies that equip them to make positive choices, to build relationships, and to succeed in life.
- ▶ **Positive identity**—Young people need a strong sense of their own power, purpose, worth, and promise.

The asset framework is a framework that includes everyone. Families, schools, neighborhoods, congregations, and all organizations, institutions, and individuals in a community can play a role in building assets for youth. This brochure introduces the assets, shows their power and presence in young people's lives, and gives concrete suggestions for what you can do to build assets.



The Asset Approach: Giving Kids What They Need to Succeed. Copyright © 1997 by Search Institute, 700 S. Third Street, Suite 210, Minneapolis, MN 55415. All rights reserved. Unless otherwise noted in the text, no part of this publication may be reproduced in any manner whatsoever, mechanical or electronic, without prior permission from the publisher, except in brief quotations or summaries in articles or reviews, or as individual charts or graphs for educational use. For additional permission, write to Permissions at Search Institute.

40 Developmental Assets

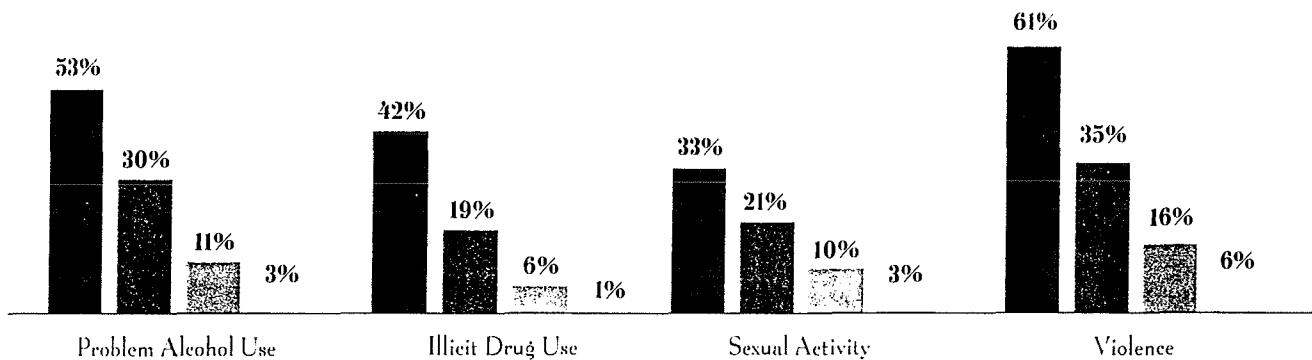
	Bangor	National	Portland
1. Family support -Family provides high levels of love and support.	78%	64%	74%
2. Positive family communication -Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents.	38%	26%	32%
3. Other adult relationships -Young person receives support from three or more nonparent adults.	53%	41%	43%
4. Caring neighborhood -Young person experiences caring neighbors.	46%	40%	40%
5. Caring school climate -School provides a caring, encouraging environment.	34%	24%	32%
6. Parent involvement in schooling -Parent(s) are actively involved in helping young person succeed in school.	45%	29%	35%
7. Community values youth -Young person perceives that adults in the community value youth.	23%	20%	22%
8. Youth as resources -Young people are given useful roles in the community.	33%	24%	29%
9. Service to others -Young person serves in the community one hour or more per week.	62%	50%	48%
10. Safety -Young person feels safe at home, school, and in the neighborhood.	48%	55%	52%
11. Family boundaries -Family has clear rules and consequences and monitors the young person's whereabouts.	51%	43%	43%
12. School boundaries -School provides clear rules and consequences.	48%	46%	48%
13. Neighborhood boundaries -Neighbors take responsibility for monitoring young people's behavior.	53%	46%	46%
14. Adult role models -Parent(s) and other adults model positive, responsible behavior.	38%	27%	32%
15. Positive peer influence -Young person's best friends model responsible behavior.	66%	60%	63%
16. High expectations -Both parent(s) and teachers encourage the young person to do well.	47%	41%	49%
17. Creative activities -Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.	27%	19%	20%
18. Youth programs -Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.	79%	59%	62%
19. Religious community -Young person spends one or more hours per week in activities in a religious institution.	49%	64%	42%
20. Time at home -Young person is out with friends "with nothing special to do" two or fewer nights per week.	47%	50%	40%
21. Achievement motivation -Young person is motivated to do well in school.	66%	63%	67%
22. School engagement -Young person is actively engaged in learning.	64%	64%	58%
23. Homework -Young person reports doing at least one hour of homework every school day.	75%	45%	57%
24. Bonding to school -Young person cares about her or his school.	56%	51%	58%
25. Reading for pleasure -Young person reads for pleasure three or more hours per week.	36%	24%	27%
26. Caring -Young person places high value on helping people.	52%	43%	53%
27. Equality and social justice -Young person places high value on promoting equality and and reducing hunger and poverty.	57%	45%	55%
28. Integrity -Young person acts on convictions and stands up for her or his beliefs.	65%	63%	69%
29. Honesty -Young person "tells the truth when it is not easy."	66%	63%	67%
30. Responsibility -Young person accepts and takes personal responsibility.	60%	60%	64%
31. Restraint -Young person believes it is important not to be sexually active or to use alcohol or other drugs.	46%	42%	40%
32. Planning and decision making -Young person knows how to plan ahead and make choices.	29%	29%	31%
33. Interpersonal competence -Young person has empathy, sensitivity, and friendship skills.	52%	43%	47%
34. Cultural competence -Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.	48%	35%	50%
35. Resistance skills -Young person can resist negative peer pressure and dangerous situations.	48%	37%	42%
36. Peaceful conflict resolution -Young person seeks to resolve conflict nonviolently.	63%	44%	48%
37. Personal power -Young person feels he or she has control over "things that happen to me."	48%	45%	47%
38. Self-esteem -Young person reports having a high self-esteem.	61%	47%	52%
39. Sense of purpose -Young person reports that "my life has a purpose."	65%	55%	61%
40. Positive view of personal future -Young person is optimistic about his or her personal future.	71%	70%	74%

The Power of Assets

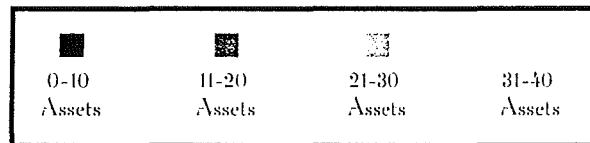
On one level, the 40 developmental assets represent everyday wisdom about positive experiences and characteristics for young people. In addition, Search Institute research has found that these assets are powerful influences on adolescent behavior—both protecting young people from many different problem behaviors and promoting positive attitudes and behaviors. This power is evident across all cultural and socioeconomic groups of youth. There is also evidence from other research that assets may have the same kind of power for younger children.

Protecting Youth from High-Risk Behaviors

Assets have tremendous power to protect youth from many different harmful or unhealthy choices. To illustrate, these charts show that youth with the most assets are least likely to engage in four different patterns of high-risk behavior. (For definitions of each problem behavior, see page 7.)

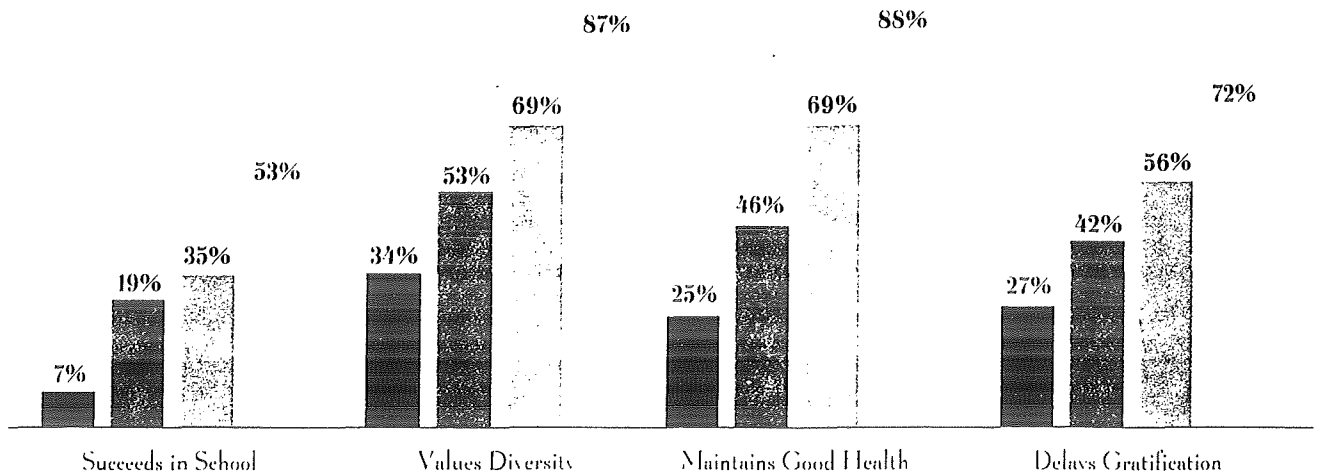


The same kind of impact is evident with many other problem behaviors, including tobacco use, depression and attempted suicide, antisocial behavior, school problems, driving and alcohol, and gambling.



Promoting Positive Attitudes and Behaviors

In addition to protecting youth from negative behaviors, having more assets increases the chances that young people will have positive attitudes and behaviors, as these charts show. (For definitions of each thriving behavior, see page 7.)



Appendix C:

Participants



Department of Human Services

Department of Human Services
State of Maine
396 Griffin Road
Bangor, ME 04401

Phone: 561-4197
FAX: 561-4122
email: becky.h.boober@state.me.us

Wednesday, August 4, 1999

<FIRST_NAME> <LAST_NAME>
<COMPANY>
<ADDRESS1>
<CITY>, ME <POST_CODE>

Dear <FIRST_NAME>:

The Bangor area has been given a significant opportunity to enhance its services to homeless youth due to the 119th Maine Legislature's enactment of L.D. 2181: Resolve, to Help Homeless Young People Returning to Home or Safe Living Situations. A copy of the legislative document is attached. To facilitate planning for homeless youth services, the Region III Children's Cabinet will convene a Homeless Youth Services Stakeholder Group which will conduct four meetings this fall. During these meetings, the Stakeholder Group will develop a vision of how homeless youth in the greater Bangor area will be supported, analyze best practices and current area opportunities, and develop a comprehensive plan of services and a demonstration project. A follow-up meeting will be held during the fall of 2000 to evaluate the demonstration project and prepare recommendations for a report to the Legislature.

Because of your expertise and experience in issues that impact homeless young people, the Region III Children's Cabinet invites you to participate as a member of the Homeless Youth Services Stakeholder Group. **The first meeting will be Wednesday, September 1 from 9 a.m. to noon at Kathy's Catering on Griffin Road in Bangor.** At this meeting, Representative Michael Quint will give background and an overview of our work. We will also define the group functioning, schedule subsequent meetings and work with a facilitator to develop our vision for supports and services to homeless youth in this region.

Your voice in this process is critical to our effective planning. Therefore, we hope you or your designee can participate. For additional information, please call 561-4197 or email at Becky.H.Boober@state.me.us. Thank you for your contributions to improving the lives of homeless youth in this area.

Sincerely,

Becky Hayes Boober
Regional Executive Manager, DHS and
Chair, Regional Children's Cabinet

Katherine Bubar
Regional Systems Director
DMHMRSAS

Original List of Invitees

Frank Antonucci
Dept. of Education
23 State House Station
Augusta, ME 04333-0023

Dave Barrett
Department of Corrections
10 Franklin St.
Bangor, ME 04401

Becky Hayes Boober
Regional Executive Manager
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945-4400

David Dyer
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Bangor, ME 05501

Kasha Ellsworth
RCC III VISTA Volunteer
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Milo, ME 04463

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CHCS
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Ellsworth, ME 04605

Patricia Kimball, Director
Acadia FOCUS Program
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Hugh Morrison
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Commanding Officer
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Children's Services Team Leader
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Rosealma Senatore, Director
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Bangor Police Dept.
34 Court Street
Bangor, ME 04401

Legislative Delegation Invited:
Representative Christine Baker
Representative Terran Bragdon
Representative Joseph Brooks
Senator Mary Cathcart
Representative Charles Fisher
Senator Robert Murray
Senator Richard Ruhlin
Senator Jane Saxl

Department of Human Services

Department of Human Services
State of Maine
396 Griffin Road
Bangor, ME 04401

Phone: 561-4197
FAX: 561-4122
email: becky.h.boober@state.me.us

Thursday, September 9, 1999

Dear :

The Bangor area has been given a significant opportunity to enhance its services to youth who are homeless due to the 119th Maine Legislature's enactment of L.D. 2181: Resolve, to Help Homeless Young People Returning to Home or Safe Living Situations. A copy of the legislative document is attached. To facilitate planning for homeless youth services, the Region III Children's Cabinet convened a Homeless Youth Services Stakeholder Group which will have three additional planning meetings this fall. During these meetings, the Stakeholder Group will develop a vision of how homeless youth in the greater Bangor area will be supported, analyze best practices and current area opportunities, and develop a comprehensive plan of services/supports and develop a demonstration project. A follow-up meeting will be held during the fall of 2000 to evaluate the demonstration project and prepare recommendations for a report to the Legislature.

At the Stakeholders' Group meeting September 1, you were recommended as an important addition to the Group because of your expertise and knowledge of community resources which will be integral components of the planning. Therefore, we would like to invite you to our remaining meetings: October 6 (9 a.m. to noon); November 2 (1 - 4 p.m.) and December 8 (9 a.m. to noon) at Kathy's Catering.

Your voice in this process is critical to our effective planning. Therefore, we hope you or your designee can participate. For additional information, please call me at 561-4197 or email at becky.h.boober@state.me.us. Thank you for your contributions to improving the lives of youth in the greater Bangor area.

Sincerely,

Becky Hayes Boober
Regional Executive Manager

Membership List (Attendees)

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Augusta, ME 04333-0023

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Ava Desveaux, Parent
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Parent Child Alliance
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*Steering Committee Members

Legislative Delegation Invited:
Representative Christine Baker
Representative Terran Bragdon
Representative Joseph Brooks
Senator Mary Cathcart
Representative Charles Fisher
Senator Robert Murray
Senator Richard Ruhlin
Senator Jane Saxl

Also invited:
Dr. Bruce Brown, Jr.
Candance Guerette, Greater Bangor Chamber
Jill McDonald, EMMC
Francine Stark, Spruce Run
rcc/homeless/membershipaddress

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Representative
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Terran Bragdon
Representative
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Representative
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Representative
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Francine Stark
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Joseph Brooks
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Winterport, ME 04496

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Senator
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Bangor, ME 04401

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Senator
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Orono, ME 04473

Richard Ruhlin
Senator
115 Elm St.
Brewer, ME 04412

Candace Guerette
Greater Bangor Chamber of Commerce
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Wayne Walker
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Jeff Wahlstrom
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Ava De Veaux
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Milford, ME 04461

Appendix D:

MEETING MINUTES



**Region III Homeless Youth Services
Stakeholder Group
Initial Meeting: September 1, 1999
9:00 a.m. - Noon
Kathy's Catering
Bangor**

- I. Welcome and Introductions--Becky Hayes Boober
- II. Overview of Legislation and History of this Process--
Commissioner Kevin Concannon, Department of Human Services
Representative Michael Quint
Michael Tarpinian, Youth Alternatives
Sharon Rosen, Pentagoet
- III. Creating a Vision of Services, Supports for Homeless Youth in Region III--
Betsy Dorr, Facilitator; DHS
- IV. Defining the Group Functioning--Betsy
 - A. Roles and Responsibilities
 - B. Decision-making Strategies
 - C. Expansion of the Stakeholder Group (Who else should be here?)
 - D. Agenda for Next Meetings
- V. Schedule of Next Meetings--Becky

Next Meeting: October 6 from 9 a.m. to noon at *Dept. of Human Services Large Conference Room, 396 Griffin Road, Bangor. Please notice the location change. November 2 (1-4 p.m.) and December 8 (9-noon) meetings will be at Kathy's Catering.*

**Region III Homeless Youth Services
Stakeholder Group
September 1, 1999
9:00 a.m.-noon
Kathy's Catering
Bangor**

Attendance: Becky Hayes Boober, DHS; Kasha Ellsworth, Region III RCC VISTA; David Dyer, Acadia Hospital; Pat Kimball, Acadia Hospital FOCUS; Douglas Bouchard, Shaw House; Hugh Morrison, State QC; Mary-Anne Chalila, City of Bangor Welfare; Murray Shulman, Bangor School District; Judy Holt-Spencer, TDC; RoseAlma Senatore, CHCS; Dale Hamilton, CHCS; Julie Catling, WINGS; David Barrett, DOC; Frank Antonucci, Department of Education; Richard Madore, Bangor School Department; Barry Stoodley, DOC; William Burney, HUD; Sharon Rosen, PhD, Pentagoet; Commissioner Kevin Concannon; Michael Quint, State Representative; Michael Tarpinian, Youth Alternatives.

I. Introductions: What is your vision for this committee? Also asked was "What is a support or one thing that helps youth who are homeless.?" Enclosed is a list of answers that everyone participated in giving.

II. Overview of Legislation and History of this Process--

Commissioner Concannon expressed his concern for youth who are homeless and expressed that they are far too young to get involved with the correctional system. He visited Youth Alternative and Michael Tarpinian last year and visited youth who were homeless. After his visit there, the Commissioner also visited other services for youth such as Preble Street School, Methodist Resource Shelter, and the Lewiston Homeless Youth Center. He saw minimal educational opportunities at some of these resources and felt concerned. "This is not preparing kids for the future."

Representative Michael Quint discussed his involvement and ambition for improving youth homelessness services. He also has the need to separate youth services from adult services. He explained the process that Portland went through and his involvement with them to start a program and help youth. He volunteered at the Preble School and had a first-hand look at what was occurring and the services needed to improve them. United Way helped Portland facilitate and help figure out a way to combine all services. A simile that he said was that it was like a square peg trying to fit into a small, circular hole. What is needed is to widen the circular hole of opportunity. What is also needed is to have each community to think out and create an "idea" for their area. One key factor expressed was that blame is not to be pointed anywhere.

Michael Tarpinian from Youth Alternative attended to give his input on youth who are homeless and what services and directions were available. He advised the committee to look at

existing resources to use first due to the lack of money available for such programs. Then from there to find services that are not offered to help those in need. He also suggested that leaving each agency "hat" and vested interests at the door would allow everyone to come and share from their perspective instead of the organization they represent.

Sharon Rosen, PhD, president and chief executive of Pentagoet, discussed the focus of the organization she represents. The first focus is to continue to build community, by economic, youth or health needs. The second focus she emphasized was for promotion. The need for mentors, educational support, a supportive family, and community activities is important.

III. Creating a Vision of Services, Support for Homeless Youth in Region III---

Betsy Dorr facilitated and asked each participant to respond to their belief on what the vision of this committee is. A list of the vision and the summary of future expectations are enclosed.

IV. Defining the Group Functioning---

A. Roles and Responsibilities

A steering committee was designated as the role of a higher group to outlay and look into further the committee's goals and actions. Those on the steering committee are Betsy Dorr, Becky Hayes Boober, David Dyer, Judy Holt Spencer (Teke Wiggin may substitute for her), Doug Bouchard, RoseAlma Senatore.

B. Decision Making Strategies

Decision making was discussed and how that might occur. A suggestion was made as to voting on subjects. Also the desired outcome from everyone was discussed but will be talked about further at the next meeting. At each meeting the committee should briefly discuss ground rules so that the committee will not get off track.

C. Expansion of the Stakeholder Group

The group discussed who else should be invited. The list includes someone from the following: --a business representative: chamber of commerce

--Youth representative's (Their involvement will be coached by Douglas Bouchard from the Shaw House.)

--A faith based organization

--Media representative

--Law enforcement representative

--A front line person: such as Streetlight rep.

--Domestic Violence organization

D. Agenda for Next Meeting

The schedule for next meetings are October 6 from 9-noon--DHS Large Conference Room; 396 Griffin Road; Bangor

November 2 from 1pm. to 4p.m.; Kathy's Catering; Griffin Road, Bangor

December 8 from 9a.m. to noon; Kathy's Catering

Minutes submitted by: Kasha Ellsworth, RCC VISTA volunteer

What is it that homeless youth need?

For youth who are homeless....

- ❖ ...to have a caring positive adult role model.
- ❖ ...to have positive reinforcement and encouragement.
- ❖ ...to have availability of basic needs such as food, shelter, and health.
- ❖ ...to have an advocate; nonjudgmental safe environment to express options.
- ❖ ...to have a range of permanent housing options.
- ❖ ...to be able to have educational opportunities and training.
- ❖ ...Chins law.
- ❖ ...to have high expectations for behavior and improving their lives. (3)
- ❖ ...to have a stream lined structured, easy accessible services provided.
- ❖ ...to have a place to belong and the sense of permanency.
- ❖ ...to have preventative services available where child is from.
- ❖ ...to have housing that is not necessarily attached to group homes.
- ❖ ...to have available a comprehensive approach; not just for urban areas.
- ❖ ...to have a strong family focus and assistance to deal with family structure.
- ❖ ...to have an educational support system.
- ❖ ...to have a place to stay by sundown.
- ❖ ...to be careful about the risk of flight/ balance with high expectations.
- ❖ ...to have early response.
- ❖ ...to have no homeless youth. (2)

What is it that homeless youth need?

- ❖ ...Someone to talk to and to trust.
- ❖ ...Hope.
- ❖ ...To feel like a part of society. (2)
- ❖ ...To be able to develop better ways to deal with people who prey on them.
- ❖ ...An easier way access mental health and substance abuse services. (5)
- ❖ ...A strong familiar support group around them.
- ❖ ...A multi-disciplinary support team/ funding.
- ❖ ...Good peer mentors. (3)
- ❖ ...The love, support, and approval of a functional family. (2)
- ❖ ...No reject/eject services.
- ❖ ...Integrated services; so that all kids get connected to resources, "to buy in." (3)
- ❖ ...A community that cares what happens to kids.
- ❖ ...to have other interventions first. For an example to have the judicial system taken off the front burner as a way to deal with kids.
- ❖ ...Work more closely with a family environment.
- ❖ ...Improved nontraditional school environment, be engaged in, schools meets their needs. (3)
- ❖ ...Support system should include all agencies, and be located in schools.
- ❖ ...Age, popuation should be considered. (2)
- ❖ ...Bring supports and probation office into school system.
- ❖ ...Flexible response "team" that can still be individualized.
- ❖ ...Supportive living environment where kids can learn to make mistakes and learn natural consequences.
- ❖ ...Others to understand what homelessness is like and providers to have ambitions to help. (3)
- ❖ ...Help kids find ways to fit in without imposing "our" middle class values.
- ❖ ...Transportation.
- ❖ ...To ease economic pressures that cause kids to become homeless. (2)
- ❖ ...Ways for kids to express themselves and ways to reach them. (3)
- ❖ ...Dispel myths about homeless kids and highlight their strengths, or involved in.
- ❖ ...Acess to services when kids ask for help.
- ❖ ...Need better PR for these kids.

Youth Who Are Homeless Stakeholders Group
October 6, 1999
DHS
Bangor
Agenda

- I. Review Vision, Mission, Critical Components
- II. Next Agendas--Critical Components Become the Agenda?
- III. Consensus on How to Involve Youth
(Attached ideas.)
- IV. Current Status Report
What services are available to youth who are homeless in Region III now?
--Doug Bouchard, Executive Director; Shaw House
- V. Report from Steering Committee
 - A. Structure: Chair--volunteer and role
 - B. Membership Updates

Next Meeting: 1-4 p.m.; Tuesday, November 2, 1999; Kathy's Catering, Griffin Road, Bangor.

Next Steering Committee Meeting: October 21 at 11 a.m.- 1 p.m.

Vision Draft

Every child age 10-12 (in Region III) who is homeless or at risk of being homeless will have a safe, nurturing, and accepting living environment that promotes opportunities to become a functional adult.

Mission of Group:

The Youth Who Are Homeless Stakeholders Group will develop a coordinated, seamless system of supports and services that will prevent youth homelessness; respond within 24 hours when youth have crisis involving the temporary absence of a safe and nurturing living environment; and provide a full array of coordinated services for youth who are currently homeless.

Critical Components of Youth Care:

A child or youth (age 10-21) who is homeless is in crisis and needs immediate, caring, noncategorical connections with adults who will make certain he/she has housing, food, health services, clothing and other basic needs; crisis services; safe and nurturing living environment; academic and vocational opportunities; and a mentoring relationship with an adult who is a positive role model. The goal of all services is designed to transition these youth into a functional adulthood.

Critical components of the infrastructure of services and supports for youth at risk of being homeless are:

- 1) Prevention as a primary emphasis;
- 2) Whenever possible and safe, the youth will be maintained within the family;
- 3) A seamless, coordinated infrastructure with involvement from all agencies and the youth's local community;
- 4) Involvement by youth in the planning and implementation;
- 5) Tiers of intervention strategies appropriate for the youth's needs:
 - a) Prevention and extended family support;
 - b) A youth just displaced from a stable living environment;
 - c) Crisis services (mental health, trauma, substance abuse);
 - d) Recovery and reintegration for youth who have been homeless for longer periods of time;
- 6) Case management;
- 7) A strong link with educational and vocational opportunities appropriately built on the youth's strengths and learning styles;
- 8) A full array of housing options:
 - a) Immediate administrative and clinical "swat team" to respond within 24 hours when a child becomes homeless or to provide linkages to families where a child/youth is at risk of homelessness;
 - b) Crisis intervention beds and services;
 - c) Transitional housing.
- 9) All agencies, departments, community supports bring their strengths and services as part of the integrated plan for supporting youth;
- 10) Community awareness/education and involvement;
- 11) Seamless services at times of transitions in the youth's life;
- 12) Non categorical funding for services.

Potential Strategies for Involving Youth:

- Involve youth at the Stakeholder Group meetings;
- Caseworkers interview youth and provide the responses;
- Reports from successful youth;
- A child representative to speak for the youth;
- Anecdotal information from caseworkers;
- Stakeholder Group members work shifts at Shaw House, Streetlight, etc. with the youth/ or visit with the youth;
- Youth-generated poetry, collages, writing, etc.;
- Focus groups with youth;
- Pizza party evening

Issues:

Youth 18 and up not thinking as adults are intimidated by adult services (such as the shelter).

Child to adult services is not an easy transition. Generally, the youth end up not getting services because they don't accept adult services. Need to consider the creation of services for ages 18-24.

Need a full array of services with a holistic approach for youth at risk of being homeless. Cycle of homelessness.

REMINDER: Next meeting Nov. 2, 1-4 p.m. at Kathy's Catering, Griffin Road, Bangor.

**Homeless Youth Services Stakeholder Group
October 6, 1999
DHS
Bangor
Minutes**

Attendance: Becky Hayes Boober, DHS; David Barrett, DOC; Douglas Bouchard, Shaw House; Kathy Bubar, DMHMRSAS; Mary-Anne Chalila, Bangor H/W; Ava Desveaux, parent; David Dyer, Acadia Hospital; Kasha Ellsworth, RCCIII; Pam Fowler, WINGS; Dale Hamilton, CHCS; Sue Hamlett, Spruce Run; Judy Jernigan, Shaw House; Pat Kimball, Acadia FOCUS; Pat McKenzie, NCS; Marsha Moore, United Maine Families; Cindy Perkins, Shaw House; Murray Schulman, Bangor School District; Vicki Trask, Shaw House; ; Teke Wierrin, TDC; Paul Vestal, St. Michael's.

I. Review of vision, mission, critical components

Vision:

Every child age 10-24 (in Region III) who is homeless or at risk of being homeless will have a safe, nurturing, and accepting living environment that promotes opportunities to become a functional adult.

Mission:

The Youth Who Are Homeless Stakeholders Group will develop, make recommendations for, and guide the implementation of a Greater Bangor Area system of supports and services that will prevent youth homelessness; respond within 24 hours when youth have crisis involving the temporary absence of a safe and nurturing living environment; and provide a full array of coordinated services for youth who are currently homeless. Additionally components will be developed for replication in other parts of Region.

Critical Components of Youth Care:

A child or youth (age 10-24) who is homeless is in crisis and needs immediate, caring, non categorical connections with adults who will make certain he/she has housing, food, health services, clothing and other basic needs; crisis services; safe and nurturing living environment; academic and vocational opportunities; and a mentoring relationship with an adult who is a positive role model. The goal of all services is designed to transition these youth into a functional adulthood.

Review of critical components was conducted at the meeting. Additions were made and are noted below.

Critical components of the infrastructure of services and supports for youth at risk of being homeless are:

- 1) Prevention as a primary emphasis;
- 2) Whenever possible and safe, the youth will be maintained within family and within or close his/her to home community.
- 3) A seamless, coordinated infrastructure with involvement from all agencies and the youth's local community;
- 4) Involvement by youth in the planning and implementation;
- 5) Tiers of intervention strategies appropriate for the youth's need;
 - a) Prevention and extended family support;
 - b) Service for youth just displaced from stable living environment;
 - c) Service for a youth who have no stable environment;
 - d) Crisis services (mental health, trauma, substance abuse);
 - e) Recovery and reintegration for youth who have been homeless for longer periods of time;
- 6) Case management;
- 7) A strong link with educational and vocational opportunities appropriate built on the youth's strength and learning styles;
- 8) A full array of housing options:
 - a) Immediate administrative and clinical support to respond within 24 hours when a child becomes homeless or to provide linkage to families where a child/family is a risk of homelessness.
 - b) Crisis intervention beds and services;
 - c) Transitional housing.
- 9) All agencies, departments, community supports bring their strengths and services as part of the integrated plan for supporting youth;
- 10) Community awareness/education and involvement;
- 11) Seamless services at times of transitions in the youth's life;
- 12) Non categorical funding for services; Money available if youth does not meet criteria for other agencies;
- 13) Mentoring; youth and adult mentors;
- 14) Developmentally appropriate.

II. Next agendas--

- A) Membership list for Region III
- B) Critical Components
- C) Develop a community plan that can be used in other communities.

III. Shaw House presentation

Douglas Bouchard along with some of the front-line workers from Streetlight presented on their program and what Shaw House offers youth who are homeless. Shaw House offers four different types of programs.

- 1) Shaw House has a shelter that is low barrier. They serve children age from age 10-17. As long as the youth are not a harm to themselves or others they are permitted to stay that night.
- 2) In place is a Day Program that views expectations. What does the youth expect? Also the Shaw House workers find some incentives for the youth that will encourage him/her and develop a development plan based on what the youth feels is his/her first need. It can range from a home cooked meal to returning to school.
- 3) A health clinic is also offer at the Shaw House five days week. There is a pediatrician, two nurses and a student from the University of Maine.
- 4) The final program that Shaw House offers is an outreach program, Streetlight Program. This program covers the greater Bangor area and has hands on experience with youth who are homeless. The Streetlight workers have three major goals, to interface with the youth, gain his/her trust, and to try and get the youth off the streets.

The Stakeholder Group developed ideas on how the community can participate.

List of components for the plan of services and supports:

- Ways to minimize impact on kids;
- Development of continuum of care, addressing each step needed;
- Youth who have a stable environment;
- Develop options for kids not mandated;
- Mentoring;
- Maintaining kids close to their community;
- For kids at risk-- crisis plan within non-categorical funds;
- At the point of homelessness, have funding available;
- Define prevention strategies;
- Identify ways to offer choices;
- Include Penquis- Family mediation;
- Performance based prevention;
- Develop ways to engage kids;
- Develop ways to be realistic with kids and what they want;
- Set aside resources for homeless kids;
- Make connection with other parts of Region III to see how they may be involved;
- Inventory of community resources that could help kids-- clothing, etc.; (C4C)
- Identify supports for kids in schools-- help with homework, etc.;
- Have shelter be an attractive place to stay;
- Must be developmentally appropriate--doing with children;
- Connect with kids who are not connected with others;
- Respect individuality of each kids;

- Build on strengths of each kid.
“Get kids involved and empower the kids who are ‘untouchable.’”

Potential Strategies for involving Youth:

(adjusted at this meeting.)

- Caseworkers interview youth and provide the responses;
- Reports from successful youth;
- A child representative to speak for youth;
- Anecdotal information from caseworkers;
- Stakeholder Group members work shift at Shaw House, Streetlight, etc. with the youth/ or visit with the youth;

Listed members have allotted time for their volunteerism towards this strategy:

- ♦ Becky Hayes Boober, Kasha Ellsworth, David Dyer, Mary-Anne Chalila, Sue Hamlett, Pat McKenzie, Pat Kimball, and David Barrett. Douglas Bouchard of Shaw House will make contact to these people for a date of event.
- Youth-generated poetry, collages, writing, etc.;
- Focus groups with youth;
- Pizza party evening; food;
- Home cooked meal, potluck;
- Go back and tell the youth results from the meeting, let them know this is actually going somewhere;
- Respect shown to kids;
- Choice, value opinions, sincerity;
- Make sure that kids at Shaw House are polled;
- Recognize meaningful tasks/ achievements of youth;
- Assessment of each child’s needs and his/her family’s needs if in the picture;
- Treat what youth perceives as his/her needs;
- Develop system of accountability for non categorical funding;
- Make sure that system of care is not just a replica of adult system;
- Develop ways to let kids know they were heard/ direct feedback;
- Use front line workers;
- Can we reward youth for participating?

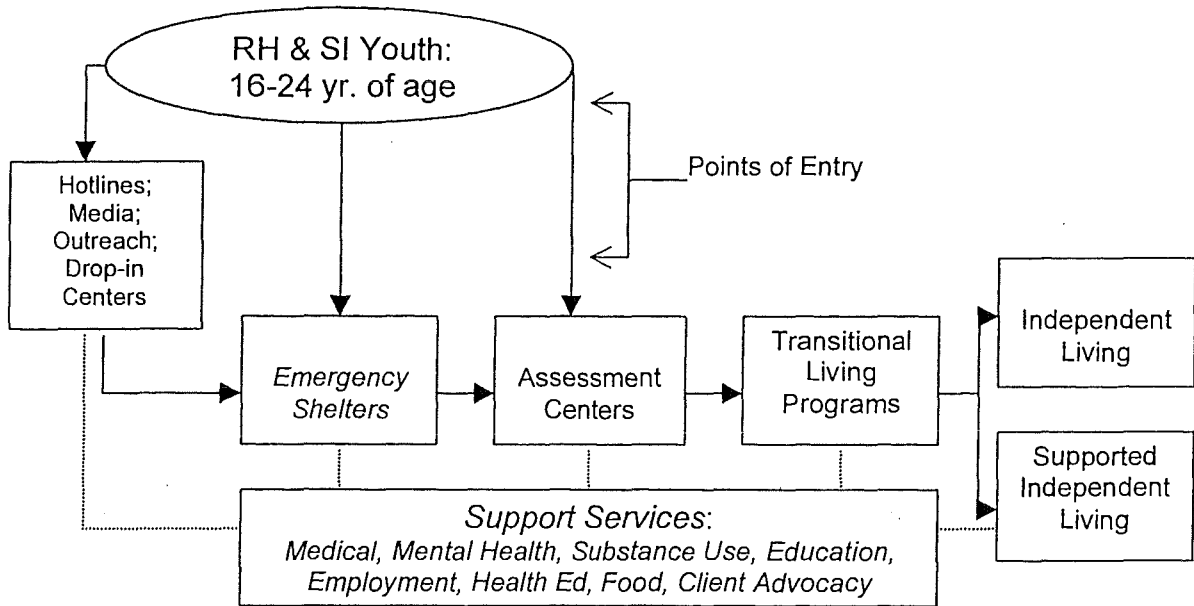
It was also mentioned that for youth to be encouraged to be involved and for those who do to reward them. Some suggestions were movie tickets, phone cards, gift certificates, and groceries. All agreed that actual money might be a problem.

Following are questions that the Stakeholder Group developed for those who are outreaching to youth at the Shaw House.

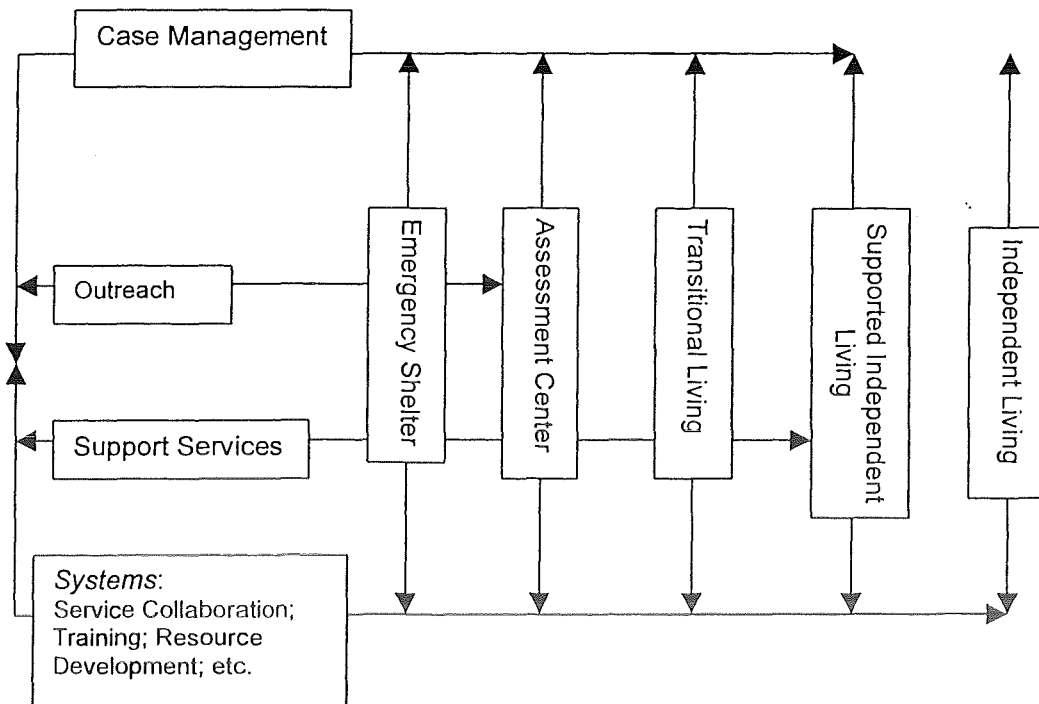
- 1) What do you need?
- 2) What is working for you in helping you get by?
- 3) What should we do to make this vision happen?
- 4) Where do you see yourself in 1 month?
- 5) What would have prevented you from becoming homeless?
- 6) How would you keep your brother/sister from becoming homeless? Advice?
- 7) What do you like on the streets?
- 8) What don't you like?
- 9) What would you do to change the world?
- 10) What would you like to tell us about being homeless? **

Continuum of Care for Homeless, Runaway and Street Involved Youth

Entry into and Flow of System Services



Coordination of Services



• COMPONENTS OF SERVICES •

HOMELESS PREVENTION	EDUCATION
Rental Payment Assistance	GED
Utility Payment Assistance	ESL
Other: (list)	School System
OUTREACH	Alt. High School
Hotline	Special Education
Media- Print	Other: (list)
Media- Television	EMPLOYMENT
Media- Radio	Job Training
Street Based	Vocational
Permanent- SRO	Job Placement
Permanent- Other	Other: (list)
Other: (list)	HEALTH EDUCATION
MEDICAL	HIV/STD - Group
Emergency Care	HIV/STD- Individual
Primary Care	HIV Prevention- Case Management
Payment for Medicines (Rx)	HIV/STD Prevention-Community Level
STD Screening	Family Planning
HIV Screening	Safer Sex Supplies
Reproductive	Parenting Skills
Prenatal	Other: (list)
Dental	CLIENT ADVOCACY
Other: (list)	Case Management
MENTAL HEALTH	Entitlements
Individual	Placement
Group	Legal
Peer Counseling	Other: (list)
Art Therapy	SUPPORT SERVICES
Psychiatric Service	Information and Referral
Psychiatric Assessment	Case Management
Emergency/Crisis	Transportation
Other: (list)	Childcare
SUBSTANCE USE SERVICES	Recreation
In-patient Treatment	Clothing Bank
Out-patient Treatment	Laundry Services
Prevention- Individual	Showers
Prevention- Group	Independent Living Skills
Prevention- Community Level	Conflict Resolution Skills
Needle Exchange	Permanency Planning
Other: (list)	Training
FOOD	Other: (list)
Meals	
Pantry/Bank	
Other: (list)	



*Region III Children's Cabinet
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Becky Hayes Boober, chair
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941-3146
Department of
Corrections

Dear Youth Who Are Homeless Stakeholders Group Members:

Our next meeting of the Youth Who Are Homeless Stakeholders Group will be from 1:00-4:00 p.m. on Tuesday, November 2, at Kathy's Catering on Griffin Road, Bangor. In addition to hearing a report from those who have met with homeless youth, we will create a catalog listing of services currently available, barriers to those services and gaps in services. This exercise will be a critical foundation for our remaining work.

To facilitate the process, please review the attached chart and fill in any information you have about resources, barriers and gaps in services in any of the listed categories. By examining what we currently have in place, we can better determine what pilot project will be appropriate for the Greater Bangor area. After listing information you can share with the group, please bring the form to the November 2 meeting. If you are unable to be at the meeting or to send a staff member, please fax the form to me at 561-4122.

After we create a comprehensive list of services currently available to youth who are homeless, the barriers to those services and gaps in services, we will begin our discussion of our proposed pilot project and recommendations for the report to the Regional Children's Cabinet and the Legislature.

I appreciate the hard work of committee members and look forward to seeing you November 2.

Sincerely,

Becky Hayes Boober,
Chair, Regional Children's Cabinet

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	What Resources We Now Have	Barriers to Access	Gaps: What We Need
<i>Homeless Prevention</i>			
Family Intervention Services	WINGS, Families United, NCS (Mobile Team), Penquis CAP, DMHMRSAS, St. Michael's, Children's Services, NOE, RCC ICMS		
Rental Payment Assistance	General Assistance, Penquis CAP, DHS Emergency Assistance (if adult), DMHMRSAS Shelter Plus Care, Bangor Housing		
Utility Payment Assistance	City Welfare, Penquis CAP, Reduced Utility Companies' rates		
Other: (List)			
<i>Outreach</i>			
Hotline	Shaw House, CHCS-- NCS/WCPA, Crisis Hotline, Teen Hotline, Spruce Run, Suicide Prevention/ Crisis Stabalization Hotline, Outyouth Hotline, Homeless Crisis Hotline		
Media--Print			
Media--Radio			

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	What Resources We Now Have	Barriers to Access	Gaps: What We Need
Media--Television			
Street Based	Shaw House Streetlight		
Permanent--SRO			
Permanent--Other			
Other: (List)			
<i>Medical</i>			
Emergency Care	EMMC. St. Joseph's, Shaw House Care		
Primary Care	EMMC. St. Joseph's, private practitioner		
Payment for Medicines (Rx)	Medicaid, if eligible		
STD Screening	Bangor STD Clinic, EMMC, Wabel Wadsworth, Penquis CAP		
HIV Screening	Bangor STD Clinic, EMMC, Wabel Wadsworth, Penquis CAP		
Reproductive	Bangor STD Clinic, EMMC, Wabel Wadsworth, Penquis CAP		
Prenatal	Mabel Wadsworth, Penquis CAP, EMMC, St. Joseph's		

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	What Resources We Now Have	Barriers to Access	Gaps: What We Need
Dental	Bangor Clinic (residents only)		
Other: (List)			
<i>Employment</i>			
Job Training	Job Corp, TDC, local school districts		
Vocational	Job Corp, TDC, local school districts		
Job Placement	Job Corp, TDC, local school districts		
Other: (List)			
<i>Mental Health</i>			
Individual	Acadia, NOE, CHCS, private therapists		
Group	Crisis- CHCS/NCS, Acadia, private therapists		
Peer Counseling	Penquis CAP Mediation Group		
Family Counseling	Penquis CAP, private therapist, CHCS, Acadia		
Family Mediation	Penquis CAP Mediation Group		
Art Therapy			
Psychiatric Service	Acadia, NCS, EMMC, CHCS, NOE, DMHMRSAS		

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	What Resources We Now Have	Barriers to Access	Gaps: What We Need
Psychiatric Assessment	Acadia, NCS, EMMC, CHCS, NOE, DMHMRSAS, Stillwater Assessment		
Emergency/Crisis	EMMC, St. Joseph's, Acadia, NCS		
Other: (List)	Family Counseling Services, JBI, Seton, BMHI		
<i>Client Advocacy</i>			
Case Management	Shaw House, NOE, DHS, WINGS, St. Michael's, CHCS-NCS, Families United		
Entitlements	Medicaid/ FS		
Placement			
Legal	Penquis CAP-Pine Tree Legal		
Other: (List)			
<i>Substance Use Services</i>			
In-patient Treatment	Seton, ARC		
Outpatient Treatment	Acadia, Wellspring, DOC, ARC		
Prevention--Individual	Day One, NOVA, NOE, Wellspring, ARC		
Prevention--Group	NOVA, NOE, Wellspring		

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	What Resources We Now Have	Barriers to Access	Gaps: What We Need
Prevention--Community Level	PALS Program		
Needle Exchange			
Evaluation	Wellspring, Acadia, NOE, Rural Family Counseling, Acadia		
Dual Diagnosis	Janus House, Wellspring, ARC		
Other: (List)			
<i>Food</i>			
Meals	Manna, Shaw House, Greater Bangor Area Shelter, Salvation Army, Churches		
Pantry/Bank	Manna, GBAS, area churches		
Street Outreach Food Services	Streetlight		
Other: (List)			
<i>Education</i>			
GED	Adult Ed, TDC, Learning Center		
ESL	Adult Ed, Literacy Volunteers		
School System	Public School System		
Alternative High School	Bangor Alter, Hermon Alter, Brewer ACT, Hampden		

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	What Resources We Now Have	Barriers to Access	Gaps: What We Need
Special Education	Old Town Regional, Public School Systems, CHCS, Stillwater Center		
Other: (List)			
<i>Health Education</i>			
HIV/STD--Group	Penquis CAP Health Center		
HIV/STD--Individual	Shaw House, EMAN, Bangor STD Clinic, Mabel Wadsworth, Penquis CAP		
HIV Prevention--Community Level	Phamplets in social services waiting rooms, Penquis CAP, Mabel Wadsworth		
Family Planning	Penquis CAP, Mabel Wadsworth, Shaw House		
Safer Sex Supplies	Shaw House, EMAN, Bangor STD Clinic, Mabel Wadsworth, Penquis CAP		
Parenting Skills	Good Samaritan, Salvation Army, St. Andres, CHCS, Cooperative Extension, My Choice, Penquis CAP		
Other: (List)			
<i>Juvenile Justice Link</i>			
(List)	Emergency Foster Care, Attendant Care		
<i>Support Services</i>			
Intake and General Assessment	WINGS, DHS, NOE ,CHCS, Shaw House, Families United, TDC		

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	What Resources We Now Have	Barriers to Access	Gaps: What We Need
Information and Referral	WINGS, DHS, DMHMRSAS		
Case Management and Follow-up	WINGS, DHS, TDC, Youth Programs, St. Michael's		
Transportation	DHS (TANF)- if 18 or emancipated, Streelight, Project Ride, Ride Plus		
Child Care	DHS (TANF)- if 18 or emancipated, Aspire program, Penquis CAP, Women Project		
Recreation	WINGS, YMCA, YWCA, Police Rec. Center		
Clothing Bank	Salvation Army, Good Will, Churches, Shaw House		
Laundry Services	Shaw House, GBAS		
Showers	Shaw House, GBAS		
Independent Living Skills	NOE, CHCS		
Conflict Resolution Skills	Penquis CAP		
Permanency Planning			
Mentoring	Penquis CAP, Big Brother/Big Sister, YMCA		
Training	TDC, Local School Systems		
Other: (List)			

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	What Resources We Now Have	Barriers to Access	Gaps: What We Need
<i>Housing/Shelter</i>			
Permanent	Housing Authorities, Penquis CAP, low income housing		
Transition	Hinkley, NFI, Parkwoods		
Independent Living	Hinkley, BRAP		
Shelter	Shaw House, Lighthouse, Haleyon House, New Beginnings, Kings Daughters Home		
Family/Community Reunification	DHS		
Other: (List)	Foster Care, DOC, Emergency Foster Care, CHCS Children Services		

rcc/homeless/resourcematrix

Youth Who Are Homeless Stakeholders Group

November 2, 1999

1:00-4:00 p.m.

Kathy's Catering; Bangor

Agenda

- I. Introductions
- II. Update from Steering Committee
 - A. Recommendations for Report
 - 1. Age 12-24
 - 2. Certification process for host homes
- III. Mission review
- IV. Report Back on Youth Involvement
- V. Listing of Services, Barriers and Gaps in Service
- VI. Pilot Project Ideas
- VII. Next Steps
 - A. Report drafting
 - B. Meetings after December (Does the group want to continue to meet?)

Youth Who Are Homeless Stakeholders Group

November 2, 1999

1:00-4:00 p.m.

Kathy's Catering; Bangor

MINUTES

Attendance: David Barrett, DOC; Becky Hayes Boober, DHS; Doug Bouchard, Shaw House; Kathy Bubar, DMHMRSAS; Mary-Anne Chalila, Bangor H/W; David Dyer, chair/ Acadia Hospital; Kasha Ellsworth, RCCIII; Dale Hamilton, CHCS; Judy Jernigan, Shaw House; Nicole Johnson, Parent Child Alliance/ Bangor H/W; Pat Kimball, Acadia FOCUS; Pat McKenzie, NCS; Keith Mercier, Bangor PD; Hugh Morrison, Shaw House; Rose Alma Senatore, CHCS; Holly Stover, DMHMRSAS; Vicki Trask, Shaw House; Paul Vestel Jr., St. Michael's.

I. Update from Steering Committee

A. Recommendations for Report

1. Age 10-24
2. Certification process for host homes

II. Mission review

The Youth Who Are Homeless Stakeholders Group will develop, make recommendations for, and guide the implementation of a Greater Bangor Area system of supports and services that will prevent youth homelessness; respond within 24 hours when youth have crisis involving the temporary absence of a safe and nurturing living environment; and provide a full array of coordinated services for youth who are currently homeless. Additionally components will be developed for replication in other parts of Region III.

This updated mission was adopted by the group.

III. Report Back on Youth Involvement

Doug Bouchard reported that there was some confusion as to the dates. Wednesday, November 3rd, was canceled and only one person showed for the scheduled Thursday event. A rescheduled event is in place for November 9th at 4:30 p.m.

MaryAnn Chalila was the only committee member to visit the Shaw House at the scheduled time to meet with youth. She brought a ham and ate with the 12 youth. She reported that many of the stories she heard from the 14-year-olds were similar to what college students would have been saying in previous generations. She indicated trying to gather input during dinner did not work well since it was a little rowdy. She felt more could have been accomplished with a greater number of adults there or fewer youth. The group discussed options for gathering additional feedback from youth and decided to have a time with youth selected by Shaw House staff at 4:30 on November 9, followed by

a pizza dinner. Additionally, RoseAlma will adapt the questions and use them with youth involved with the crisis services so we have perspective from non-Shaw House youth. Carey Jensen is looking for a research project as part of a Ph.D. in Social Work program in Orono and may be able to help us for a longer-range research project.

- V. Listing of Services, Barriers and Gaps in Service
Enclosed are pages from the flip charts that the committee filled during the meeting.
- VI. Pilot Project Ideas
Enclosed.
- VII. Next Steps
 - A. Report drafting
 - B. Meetings after December. Becky posed the question, Does the group want to continue to meet? Many members indicated they would like to continue.

Enclosed are the results from the flip charts that members filled in during the meeting. The object was to see what resources our area made available to citizens and to see what is lacking.

Barriers

1. Lack of child psychiatrist
2. If you have services available (homeless categories, etc.; probation), does that become an incentive for youth to become homeless?
3. Categorical funding
4. Consent to treat; need guardian's signature
5. Youth's willingness to accept services, and there are positive sides of being homeless
6. Lack of inpatient substance abuse services in Bangor and outpatient
7. Waiting lists, time
8. Affected other services
9. Lack of trauma services for children
10. Lack of understanding of definition and impact of trauma (public, case workers, etc.)
11. Regs, rules, etc., attached to services
12. Strict eligibility criteria (needs to consider the support system available, i.e. no family support, etc.)
13. Need cross agency training about each other's systems, limitations, etc.
14. Attitude of those providing services, re: homeless
15. Criteria based on adult system model, not youth
16. Chins law?
17. Intake process speed
18. Public perception and need for education
19. Really understand causes/ pressures of homelessness
20. Need services not based on a "label" (create culture of sickness)

21. Managed Care

Pilot Wish List

- Transitional Apartments
- Host Homes for first 24- 48 hours
- Case Management (those who are experienced), DEFINE
- Automated Case Management System to support intake, case managers, etc.
- Immediate transportation, placement, home like environment
- Apprenticeships programs (school to work- Job Corps)
- Non categorical funding
- Life skills component/ curriculum for youth/ independent living- skill plans
- Peer mediation (maybe those who have “graduated” through programs)- post education
- Better access to information on resource availability, infoline, Crisisline, etc.
- Meals 7 days a week
- Identify the outcomes

Youth Who Are Homeless Stakeholders Group

December 8, 1999 Agenda

9-noon

Kathy's Catering

Steering Committee meeting at DHS Large Conference Room immediately following

- I. Report and Recommendations from Steering Committee
 - A. Philosophy, Continuum of Care/Support, Matrix---Doug Bouchard
 - B. Pilot--David Dyer
 - C. Modifications, Adoptions--Entire Group
 - D. Report from Youth Focus Groups
- II. Work Session
 - A. Pilot
 - 1. Description of services, supports, philosophy
 - 2. Budget
 - 3. Operational and Governance Issues
 - 4. Evaluation/Assessment
 - B. Draft proposal for legislators
 - 1. "Preamble"
 - 2. Philosophy, Vision, Mission, Desired Results/Indicators
 - 3. Continuum of Care/Supports and Maximization of Current Resources
 - 4. Long-term Budgetary Needs
 - 5. Long and Short-term Policy Needs
 - C. Recommendations
 - 1. Legislative
 - 2. Policy
 - 3. Administrative Procedures
 - 4. Tools and Supports (ACMS, etc.)
- III. Report Outs and Consensus Building
- IV. Next Steps
 - A. Meeting Dates, Agendas
 - B. Leverage of additional resources

ATTN: December 15 8 a.m.- 11 a.m. DHS 396 Griffin Rd. Large Conference Room. Steering Committee following in Conference Room #1.

**Youth Who Are Homeless Stakeholders Group
December 8, 1999
9-noon
Kathy's Catering
Minutes**

Attendance: David Barrett, Becky Hayes Boober, Doug Bouchard, Bill Burney, Jennifer Byron, Kathy Bubar, Mary-Anne Chalila, David Dyer, Betsy Dorr, Kasha Ellsworth, Pat Kimball, Rev. Frank Murray, Barry Stoodley, Rose Alma Senatore, Teke Wiggins.

- I. Report and Recommendations from Steering Committee
A. Philosophy, Continuum of Care/Support---Doug Bouchard
Enclosed handout.

Doug discussed what Bangor and surrounding areas have for services and how those services can adapt to serve youth. The discussion also expanded, providing youth who are homeless with better options. It is critical to intervene within the first 24-48 hours of a youth being on the streets. The four step stages needed are:

- 1) Prevention- This is trying to keep the youth off the streets and addressing the problem before the youth actually leaves to go on the streets.
- 2) Rapid Response- To accomplish getting a youth off the streets and into care within 24-48 hours before the youth slips further into the life of homelessness. Emergency care is needed.
- 3) Living on the streets- Youth who are already living on the streets need to have a solid structure of accessible services.
- 4) Getting the youth off the streets- Life skills, transitional housing, etc., need to be identified and established for the youth who are homeless, including those aging out of existing children's services.

Some gaps that were identified during the meeting were that there is no specific place to send an adolescent that is addicted to a substance, especially an in-patient provider. There is also a lack of transitional housing available.

B. Report from Youth Focus Group

Teke Wiggins discussed the visit with the youth at the Shaw House. The twenty plus youth who were present felt the need to educate others' on not what to do. Interests that the youth spoke of were education, living on their own, having a loving adult or person in their lives, and to have a chance or respect from others'.

C. Pilot--David Dyer

Enclosed.

TDC currently has an Automated Case Management System that could be used for this pilot. Information on the client would be typed into a computer and all services for which that client is qualified comes up on the computer. The pilot project needs to stay within \$150,000 funding available.

D. Modifications, Adoptions--Entire Group

A suggestion from the group was to involve the Drug Court into the pilot project, along with other existing resources. Non categorical funding also was a suggestion. Teen involvement and voice throughout the process was discussed and decided that it is a crucial part for the youth to feel respected and involved in their life decisions.

Bill Burney suggested a time line format that can give specifics of how a youth fits into the continuum of care.

II. Additional Meeting Schedule

An additional meeting has been scheduled for the completion of the report and to further prepare for the pilot project. The meeting will be held at DHS from 8 a.m.- 11 a.m. December 15th.

Youth Who Are Homeless Stakeholders Group
December 15, 1999
8 a.m.- 11 a.m.
DHS
MINUTES

Attendance: David Barrett, Becky Hayes Boober, Doug Bouchard, Bill Burney, Jennifer Byron, Mary-Anne Chalila, David Dyer, Kasha Ellsworth, Pam Fowler, Dr. Cary Jensen, Pat Kimball, Rosa Alma Senatore, Teke Wiggin.

I. Work Session

A. Pilot

Project Manager: Part time employee that is shared with Shaw House.

Oversight Committee: This committee would review expenditures with funds and treatment plans.

Research and Analysis: Dr. Cary Jensen from the School of Social Work and a board member of Shaw House, plans on measuring this pilot project.

Age for Pilot: The age that the Stakeholders group wants to be able to serve is age 10-24, but the pilot for funding and other reasons will only be age 10-21. The transitional ages, 21-24, will be included in the long term due to the lack of funding and resources.

Budget: The pilot expects to be able to service fifteen kids through the process in a year span. The first ten days will be the rapid response stage. The rapid response system will be able to reach youth who are homeless within 24-48 hours of crisis.

Recommendations: Not limit to ten day bed. Provide flexible open funding to continue services as needed. Medicaid will only pay for the treatment, not the room and board.

Operational and Governance Issues:

Shaw House as fiscal agent.

Operations Manager: Greg Music of Shaw House.

Operations Manager reports to Oversight Committee.

Oversight Committee is comprised of key stakeholders representatives.

Evaluation and Assessment:

Need to clarify objectives.

What are the thresholds for treatment (time allotments for TX.) ?

What will the impacts be of the program?

How will it differ from kids who do not go through the program?

B. Recommendations

The following list are recommendations that the committee discussed and decided that the full array of services would benefit more thoroughly with these additions. Continue Oversight Committee

Quarterly Meeting
 Electronic System of Care, Automated Case Management System
 Expanding Age, Transitional Program Stage 21-24
 Increased Non-Categorical Funding
 Increased funding for Mental Health
 Intervention and funding for in-home supports
 More Housing/ Shelter Options
 Available Subsidizing housing with built in case management
 Host Homes
 Additional funds need to be addressed in the well-being of kids

Staff	Cost
½ time project manager	\$8,000 + benefits
Full time case manager (Medicaid paying ~ \$30,000)	\$15,000 + benefits
Housing options	\$25,000
Operations	\$10,000
Pooled Flex Funds	\$25,000
Evaluation	<u>\$3,000</u>
	\$86,000

Housing Options Cost

10%	Treatment Center	8.5 bed night @ \$800= \$6,800
70%	Host Homes	
	Foster Homes	60 “ “ @ \$50 = \$3,000
20%	Rapid Response	
	<u>Stage</u>	<u>17 ” “ @ \$400= \$6,800</u>
$\$16,600 * 1.5 = \$25,000$		

Bangor Pilot Steering Committee Dates

September 22, 1999
September 30, 1999
October 21, 1999
November 10, 1999
November 19, 1999
December 2, 1999
December 3, 1999 (Review of ACMS)
December 8, 1999
December 15, 1999
December 22, 1999



*Region III Children's Cabinet
396 Griffin Rd.
Bangor, Maine 04401
Kasha Ellsworth
(207) 561-4299*

Teke Wiggins
TDC
PO Box 1669
Bucksport, ME 04416

Dear Teke Wiggins:

Thank you for volunteering to serve on the Youth Who Are Homeless Stakeholder Group steering committee. Our initial planning meetings are scheduled for September 22 at 2:30 and September 30 at 9 a.m., both in the DHS (396 Griffin Rd.) Conference Room #1. Attached are the visioning flip chart results we will use as a basis for drafting a vision statement for the group's review at the October 6 meeting.

If you have any questions, please call me at 561-4299 or Becky Hayes Boober at 561-4197. We look forward to working with you on this important project to enhance opportunities and supports for youth who are homeless.

Sincerely,

Kasha Ellsworth
VISTA Region III Children's Cabinet

Youth Who Are Homeless Steering Committee

September 30, 1999

- I. Talk with youth
- II. Vision
- III. Mission
- IV. RCC vote on video
- V. Chair--volunteer and role; other positions/structure needed
- VI. Agendas for Next Three Meetings
Next meeting: Shaw House presentation; 10:30 C4C; Chart of continuum of care
- VII. Membership Invites
- VIII. Youth Involvement

Next meeting: October 21 after 9:30 Acadia meeting?

Vision Draft

A Community of Care for All Kids

The entire community will commit to a seamless infrastructure of community supports and agency services that ensure that all youth in region III will have safe, nurturing living environments that promote their health and well-being, academic achievement and development of their full potential. Homelessness for (among?) youth will be prevented, and youth crisis will be responded to within 24 hours.

Mission of Group:

The Youth Who Are Homeless Stakeholders Group will develop a coordinated, seamless system of supports and services that will prevent youth homelessness; respond within 24 hours when youth have crisis involving the temporary absence of a safe and nurturing living environment; and provide a full array of coordinated services for youth who are currently homeless.

Mission for Youth Care:

A child or youth (age 21 and under) who is homeless is in crisis and needs immediate, caring, noncategorical connections with adults who will make certain he/she has housing, food, health services, clothing and other basic needs; crisis services; safe and nurturing living environment; academic and vocational opportunities; and a mentoring relationship with an adult who is a positive role model.

Critical components of the infrastructure of services and supports for youth at risk of being homeless are:

- 1) Prevention as a primary emphasis;
- 2) A seamless, coordinated infrastructure with involvement from all agencies and the youth's local community;
- 3) Involvement by youth in the planning and implementation;
- 4) Tiers of intervention strategies appropriate for the youth's needs:

- a) Prevention and family support;
 - b) A youth just displaced from a stable living environment;
 - c) Crisis services (mental health, trauma, substance abuse);
 - d) Recovery and reintegration for youth who have been homeless for longer periods of time;
- 4) Case management;
- 5) A strong link with educational and vocational opportunities appropriately built on the youth's strengths and learning styles;
- 6) A full array of housing options:
- a) Immediate administrative and clinical "swat team" to respond within 24 hours when a child becomes homeless or to provide linkages to families where a child/youth is at risk of homelessness;
 - b) Crisis intervention beds and services;
 - c) Transitional housing.
- 7) All agencies, departments, community supports bring their strengths and services as part of the integrated plan for supporting youth.

Homeless Steering Committee
DHS Conference Room #2
Agenda
October 21, 1999

- I. Youth involvement agenda/ dates, etc.;
- II. Report from yesterday's Portland meeting;
- III. Continuum of care "chart";
Take yellow list and fill in what exists now in Bangor for homeless youth.
- IV. Agendas for next two meetings;
- V. Finalize wording from last meeting.

Portland Partnership for Homeless Youth
Vision Statement

To create an environment in which youth at risk, who are homeless, can envision and create a productive, healthy, and happy future.

Homeless Steering Committee
DHS Conference Room #2
October 21, 1999
MINUTES

Attendance: Becky Hayes Boober; DHS, David Dyer; Acadia, Douglas Bouchard; Shaw House, Kasha Ellsworth; RCCIII, RoswAlma Senatore; CHCS, Teke Wiggin; TDC.

I. Youth involvement agenda/ dates, etc.;

Dates have been set for Wednesday November 3 at 4:00 p.m., and Thursday November 4 at 6:30 p.m. for the potluck at the Shaw House.

II. Report from yesterday's Portland meeting;

Becky Boober reported information from the Portland meeting on Homeless Youth Services. A representative from the Region I office presented highlights of four quality programs across the nation.

In San Francisco, the 5-county consortium focuses on immediate re-unification. Since the youth move up and down Highway 101, the 2-3 agencies in each county track clients and share information and services planning. They offer a full line of services for the youth.

The Greater Boston Runaway Network (established in 1988 with five agencies) has only four shelter beds (staff secure, up to 45-day stay) due to their use of host homes (licensed; 15-30 days stays). Additional crisis beds are available and a 4-bed transitional facility. They focus on culturally-appropriate neighborhood programs, peer mediation in schools, school-linked services, outreach, and full social service links.

The LA Coordinating Council for Runaway and Homeless Youth have drop in, health clinic, 40 shelter beds, youth clinics, employment services, case management, referral to public benefits and social services, intensive substance abuse services (including links to inpatient) and joint interview-based assessment. They emphasize data collection which is used for grant applications.

Houston uses a totally independent fiscal agent. No agency is the lead but all are closely bound to the decisions of the collaborative. No agency may act independently of the collaborative. They target age 16-23 yr olds with 62 transitional beds, 2 shelters, 3 outreach teams, mobile medical units, day care, 1 drop in center, assessment center (20 beds; 90 days), GED sites, job training. They emphasize strong accountability.

III. Continuum of care "chart";

Take yellow list and fill in what exists now in Bangor for homeless youth.

Becky has developed a chart that is transferable for the committee to use. Copies were sent out to members of the Youth who are Homeless Stakeholders Group. Using the ideas and charts for the next meeting will allow the knowledge of what resources we have, the barriers, and outcomes that the group would like to see.

IV. Agendas for next two meetings;

- 1) Brainstorm ideas on project and implementation of;
- 2) Question of group continuing after last meeting.

V. Finalize wording from last meeting.

Mission statement was adjusted to:

The Youth Who Are Homeless Stakeholders Group will develop, make recommendations for, and guide the implementation of a Greater Bangor Area system of supports and services that will prevent youth homelessness; respond within 24 hours when youth have crisis involving the temporary absence of a safe and nurturing living environment; and provide a full array of coordinated services for youth who are currently homeless. Additionally components will be developed for replication in other parts of Region.

Recommendations that have developed so far are as listed;

- 1) To expand the age range so that it would be 10- 24.
- 2) Look into host homes as an option. What are the licensing requirements, system setup, and how could it be implemented into Maine?
- 3) To have the committee develop a program that can be used in rural areas and to have the children stay in their home community.

Some criteria was set for host homes. It would be beneficial for families in Maine, if using host homes, if the child/ host homes were;

- 1) in the same school district,
- 2) short term,
- 3) sensitive to teen issues,
- 4) flexibility,
- 5) interests,
- 6) education opportunities,
- 7) and if rules tend to push families away.

Portland Partnership for Homeless Youth
Vision Statement

To create an environment in which youth at risk, who are homeless, can envision and create a productive, healthy, and happy future.

Submitted by Kasha Ellsworth

**Youth Who Are Homeless
Steering Committee
November 19, 1999
DHS**

- I. The steering Committee developed and finalized the continuum of care chart.

Please see page 95-96.

Youth Who Are Homeless Stakeholders Group

Steering Committee

December 8, 1999

12:30- 3:00 p.m.

DHS

Minutes

Attendance: Becky Hayes Boober, Doug Bouchard, Jennifer Byron, David Dyer, Kasha Ellsworth, Rosa Alma Senatore, Teke Wiggins.

I. Work Session

A. Pilot

Project/ Operations Manager

Part time individual. Possibly another agencies staff.

Case Manager

An independent, neutral individual that will be able to pull youth into services and try to access all possible resources.

Agency Commitments

Certain commitments from other surrounding agencies will be encouraged in making the services accessible for every youth. Agencies will be encouraged to have front line workers available for team meetings. Also a person in agencies that can help with systematic issues and questions.

B. Budget

The pilot expects to be able to service fifteen kids through the process in a years span.

The rapid response system will be able to reach youth who are homeless with 24-48 hours of crisis.

Staff

½ time project manager

Full time case manager

(Medicaid paying ~\$30000)

Cost

\$8,000 + benefits

\$15,000 + benefits

Housing options

Host Homes

Foster Homes

Treatment Center

Shelter

~ \$25,000

Operations

~\$10,000

Pooled Flex Funds

~\$25,000

Evaluation

~\$3,000

~ \$86,000

Characteristics

Expanding case management system

Pooled Flex Funds for flexible funding options

Follow Up

Assessment

Intake

“Set up” Family etc.

Intensive Case Management

Support system for natural supports

Liaison within each agency

Approximately a 10 day stay in any housing option until further housing is available.

Rapid Response step.

Housing options available after 10 day stay are:

Foster home, Group Home, Treatment Center, Therapeutic Home, Natural Support Home.

Within the first 10 days the youth will be able to stay at one of the housing options. An approximate percentage of the fifteen youth who access services 10% will leave the rapid response stage, 25% will stay 3-7 days, and 65% will stay from 8-10 days.

Nine out of fifteen youth will have a place to go to that is safe and funded. Three youth will hopefully be able to go to a nonagency host home, or a natural support home that is also safe. An approximate three youth will not have a safe place to stay that is funded.

10%	Treatment Center	8.5@800=	\$6800	
70%	Host Homes			
	Foster Home	60@50=	\$3000	?
20%	Rapid Response			
	Stage	17 @ 400=	\$6800	
		\$16,600	*1.5=	\$25,000

Appendix E:

**MATRIX OF RESOURCES
AVAILABLE FOR YOUTH
AT RISK OF HOMELESSNESS**



Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	What Resources We Now Have	Barriers to Access	Gaps: What We Need
<i>Homeless Prevention</i>			
Family Intervention Services	WINGS, Families United, NCS (Mobile Team), Penquis CAP, DMHMRSAS, St. Michael's, Children's Services, NOE, RCC ICMS	Full caseloads, waiting lists, no funding, some clients don't have Medicaid or insurance.	Legislation making all youth between the ages of 10 and 24 who are homeless eligible for services immediately with temporary funding available until something more permanent could be put in place.
Rental Payment Assistance	General Assistance, Penquis CAP, DHS Emergency Assistance (if adult), DMHMRSAS Shelter Plus Care, Bangor Housing	Youth under 18 don't qualify, General Assistance requires that the parents of youth over 18 be asked if the youth can reside with them. This results in youth often having to make the choice between living on the he streets or in an unsafe environment.	Lack of transitional living, supported living and mentored living apartments.
Utility Payment Assistance	City Welfare, Penquis CAP, Reduced Utility Companies' rates	No information on where else assistance might be available.	
Other: (List)			
<i>Outreach</i>			
Hotline	Shaw House, CHCS-- NCS/WCPA, Crisis Hotline, Teen Hotline, Spruce Run, Suicide Prevention/ Crisis Stabalization Hotline, Outyouth Hotline, Homeless Crisis Hotline	Lack of public knowledge	PSA's, other sorts of advertising
Media--Print	None	Funding for print campaigns	Funding
Media--Radio	None	Funding for media campaigns	Funding

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	What Resources We Now Have	Barriers to Access	Gaps: What We Need
Media--Television	None	Funding for television campaigns	Funding
Street Based	Shaw House Streetlight	No public support due to insufficient communication with the public through all media categories.	Inability to reach all children or young adults who need help due to limited funding to engage in a community awareness media event and continuing community education and awareness through the media.
Permanent--SRO			
Permanent--Other			
Other: (List)			
<i>Medical</i>			
Emergency Care	EMMC. St. Joseph's, Shaw House Care	None	None
Primary Care	EMMC. St. Joseph's, private practitioner	Funding, Medicaid eligibility	More public knowledge of service availability, especially Shaw Care
Payment for Medicines (Rx)	Medicaid, if eligible	Not all youth qualify	Not all youth qualify
STD Screening	Bangor STD Clinic, EMMC, Mabel Wadsworth, Penquis CAP	Lack of Public Knowledge	Funding
HIV Screening	Bangor STD Clinic, EMMC, Mabel Wadsworth, Penquis CAP	Public knowledge	Funding, public knowledge
Reproductive	Bangor STD Clinic, EMMC, Mabel Wadsworth, Penquis CAP	Public knowledge	Funding, public knowledge

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	What Resources We Now Have	Barriers to Access	Gaps: What We Need
Prenatal	Mabel Wadsworth, Penquis CAP, EMMC, St. Joseph's	Medicaid eligibility, funding	We need more free or low cost clinics for young women
Dental	Bangor Clinic (residents only)	Not a comprehensive dental clinic	Free or low cost dental clinics for young adults and more Medicaid eligible dentists
Other: (List)			
<i>Employment</i>			
Job Training	Job Corp, TDC, local school districts	Our youth often do not get chosen. Out of the twenty or more applications put in this year, not one youth applying through Shaw House or Streetlight was offered a job.	More training programs
Vocational	Job Corp, TDC, local school districts	You have to be a student to attend vocational training or have money to pay for the classes	Funding, more vocational programs
Job Placement	Job Corp, TDC, local school districts	Must be over 18, transportation to and from job, unstable living environment creates poor work attendance	More jobs for youth under 18, more free transportation, role modeling and training to get and keep employment.
Other: (List)			
<i>Mental Health</i>			
Individual	Acadia, NOE, CHCS, private therapists	Funding	Free clinics for disadvantaged youth, walk in, confidential environment
Group	Crisis- CHCS/NCS, Acadia, private therapists	Funding, transportation	Funding and transportation and less clinical settings
Peer Counseling	Penquis CAP Mediation Group		

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	What Resources We Now Have	Barriers to Access	Gaps: What We Need
Family Counseling	Penquis CAP, private therapist, CHCS, Acadia	Waiting lists, funding, transportation especially from rural communities	Funding and transportation
Family Mediation	Penquis CAP Mediation Group	Public knowledge	Public knowledge
Art Therapy	None	Funding	Programs, funding, people interested in teaching
Psychiatric Service	Acadia, NCS, EMMC, CHCS, NOE, DMHMRSAS	Waiting lists, full beds, criteria are too stiff	More beds, more local services, more outpatient services
Psychiatric Assessment	Acadia, NCS, EMMC, CHCS, NOE, DMHMRSAS, Stillwater Assessment	Youth are required to go to the hospital for assessment and are allowed to refuse mental health treatment	PINS law
Emergency/Crisis	EMMC, St. Joseph's, Acadia, NCS	Public knowledge	Community education
Other: (List)	Family Counseling Services, JBI, Seton, BMHI		
<i>Client Advocacy</i>			
Case Management	Shaw House, NOE, DHS, WINGS, St. Michael's, CHCS-NCS, Families United	Public knowledge, adequate referrals, waiting lists	Everybody being on the same page, integrated case management.
Entitlements	Medicaid/ FS		
Placement			
Legal	Penquis CAP-Pine Tree Legal	Pine Tree Legal Assistance is very narrow in scope; Penquis CAP's services are narrow and not publicized.	

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	What Resources We Now Have	Barriers to Access	Gaps: What We Need
Other: (List)			
<i>Substance Use Services</i>			
In-patient Treatment	Seton, ARC	Seton Hospital has difficult criteria to meet and is the only facility for juveniles in the state. ARC program is not high publicized.	Inpatient treatment locally for under 18 population
Outpatient Treatment	Acadia, Wellspring, DOC, ARC	Seton Hospital has difficult criteria to meet and is the only facility for juveniles in the state. ARC Program is not highly publicized.	Funding, inpatient treatment locally for under 18 population
Prevention--Individual	Day One, NOVA, NOE, Wellspring, ARC	None	None
Prevention--Group	NOVA, NOE, Wellspring	None	None
Prevention--Community Level	PALS Program	Have to be clean	More community based SA programs and media campaigns
Needle Exchange	None	None	None
Evaluation	Wellspring, Acadia, NOE, Rural Family Counseling, Acadia	Funding, knowledge of services	None
Dual Diagnosis	Janus House, Wellspring, ARC	Criteria, funding	Not enough programs, waiting lists, no beds
Other: (List)			
<i>Food</i>			
Meals	Manna, Shaw House, Greater Bangor Area Shelter, Salvation Army, Churches	Limited time frames	Fear

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	What Resources We Now Have	Barriers to Access	Gaps: What We Need
Pantry/Bank	Manna, GBAS, area churches	Transportation, information on times	None
Street Outreach Food Services	Streetlight	Funding, no way to serve a hot meal mobile	No weekend service
Other: (List)			
<i>Education</i>			
GED	Adult Ed, TDC, Learning Center	Have to be 17 and out of school for one year	Street Academy
ESL	Adult Ed, Literacy Volunteers		
School System	Public School System	Homelessness, non contingent school districts, tuition and transportation	Street Academy, transportation, and the ability to send youth to their former districts to attend school
Alternative High School	Bangor Alter, Hermon Alter, Brewer ACT, Hampden	Child has to fail out of traditional school before being considered, no prevention or foresight allowance	Street Academy, transportation, and the ability to send youth to their former districts to attend school.
Special Education	Old Town Regional, Public School Systems, CHCS, Stillwater Center	Must fail out of traditional schooling	Street Academy, transportation, and the ability to send youth to their former districts to attend school.
Other: (List)			
<i>Health Education</i>			
HIV/STD--Group	Penquis CAP Health Center	Public knowledge	Public knowledge
HIV/STD--Individual	Shaw House, EMAN, Bangor STD Clinic, Mabel Wadsworth, Penquis CAP	Public knowledge	Media campaign
HIV Prevention--Community Level	Phamplets in social services waiting rooms, Penquis CAP, Mabel Wadsworth	Not everybody goes to these places, public knowledge	Funding, PSA's

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	What Resources We Now Have	Barriers to Access	Gaps: What We Need
Family Planning	Penquis CAP, Mabel Wadsworth, Shaw House	Public knowledge	PSA's
Safer Sex Supplies	Shaw House, EMAN, Bangor STD Clinic, Mabel Wadsworth, Penquis CAP	Fear of parents finding out, public knowledge	Controversial distribution
Parenting Skills	Good Samaritan, Salvation Army, St. Andres, CHCS, Cooperative Extension, My Choice, Penquis CAP	Public knowledge, funding	PSA's and free parenting clinics
Other: (List)			
<i>Juvenile Justice Link</i>			
(List)	Emergency Foster Care, Attendant Care	Barriers to access - you must commit a crime in order to qualify for DOC funding	Funding for prevention
<i>Support Services</i>			
Intake and General Assessment	WINGS, DHS, NOE ,CHCS, Shaw House, Families United, TDC	Funding, waiting lists, public knowledge of availability before crisis onset	Funding, more service aimed at crisis prevention rather than stabilization
Information and Referral	WINGS, DHS, DMHMRSAS		
Case Management and Follow-up	WINGS, DHS, TDC, Youth Programs, St. Michael's	Funding, waiting lists, public knowledge of availability before crisis onset	Funding, more service aimed at crisis prevention rather than stabilization
Transportation	DHS (TANF)- if 18 or emancipated, Streelight, Project Ride, Ride Plus	Project Ride is only available for medical appointments or for clients in custody	Free transportation for youth trying to access school, job search and transport back and forth to work, transportation to any and all other support service appointments.

Greater Bangor Area Resources for Youth Who Are Homeless

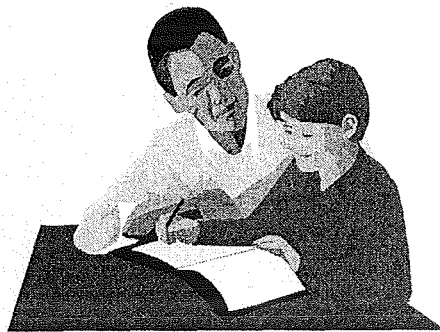
Category of Service	What Resources We Now Have	Barriers to Access	Gaps: What We Need
Child Care	DHS (TANF)- if 18 or emancipated, Aspire program, Penquis CAP, Women Project	Waiting lists, age requirements	Free child care for low income parenting youth/young adults during work hours, work search, or schooling furtherment, penalties equal to income guidelines
Recreation	WINGS, YMCA, YWCA, Police Rec. Center	Transportation	More community recreational opportunities (safe and supervised)
Clothing Bank	Salvation Army, Good Will, Churches, Shaw House	Youth's fear of the unknown at the shelters	None
Laundry Services	Shaw House, GBAS	Youth's fear of the unknown at the shelters	None
Showers	Shaw House, GBAS	Youth's fear of the unknown at the shelters	None
Independent Living Skills	NOE, CHCS	Waiting lists	More programs
Conflict Resolution Skills	Penquis CAP		
Permanency Planning			
Mentoring	Penquis CAP, Big Brother/Big Sister, YMCA	None	None
Training	TDC, Local School Systems		
Other: (List)			
<i>Housing/Shelter</i>			
Permanent	Housing Authorities, Penquis CAP, low income housing	Age, police record, family structure (unmarried parenting youth), waiting lists	Not enough
Transition	Hinckley, NFI, Parkwoods	Criteria, funding, waiting lists, away from natural supports	Not enough programs for minors and especially young adults


Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	What Resources We Now Have	Barriers to Access	Gaps: What We Need
Independent Living	Hinckley, BRAP	Waiting lists, funding, away from natural supports	Not enough programs, none locally
Shelter	Shaw House, Lighthouse, Halcyon House, New Beginnings, Kings Daughters Home	Criteria, transportation, public knowledge, age	More shelters
Family/Community Reunification	DHS	Waiting list, funding	Funding, more programs
Other: (List)	Foster Care, DOC, Emergency Foster Care, CHCS Children Services		

rcc/homeless/resourcematrix

Appendix F:
L.D. 2181



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119th MAINE LEGISLATURE

First Regular Session

Legislative Document

No. 2181

H.P. 1528

Resolve, to Help Homeless Young People Returning to Home or Safe Living Situations

Reference to the Committee on Health and Human Services suggested and ordered printed.



JOSEPH W. MAYO, Clerk

Presented by Representative QUINT of Portland.
 Cosponsored by Senator PINGREE of Knox and
 Senators AMERO of Cumberland, MURRAY of Penobscot, PARADIS of Aroostook,
 Representatives BRAGDON of Bangor, LOVETT of Scarborough, O'NEIL of Saco, ROWE of
 Portland, TOWNSEND of Portland.

Additional Information

Amendments

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Home or Safe Living Situation...
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Item 1

Sec. 1. Homeless Youth Demonstration Project created. Resolved: That the Homeless Youth Demonstration Project, referred to in this resolve as the "project," is created. The project is administered jointly by the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services. The Department of Human Services is the lead agency for the project. The project operates 2 sites in the State to explore services for unaccompanied youths and youths-at-risk that are innovative, collaborative, creative and youth-driven and that create a nontraditional approach to providing youth services; and be it further

Sec. 2. Stakeholders' groups. Resolved: That the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services shall convene a northern stakeholders' group and a southern stakeholders' group to assist in the planning, development, operation and evaluation of the project. "Stakeholders' group" means a group composed of governmental agencies, regional children's cabinets, nonprofit organizations and Legislators and other governmental officials and education officials and other organizations and individuals who have an interest in unaccompanied youths and youths-at-risk; and be it further

Sec. 3. Location of project sites. Resolved: That the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services with the assistance of the 2 stakeholders' groups shall select 2 project sites in which to conduct the project. The northern stakeholders' group shall assist in selecting a northern project site located in Bangor and the southern stockholders' group shall assist in selecting a southern project site located in Portland; and be it further

Sec. 4. Purpose. Resolved: That the project shall plan, develop and deliver services at the project sites that address the issues and needs of unaccompanied youths and youths-at-risk. These services must be innovative, creative, collaborative and youth-driven and take a nontraditional approach to providing youth services. The project shall develop services that:

1. Expand and strengthen traditional approaches that provide low-barrier access for homeless and runaway youths to basic services such as meals, clothes and emergency night shelter;

2. Provide casework on site where the youths are located to ensure that the youths have ready access to the full range of services available that allow them to achieve stability in their lives;

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Item 1

3. Increase housing for youths who are 12 years of age to 17 years of age by providing a low-barrier transitional home that offers a broad array of services that are needed by the youths;

4. Expand educational programs for homeless youths, with particular attention to youths in middle school, and increase educational services that are coupled with vocational training; and

5. Develop and implement an evaluation mechanism that ensures the potential to replicate the project in other sites.

The project shall also review whether the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services should each have a bureau for adolescents that delivers services to youths who are 12 years of age to 21 years of age; and be it further

Sec. 5. Evaluation and report. Resolved: That the Department of Human Services shall submit an interim report to the Legislature by January 1, 2000 detailing the progress that the project has made. By January 1, 2001, each stakeholders' group with the assistance of the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services shall draft an evaluation of the activities at the stakeholders' group project site including what services or approaches have worked or have not worked. The evaluation must discuss areas in the development and delivery of youth services that need improvement along with any recommendations concerning the development or delivery of youth services by the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services. The evaluation must also describe the measurable outcomes of the project at the site including the services provided, the number of youths served and other statistics that the stakeholders' group determines are significant. The Department of Human Services shall report the evaluation and recommendations of each stakeholders' group to the Legislature by February 1, 2001; and be it further

Sec. 6. Funding. Resolved: That funding for the project must be spent equally between the two project sites; and be it further

Sec. 7. Appropriation. Resolved: That the following funds are appropriated from the General Fund to carry out the purposes of this resolve.

1990-00

2000-0

HUMAN SERVICES, DEPARTMENT OF

LD 2181
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Home or Safe Living Situati...
Download Bill TextLR 786
Item 1**Homeless Youth Demonstration****Project**

All Other

\$150,000

\$150,00

Provides funds to operate 2
project sites that will deliver
services to unaccompanied
youths and youths-at-risk.**DEPARTMENT OF HUMAN SERVICES****TOTAL**

\$150,000

\$ 150,00

MENTAL HEALTH, MENTAL RETARDATION**AND SUBSTANCE ABUSE SERVICES,****DEPARTMENT OF****Homeless Youth Demonstration****Project**

All Other

\$150,000

\$150,00

Provides funds to operate 2
project sites that will deliver
services to unaccompanied
youths and youths-at-risk.**DEPARTMENT OF MENTAL HEALTH,****MENTAL RETARDATION AND SUBSTANCE****ABUSE SERVICES****TOTAL**

\$150,000

\$150,00

TOTAL APPROPRIATIONS

\$300,000

\$300,00

SUMMARY

This resolve creates the Homeless Youth Demonstration Project, referred to in this summary as the "project," to operate a site in Bangor and a site in Portland at which the project will develop and deliver creative, innovative and collaborative nontraditional services to unaccompanied youths and youths-at-risk. The project is administered jointly by the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services along with 2 stakeholders' groups composed of interested organizations and individuals organized by the departments for both sites. The

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Item 1

project is to report back to the Legislature with an evaluation including measurable outcomes and recommended implementing legislation by February 1, 2001. This resolve appropriates \$300,000 a year for 2 years to fund the project.

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Amend the resolve in section 1 in the 3rd line from the end (page 1, line 9 in L.D.) by striking out the following: "youths-at-risk" and inserting in its place the following: 'at-risk youths'

Further amend the resolve in section 2 in the next-to-the-last line (page 1, line 22 in L.D.) by striking out the following: "youths-at-risk" and inserting in its place the following: 'at-risk youths'

Further amend the resolve in section 3 in the first line (page 1, line 25 in L.D.) by striking out the following: "**Resovled:**" and inserting in its place the following: '**Resolved:**'

Further amend the resolve in section 3 in the next-to-the-last line (page 1, line 31 in L.D.) by striking out the following: "stockholders" " and inserting in its place the following: 'stakeholders' '

Further amend the resolve in section 4 in the first paragraph in the 3rd line (page 1, line 36 in L.D.) by striking out the following: "youths-at-risk" and inserting in its place the following: 'at-risk youths'

Further amend the resolve in section 4 in subsection 1 in the last line (page 1, line 43 in L.D.) by inserting after the following: "clothes" the following: ', health care'

Further amend the resolve in section 4 in subsection 3 in the first line (page 2, line 1 in L.D.) by striking out the following: "12" and inserting in its place the following: '14'

Further amend the resolve in section 4 in the last paragraph in the last line (page 2, line 17 in L.D.) by striking out the following: "12" and inserting in its place the following: '14'

Further amend the resolve by striking out all of section 5 and inserting in its place the following:

'Sec. 5. Evaluation and report. Resolved: That, after review by the regional children's cabinets and consideration of the recommendations made by those bodies, the Department of Human Services shall submit an interim report to the Legislature by December 31, 1999 detailing the progress that the project has made. By December 31, 2000, after review by the regional children's cabinets and the Governor's children's cabinet and consideration of the recommendations made by those bodies, each stakeholders' group, with the assistance of the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services, shall draft an evaluation of the activities at each project site, including what services or approaches have worked or have not worked. The evaluation must discuss areas in the development and delivery of youth services that need improvement along with any recommendations concerning the development or delivery of youth services by the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services. The project must collect and maintain information on the ages of the youth served, including as separate categories youth under 12 years of age and youth 12 to 14 years of age. The evaluation must provide information on the situations and needs of youths in different age groups. The evaluation must describe the development of a comprehensive community plan for providing residential, educational, health, career development and social services to homeless youth. The evaluation must also describe the measurable outcomes of the project at the site, including the services provided, the number of youths served and other statistics that the stakeholders' group determines are significant. The Department of Human Services shall report the evaluation and recommendations of each stakeholders' group to the

— Legislature by February 1, 2001. Following approval of the community plan by the Commissioner of Human Services and the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services, the Department of Human Services shall proceed to implement the community plan; and be it further'

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pg. 3CA (H-654), item 2 to LD 2181
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Item 2

Further amend the resolve in section 6 in the last line (page 2, line 41 in L.D.) by striking out the following: "two project sites; and be it further" and inserting in its place the following: '2 project sites.'

Further amend the resolve by striking out all of section 7.

Further amend the resolve by inserting at the end before the summary the following:

' FISCAL NOTE

This resolve establishes 2 pilot projects, at an approximate cost of \$150,000 per project, in each of fiscal years 1999-00 and 2000-01, to help homeless youth returning to home or safe living situations to be funded equally between the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services. Additional funding for these projects is not included in this resolve.

The Department of Human Services has indicated it can absorb its portion of the project costs, estimated to be \$150,000 in each of fiscal years 1999-00 and 2000-01, utilizing existing budgeted resources from savings due to delays in negotiating Community Intervention Requests for Proposals. The ability of the department to absorb these costs can not be determined at this time.

The Department of Human Services will require additional General Fund appropriations to implement the community plan once the plan has been developed and approved. The amounts can not be determined at this time.

The additional costs associated with convening stakeholder groups and submitting the required report can be absorbed by the Department of Human Services utilizing existing budgeted resources.

The Department of Mental Health, Mental Retardation and Substance Abuse Services will require a General Fund appropriation of \$150,000 in each of fiscal years 1999-00 and 2000-01 to fund its share of the pilot projects if the funds requested in the Governor's change package to the Part II budget under Mental Health Services - Children is not approved. That request contains funds targeted for the homeless population.

The additional costs associated with convening stakeholder groups can be absorbed by the Department of Mental Health, Mental



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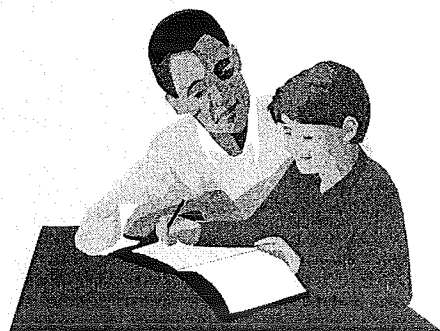
Retardation and Substance Abuse Services utilizing existing budgeted resources.'

SUMMARY

This amendment changes the minimum age of the youth served in the Homeless Youth Demonstration Pilot Project from 12 to 17 years of age to 14 years of age. It adds health care to basic services. It provides for input from the regional children's cabinets and the Governor's children's cabinet in the reports submitted by December 31, 1999 and December 31, 2000. It requires the collection and maintenance of data on youth of different ages and requires the evaluation to cover the situations and needs of youth of different ages. It requires the development of a comprehensive community plan for providing residential, educational, health, career development and social services to homeless youth. Following approval of the community plan by the Commissioner of Human Services and the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services, it requires the Department of Human Services to take steps to implement the community plan. It makes technical changes in the resolve. It also adds a fiscal note to the resolve.

Appendix G:

CONTINUUM OF CARE



**Continuum of Care
to Prevent Greater Risks of Homelessness**

Healthy Child ==> Well-being	Prevention ==>	Rapid Response (First 72 hours of Homelessness)	Living on the Streets ==>	Getting off the Streets
Youth Contribute in Meaningful Ways	Automated Case Management System	ACMS Connection with mentor	ACMS Outreach Case Management	ACMS Outreach Case management
A healthy connection to 3 or more adults who are positive role models	Family Mediation	Immediate Case Management Intervention	Intervention Low Barrier Shelter	Aspirations Project Transitional
Mentoring	Crisis Services	Host Homes	Day Programs	Housing
Newborn visitation	Respite Services	Family Mediation	Dual Diagnosis Services	Alternative
Early detection and treatment of development issues, physical and mental health conditions	Emergency beds	Crisis Intervention	Counseling	Education and post-secondary education options
Early childhood education and programming	Dual Diagnosis Services	Intake/ assessment	Crisis Intervention	Job Training and placement
Supports for times of transition	Inpatient and Outpatient substance abuse, physical and mental health Services	Reconnection with family when appropriate	Gang Intervention	Career opportunities
Supportive schools sensitive to individual child's learning needs	Supportive Schools systems with alternative options	Immediate reconnection to sending schools system, if possible or transition into another school system	Alternative Education	Affordable Housing
Learning Results	Learning Results	Individual Development	Inpatient and Outpatient Substance Abuse, Physical and Mental Health Services	Inpatient and Out-patient Substance Abuse, Physical and Mental Health Services
Aspirations project	Aspirations Project	Emergency Beds	Recreation options	Dual Diagnosis Services
Recreational Options	Recreation Options	Family Mediation	Spiritual Support	Recreational Options
Spiritual Support	Spiritual Support	Linkage to services	Positive Adult mentoring	Spiritual Options
		Normalization of circumstances		
		Individual Development Plans		
		Regular and Alternative Education Options		

**Continuum of Care
to Prevent Greater Risks of Homelessness**

Inpatient and Outpatient
Substance Abuse,
Physical and Mental
Services
Spiritual Support

Appendix H:

**SERVICES AT STAGES
OF INTERVENTION**



Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	Prevention	Within 24-72 Hours of Becoming Homeless	Living on Street	Aging out of Children's System
<i>Medical</i>				
Emergency Care	EMMC. St. Joseph's, Shaw House	Shaw House Care, EMMC, St. Joseph's,	EMMC, St. Joseph's	EMMC, St. Joseph's
Primary Care	EMMC. St. Joseph's, private practitioner	EMMC. St. Joseph's	EMMC. St. Joseph's	EMMC. St. Joseph's
Payment for Medicines (Rx)	Medicaid, if eligible	Medicaid, if eligible	Medicaid, if eligible	Medicaid, if eligible
STD Screening	Bangor STD Clinic, EMMC, Mabel Wadsworth, Penquis CAP	Bangor STD Clinic, EMMC, Mabel Wadsworth, Penquis CAP	Bangor STD Clinic, EMMC, Mabel Wadsworth, Penquis CAP	Bangor STD Clinic, EMMC, Mabel Wadsworth, Penquis CAP
HIV Screening	Bangor STD Clinic, EMMC, Mabel Wadsworth, Penquis CAP	Bangor STD Clinic, EMMC, Mabel Wadsworth, Penquis CAP	Bangor STD Clinic, EMMC, Mabel Wadsworth, Penquis CAP	Bangor STD Clinic, EMMC, Mabel Wadsworth, Penquis CAP
Reproductive	Bangor STD Clinic, EMMC, Mabel Wadsworth, Penquis CAP	Bangor STD Clinic, EMMC, Mabel Wadsworth, Penquis CAP	Bangor STD Clinic, EMMC, Mabel Wadsworth, Penquis CAP	Bangor STD Clinic, EMMC, Mabel Wadsworth, Penquis CAP
Prenatal	Mabel Wadsworth, Penquis CAP, EMMC, St. Joseph's	Mabel Wadsworth, Penquis CAP, EMMC, St. Joseph's	Mabel Wadsworth, Penquis CAP, EMMC, St. Joseph's	Mabel Wadsworth, Penquis CAP, EMMC, St. Joseph's
Dental	Bangor Clinic (residents of city)	Bangor Clinic (residents of city)	Bangor Clinic (residents of city)	Bangor Clinic (residents of city)
Other: (List)				

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	Prevention	Within 24-72 Hours of Becoming Homeless	Living on Street	Aging Out of Children's System
<i>Homeless Prevention</i>				
Family Intervention Services	WINGS, Families United, NCS (Mobile Team), Penquis CAP Mediation, DMHMRSAS, St. Michael's, CHCS Children's Services, NOE, RCC ICMS	NCS	NCS	CHCS, DMHMRSAS
Rental Payment Assistance	General Assistance, Penquis CAP, DHS Emergency Assistance (if adult)	DMHMRSAS Shelter Plus Care??,	Bangor Housing (over 18),	Bangor Housing, Shelter Plus Care??
Utility Payment Assistance	City Welfare, Penquis CAP, Reduced Utility Companies' rates			
Other: (List)				
<i>Outreach</i>				
Hotline	Shaw House, CHCS--NCS/WCPA (Downeast), Crisis Hotline, Teen Hotline, Spruce Run, Suicide Prevention/Crisis Stabilization Hotline, Outyouth Hotline	Shaw House, Spruce Run, CHCS--NCS/WCPA, Teen Hotline, Homeless Crisis Hotline	Homeless Crisis Hotline, Shaw House, CHCS--NCS,/WCPA, Teen Hotline, Suicide Prevention/Crisis Stabilization Hotline, Outyouth Hotline,	
Media--Print				
Media--Radio				
Media--Television				

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	Prevention	Within 24-72 Hours of Becoming Homeless	Living on Street	Aging Out of Children's System
Street Based		Shaw House Streetlight	Shaw House Streetlight	
Permanent--SRO				
Permanent--Other				
Other: (List)				
<i>Mental Health</i>				
Individual	Private therapists, Acadia, CHCS	Acadia	Acadia, NOE, CHCS	Acadia, NOE, CHCS
Group	Private therapists, Acadia, CHCS	Crisi- CHCS/NCS,	Acadia	
Peer Counseling			Penquis CAP Mediation Group	Penquis CAP Mediation Group
Family Counseling	Private therapists, Acadia, CHCS		Penquis CAP, private therapists	Penquis CAP, private therapists
Family Mediation	Penquis CAP Mediation Program	Penquis CAP Mediation Program	Penquis CAP Mediation Group	Penquis CAP Mediation Group
Art Therapy				
Psychiatric Assessment	Stillwater Assessment, Acadia, NCS	Acadia, NCS, EMMC	Acadia, NCS, EMMC, CHCS, NOE, DMHMRSAS	Acadia, NCS, EMMC, CHCS, NOE, DMHMRSAS

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	Prevention	Within 24-72 Hours of Becoming Homeless	Living on Street	Aging Out of Children's System
Emergency/Crisis	EMMC, St. Joseph's, Acadia, NCS	EMMC, St. Joseph's, Acadia, NCS	EMMC, St. Joseph's, Acadia, NCS, Family Counseling Services, JBI, Seton, BMHI	
Other: (List)				
<i>Client Advocacy</i>				
Case Management	Shaw House, NOE, DHS, WINGS, St. Michael's, CHCS-NCS, Families United	Shaw House, NOE, DHS, WINGS, St. Michael's, CHCS-NCS, Families United	WINGS, St. Michael's NOE, DHS,	WINGS, DHS, Families United
Entitlements			Medicaid/ FS	Medicaid/FS
Placement				
Legal			Penquis CAP- Pine Tree Legal	
Other: (List)				
<i>Substance Use Services</i>				
In-patient Treatment		Seton		ARC
Outpatient Treatment		Acadia, Wellspring, DOC	Acadia, Wellspring, DOC	DOC, ARC, Acadia, Wellspring
Prevention--Individual	Day One	NOVA, NOE, Wellspring	NOVA, NOE, Wellspring	ARC
Prevention--Group		NOVA, NOE, Wellspring	NOVA, NOE, Wellspring	

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	Prevention	Within 24-72 Hours of Becoming Homeless	Living on Street	Aging Out of Children's System
Prevention--Community Level				PALS Program
Needle Exchange				
Evaluation		Wellspring, Acadia, NOE	Rural Family Counseling, Wellspring, NOE, Acadia	Rural Family Counseling, Wellspring, NOE, Acadia
Dual Diagnosis		Janus House- residential, Wellspring	Janus House- residential, Wellspring	Wellspring, ARC
Other: (List)				
<i>Food</i>				
Meals	Manna, Shaw House, Greater Bangor Area Shelter, Salvation Army	Manna, Shaw House, GBAS, Salvation Army, area churches	Manna, Shaw House, GBAS, Salvation Army, area churches	Manna, Shaw House, GBAS, Salvation Army, area churches
Pantry/Bank	Manna, GBAS, area churches	Manna, GBAS, area churches	Manna, GBAS, area churches	Manna, GBAS, area churches
Street Outreach Food Services	Streetlight	Streetlight	Streetlight	
Other: (List)				
<i>Education</i>				
GED	Adult Ed, TDC	Adult Ed, TDC	Learning Center	Learning Center, Adult ED, TDC
ESL	Adult Ed	Adult Ed.	Literacy Volunteers	Literacy Volunteers, Adult Ed
School System	Public School System	Public School System	Public Schools	
Alternative High School			Bangor Alter, Hermon Alter, Brewer ACT, Hampden	
Special Education	Old Town Regional, Public School Systems		CHCS, Stillwater Center, special ed programs	Stillwater Center

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	Prevention	Within 24-72 Hours of Becoming Homeless	Living on Street	Aging Out of Children's System
Other: (List)				
<i>Health Education</i>				
HIV/STD--Group			Penquis CAP Health Center	Penquis CAP Health Center
HIV/STD--Individual		Shaw House, EMAN, Bangor STD Clinic, Mabel Wadsworth, Penquis CAP	Shaw House, EMAN, Bangor STD Clinic, Mabel Wadsworth, Penquis CAP	Shaw House, EMAN, Bangor STD Clinic, Mabel Wadsworth, Penquis CAP
HIV Prevention--Community Level	Phamplets in social services waiting rooms, Penquis CAP, Mabel Wadsworth			
Family Planning	Penquis CAP, Mabel Wadsworth, Shaw House	Penquis CAP, Mabel Wadsworth, Shaw House	Penquis CAP, Mabel Wadsworth, Shaw House	Penquis CAP, Mabel Wadsworth, Shaw House
Safer Sex Supplies	Penquis CAP, Mabel Wadsworth, Bangor STD Clinic, EMAN, Shaw House	Penquis CAP, Mabel Wadsworth, Bangor STD Clinic, EMAN, Shaw House	Penquis CAP, Mabel Wadsworth, Bangor STD Clinic, EMAN, Shaw House	Penquis CAP, Mabel Wadsworth, Bangor STD Clinic, EMAN, Shaw House
Parenting Skills	Good Samaritan		Good Samaritan, Salvation Army, St. Andres, CHCS, Cooperative Extension, My Choice, Penquis CAP	Good Samaritan, Salvation Army, St. Andres, CHCS, Cooperative Extension, My Choice, Penquis CAP
Other: (List)				
<i>Juvenile Justice Link</i>				
(List)	Emergency Foster Care	Emergency Foster Care	Emergency Foster Care, Attendant Care	Attendant Care

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	Prevention	Within 24-72 Hours of Becoming Homeless	Living on Street	Aging Out of Children's System
<i>Support Services</i>				
Intake and General Assessment	WINGS, DHS	NOE, CHCS, Shaw House	NOE, CHCS, Shaw House, Families United, Wings, TDC, DHS	Families United, WINGS, TDC, DHS, NOE, CHCS
Information and Referral	WINGS, DHS	DMHMRSAS	DMHMRSAS	DMHMRSAS
Case Management and Follow-up	WINGS, DHS, TDC Youth programs, St. Michael's		Wings, SMC, CHCS/ NCS	Wings, SMC, CHCS/ NCS
Transportation	DHS (TANF)- if 18 Or emancipated	Streetlight, Project Ride, Ride Plus	Streetlight, Project Ride, Ride Plus	Streetlight, Project Ride, Ride Plus
Child Care	DHS (TANF)- if 18 Or emancipated	Aspire resources, Penquis Cap, Women Project	Aspire resources, Penquis Cap, Women Project	Aspire resources, Penquis Cap, Women Project
Recreation	WINGS, YMCA, YWCA		YMCA, YWCA, Police Rec Center	YMCA, YWCA, Police Rec Center
Clothing Bank	Salvation Army, Churches	Salvation Army, Shaw House	Salvation Army, Shaw House, Churches	Salvation Army, Shaw House, Churches
Laundry Services		Shaw House, GBAS	Shaw House, GBAS	GBAS
Showers		Shaw House, GBAS	Shaw House, GBAS	Shaw House, GBAS
Independent Living Skills			NOE, CHCS	NOE, CHCS
Conflict Resolution Skills	Penquis CAP		Penquis CAP	Penquis CAP
Permanency Planning				
Mentoring	Penquis CAP, Big Brother/ Big Sister		YMCA, Penquis CAP	YMCA, Penquis CAP

Greater Bangor Area Resources for Youth Who Are Homeless

Category of Service	Prevention	Within 24-72 Hours of Becoming Homeless	Living on Street	Aging Out of Children's System
Training	TDC, Local School Systems			TDC
Other: (List)				
<i>Housing/Shelter</i>				
Permanent			Housing Authorities, Penquis CAP, low income housing	Housing Authorities, Penquis CAP, low income housing
Transition			Hinkley, NFI, Parkwoods	Hinkley, NFI, Parkwoods
Independent Living				Hinkley, BRAP
Shelter	Shaw House, Lighthouse, Haleyon House, New Beginnings, Kings Daughters Home	Shaw House, Lighthouse, Haleyon House, New Beginnings, Kings Daughters Home	Shaw House, Lighthouse, Haleyon House, New Beginnings, Kings Daughters Home	GBAS, Shaw House, Lighthouse, Haleyon House, New Beginnings, Kings Daughters Home
Family/Community Reunification	DHS	DHS	DHS	DHS
Other: (List)		Foster Care, DOC Emergency Foster Care, CHCS Children Services	Foster Care, DOC Emergency Foster Care, CHCS Children Services	
<i>Employment</i>				
Job Training	Job Corp, TDC, local school districts	Job Corp, TDC, local school districts	Job Corp, TDC, local school districts	Job Corp, TDC, local school districts
Vocational	Job Corp, TDC, local school districts	Job Corp, TDC, local school districts	Job Corp, TDC, local school districts	Job Corp, TDC, local school districts
Job Placement	Job Corp, TDC, local school districts	Job Corp, TDC, local school districts	Job Corp, TDC, local school districts	Job Corp, TDC, local school districts
Other: (List)				

rcc/homeless/resourcematrix

Appendix I:

**AUTOMATED CASE
MANAGEMENT SYSTEM**



ACMS Homeless Collaborative

Garner design input from all users

Objective Oriented Programming

Skeletal Framework:

- Intake
- History
- Service Plan
- Encounters
- Transactions

Service Enhancements:

- Increased speed of response
- Full array of resources available
- Tracking for service history
- Funding
- Trend analysis

Questions:

- What are the data elements needed?
- Can we standardize the data sets between agencies?
- What functionality do the users need?

Theodore K. Wiggin
Principal Practitioner for Youth Development

T·D·C

TRAINING &

DEVELOPMENT

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Project Steps

1) Statement of Need

Need to get alignment amongst service providers.
Has to capture the imagination.

2) Possible Solutions

Examine what already works.
Examine what doesn't work.
Explore alternatives.
Modify what exists.
Build from the ground.

3) Project Design Approach

How might we develop a solution?
Capture needs and requirements of the organizations.
Develop functional specifications.
Estimate costs.
Seek out funding sources.