

# MAINE STATE LEGISLATURE

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**Maine's Plan  
to  
End & Prevent Homelessness**

**March 11, 2008**

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## Introduction

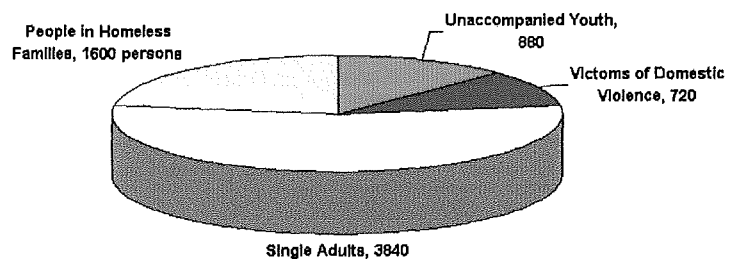
This plan is a work in process designed to continually involve everyone working to end homelessness in Maine. It was created by a diverse group of stakeholders from the Statewide Homeless Council and the three Regional Homeless Councils.

The plan is created as a living document that provides a blueprint for meeting the needs of all populations over the years as we collectively take action steps to end and prevent homelessness. Everyone involved in serving people who are homeless, including those formerly homeless, will be called upon to assess accomplishments, design and amend strategies, and continue to hone the focus of this plan.

The number of people who are homeless in Maine is a moving target. This plan will be in effect until that number reaches zero.

About 8,000 persons of all ages are served each year by emergency homeless shelters. There are many ways to frame the issues. As a strategy to address the unique needs of different populations, the Statewide Homeless Council has delineated five groups of people experiencing homelessness. Goals and strategies for addressing the needs of each of the following groups make up the plan.

- **Single Adults experiencing chronic homelessness**
- **Single Adults experiencing circumstantial homelessness**
- **Families experiencing homelessness**
- **Victims of domestic violence experiencing homelessness**
- **Unaccompanied Youth experiencing homelessness.**



Along the way to the end goal of permanent housing with an adequate support network, there is a continuum of care involving emergency shelter, outreach, support services to address issues and needs underlying homelessness, transitional and permanent supportive housing when appropriate, and permanent housing that is affordable.

This plan is a statewide effort. Homeless service providers and stakeholders, united and working through each Regional Homeless Council and the Statewide Homeless Council, have committed to work diligently to improve and implement this plan until homelessness is ended in Maine. Every stakeholder is encouraged to provide ongoing ideas and input. The most effective way to provide this input is through the Regional Homeless Councils or by contacting any member of the Statewide Homeless Council.

**Homelessness in Maine –  
 The numbers and some estimates of underlying causes**

**Causes of Homelessness indicated by the data:**

- Chronically homeless – Mental illness and substance abuse
- Circumstantially homeless families and individuals – Poverty, substance abuse, and mental illness
- Victims of domestic violence – Consequential poverty, substance abuse, and mental illness
- Youth – Substance abuse along with mental health issues and sexual identity issues

**Causal Factors (estimates) →**

<u>Population</u>	<u>Number</u>	<u>Primary presentation</u>	<u>Secondary presentation</u>	<u>Tertiary presentation</u>
<b>Single Adults: Chronic</b>	960	Mental Illness: 50%	Substance Abuse: 40%	Dually Diagnosed: 35%
<b>Single Adults: Circumstantial</b>	3840	Poverty: 80%	Substance Abuse: 30%	Mental Illness: 25%
<b>Families</b>	1600 (450-650 households)	Poverty: 90%	Substance Abuse: 10%	Mental Illness: 10%
<b>Domestic Violence</b>	720	(Domestic Violence) Consequential Poverty 90%	Substance Abuse: 25%	Mental Illness: 25%
<b>Unaccompanied Youth</b>	880	Substance Abuse: 40%	Mental Health issues: 25%	Sexual Identity issues: 25%

Total number of people experiencing homelessness in Maine each year: 8000

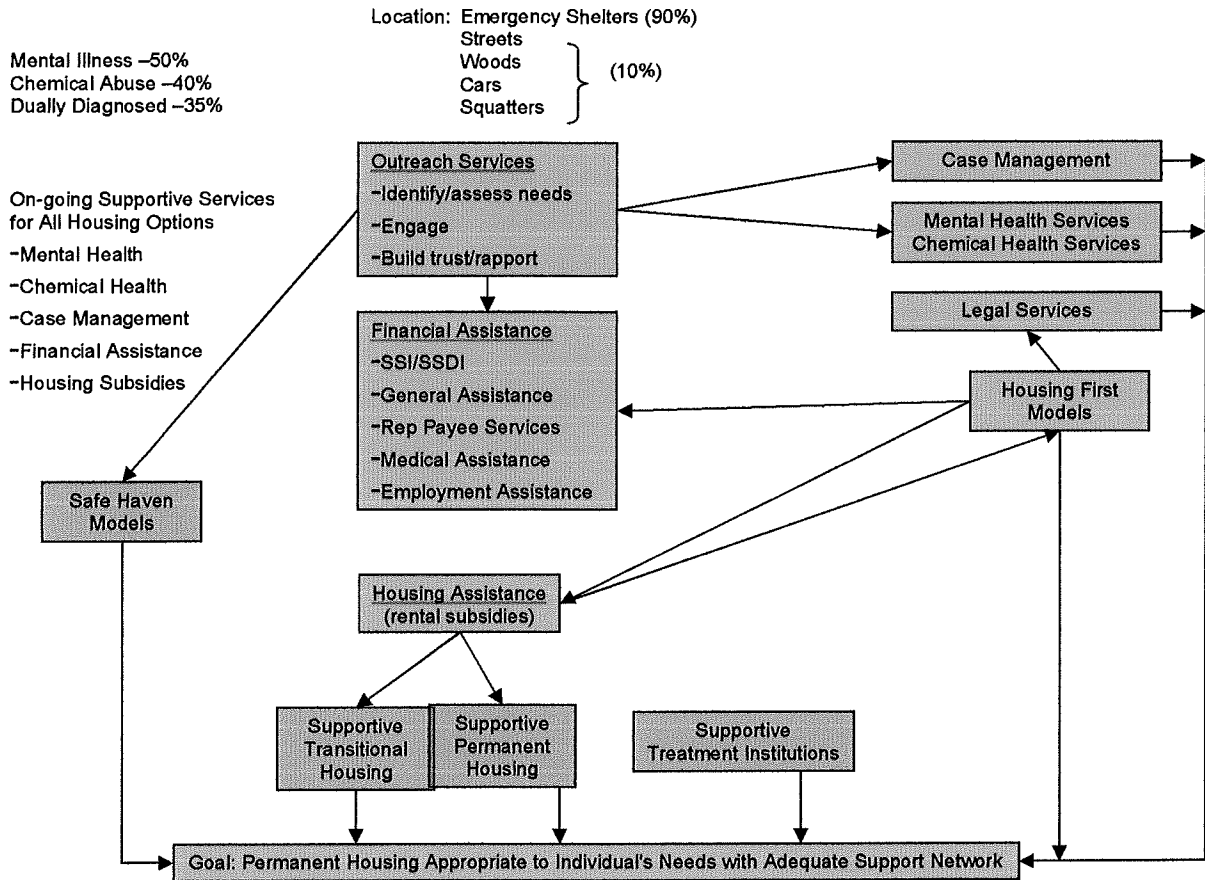
Average length of stay in a homeless shelter: 32 days

**Common Goal:**  
**Permanent housing appropriate to individual or family needs  
 with an adequate support network**

# Visual Overview of the Plan

## Single Adults Experiencing Homelessness – Chronic (960 Individuals Per Year)

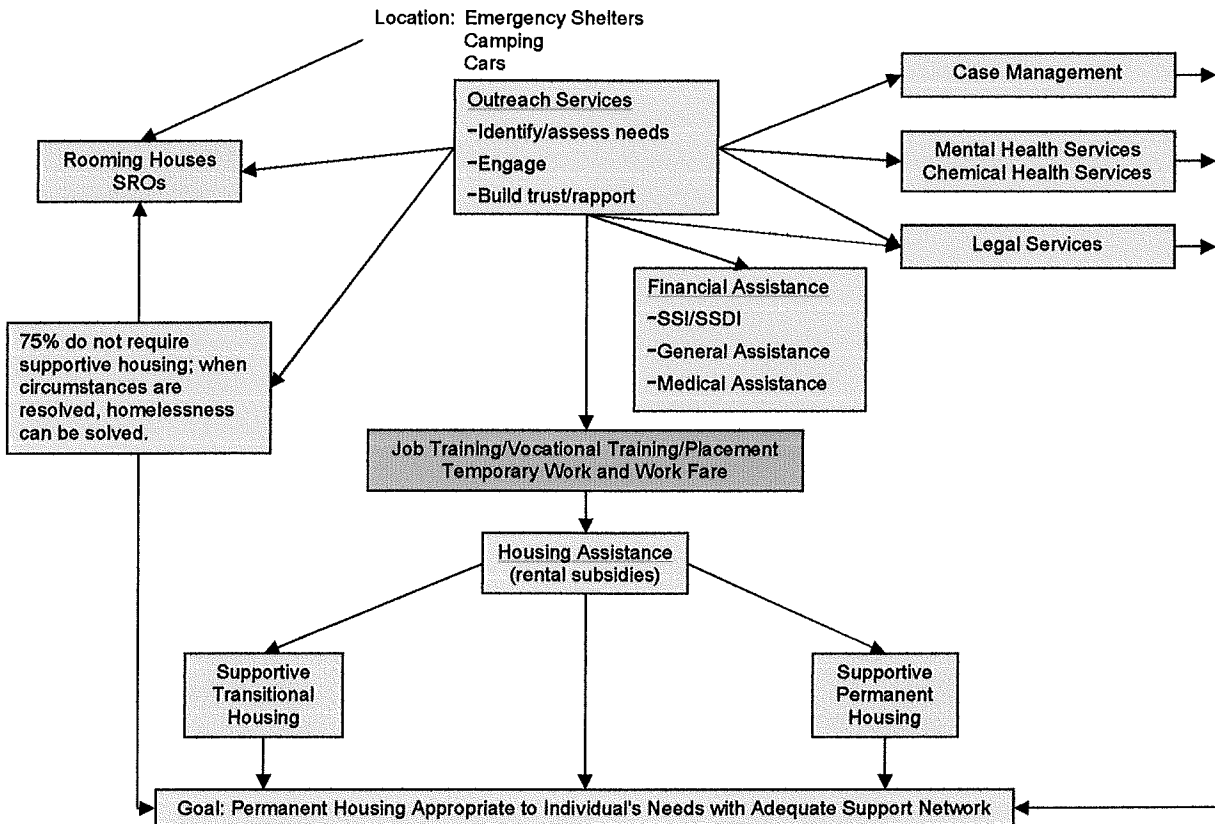
Chronically Homeless – (Unaccompanied individual with disabling condition who has been continually homeless for a year or more, or has had at least four episodes of homelessness in the past three years.)



# Visual Overview of the Plan

## Single Adults Experiencing Homelessness – Circumstantial (3840 Individuals Per Year)

Circumstantial Homelessness – Usually temporary, often caused by poverty, mental health or substance abuse issues, a medical crisis, or incarceration.



# Visual Overview of the Plan

## Families Experiencing Homelessness (450 – 650 Households Per Year)

**Subsets:**

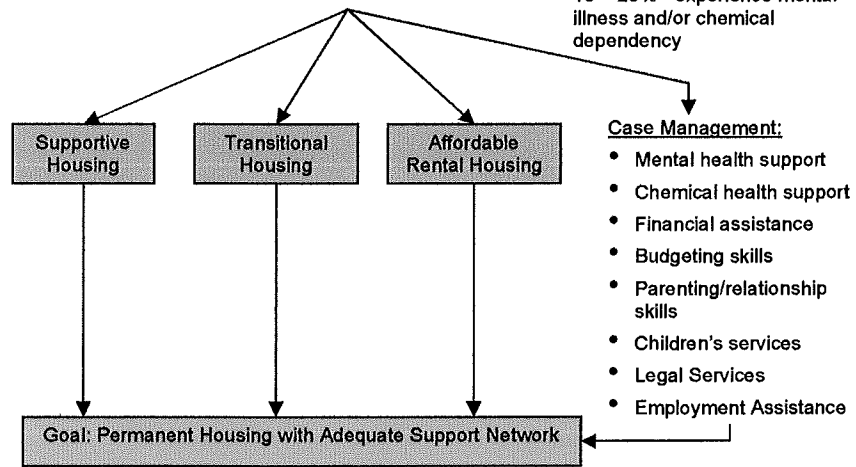
- 2<sup>nd</sup> Immigrant Refugees (language barriers, cultural differences, large-sized families)
- Rural Families (isolated, not part of shelter system, substandard living/squatting conditions, invisible, self reliance, distrust)

**Underlying Issues:**

- Poverty
- Poor rental histories
- Various levels of dysfunction
- Mental health issues
- Chemical dependency
- Criminal histories
- Skill Voids
- Lack of employment

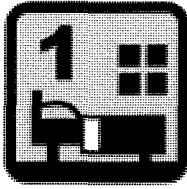
Location: Emergency Shelters  
Hotels/Motels  
Camping  
Vehicles

50% could benefit from life skills training  
10 – 20% - experience mental illness and/or chemical dependency



Housing Subsidies Necessary For Transition from Shelters to All Kinds of Housing

# Single Adults and Families



**Goal I: Emergency Shelters and Outreach Programs Will Provide Safety and Engagement/Support that allows Rapid Re-Housing with Adequate Support for Success.**

## Strategies and Action Steps:

**A. Ensure that case management and support services are quickly and adequately in place to provide support for clinical and non-clinical needs.**

- Each shelter will provide the Statewide Homeless Council with a description of how case management and support services are in place, or a description of what is needed in order to ensure that services are in place. (by 5-1-08)
- Each shelter will educate the appropriate Regional Homeless Council members about how it provides case management and support services, including an assessment of what works well and what doesn't work as well as the shelter would like. (by 7-1-08)
- Expand the availability of Targeted Case Management, as outlined in Section 13 of the MaineCare rules, to the entire state.
- Take all steps possible to protect the continued availability of Targeted Case Management services currently allowed in Section 13 of the MaineCare rules.

**B. Determine there is an adequate network of emergency shelters meeting needs appropriate to geographic locations, and that shelters work as an integrated system so no individual goes without a place to stay in an emergency, and that no one is sent from location to location without assurance of a placement.**

- Each Regional Homeless Council will create a resource that shows physical locations of all emergency shelters and services provided, indicating the interconnections between shelters and proactive referral strategies, and describing emergency overflow plans. (by 3-31-08).

**C. Ensure shelter staff members have knowledge of addiction and mental illness disorders, and the dynamics of domestic violence and sexual assault, including the**

**skills necessary to either make appropriate referrals or to provide services.**

- The Statewide Homeless Council will gather training materials, best practices and other resources, and use these resources to develop and deliver statewide or regional trainings for shelter best practices. (by 6-30-08)

**D. Ensure shelter staff members are skilled at engaging clients and in providing support for finding housing, securing rental subsidies and security deposits, and networking with General Assistance, social services, employment services, etc. to assure rapid re-housing and support for stability and success in housing.**

- The Statewide Homeless Council will gather training materials, best practices and other resources, and use these resources to develop and deliver statewide or regional trainings for shelter best practices. (by 6-30-08)

**E. Require DHHS and its agents to pay a per diem to emergency shelters for each night of shelter provided to a DHHS client with a mental health and/or substance abuse diagnosis.**

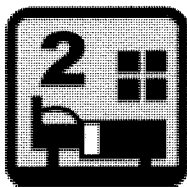
**F. Require DOC to pay a per diem to emergency shelters for each night of shelter provided to an individual who has been released from a correctional facility within the past 12 months and who is on probation.**

**G. Change the General Assistance statutes so that a municipality would bear the burden of all legal costs for any person residing in a state-funded emergency homeless shelter who is turned away from a GA office without being given an application and all needed assistance as prescribed by law.**

**H. Change the General Assistance statute so that every municipality must provide it's 24-hour emergency number to 2-1-1 Maine.**



## Single Adults and Families



**Goal II: Ensure an Adequate Supply of Appropriate Housing and Rental Subsidies to Allow Rapid Re-Housing and Stability.**

### Strategies and Action Steps

#### **A. Educate Maine Congressional**

**Delegation about the critical need for housing subsidy and for affordable and supportive housing development, and encourage them to support all legislation seeking to increase the supply of subsidy and its availability for project basing.**

- The Statewide Homeless Council will meet regularly with all members of the Congressional delegation to provide education and advocacy about the needs of people experiencing homelessness. (on-going)

#### **B. Educate the Maine State Legislature about the importance of a major bond issue for affordable/supportive housing development and full reinstatement of the MaineHousing share of the Real Estate Transfer Tax (State HOME Funds).**

- The Statewide Homeless Council will meet regularly with Legislative leadership to provide education and advocacy about the affordable housing and rental subsidy needs of people experiencing homelessness. (Initiate annual or biannual meetings beginning in September 2008.)

#### **C. Educate local policy makers to include exemptions that will facilitate the development of supportive housing, i.e. zoning requirements for parking spaces for people unlikely to drive, density requirements, etc.**

- The Statewide Homeless Council will develop a white paper outlining the steps local policy makers can take to end and prevent homelessness, and seek to present information about the paper in a workshop at the annual Maine Municipal Association Convention. (Spring 2008)

#### **D. Increase public awareness relative to what can be done to end and prevent homelessness.**

- The Statewide Homeless Council will ensure that, at least quarterly, there is some significant media coverage that educates the public about homelessness.
- The Statewide Homeless Council will provide information to shelters and public schools about a curriculum from the National Alliance to End Homelessness designed for use in schools.

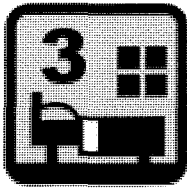
#### **E. Advocate that MaineHousing devote adequate development capital and project-based rental subsidies to ensure rapid development of supportive housing units each year.**

- Use data from the Homeless Management Information System (HMIS) to determine the number of supportive housing units that need to be developed in order to meet the need of families, individuals and youth experiencing homelessness. (by April 08)

#### **F. Ensure that the Department of Health & Human Services devotes the resources necessary to provide services in supportive housing.**

- Poll homeless service providers and supportive housing residents to determine whether appropriate support services are being provided in current supportive housing units.
- Based on data from the HMIS, determine the resources needed to provide services in supportive housing already in operation and housing to be developed by MaineHousing each year, and then work with DHHS and the Legislature to ensure these services are and remain available.

## Single Adults and Families



### **Goal III: Ensure that Physical Health, Mental Health, and Chemical Health Needs Are Met to**

**Allow Long-Term Stability and Success.**

#### **Strategies and Action Steps:**

#### **A. Ensure that people who are homeless are adequately assessed and treated/supported for physical, mental and chemical health, and that any symptoms of these health issues are removed as barriers to successful permanent housing.**

- The DHHS Integrated Services Management Team will meet quarterly, or as needed, with representatives from the Statewide Homeless Council to learn about the service needs of homeless populations and to develop strategies for meeting these needs.
- Access to DHHS entitlement, physical and behavioral health assessment and treatment services will be assured by DHHS, and will be monitored at least quarterly by a Homeless Services Assurance Committee (HSAC). Membership of HSAC will consist of at least the DHHS Commissioner, Chair of the Statewide Homeless Council, the Director of MaineHousing, an advocate for persons experiencing homelessness appointed by the Governor, and a representative from Pine Tree Legal Assistance. Actual membership will be determined by SHC.
  - The HSAC and the Statewide Homeless Council will develop a Memorandum of Understanding that describes the scope and responsibilities of the committee. (by May 2008)
  - The HSAC will review relevant DHHS and MaineHousing services and housing data to determine levels of compliance with the committee's charge, and make recommendations to the DHHS Commissioner, the MaineHousing Director, and/or the Governor.

#### **B. Engage all DHHS offices in serving people who are homeless from emergency through stability.**

- The DHHS Integrated Services Management Team will meet quarterly, or as needed, with representatives from the Statewide Homeless Council to learn about the service needs of homeless populations and to develop strategies for meeting these needs.
- The Statewide Homeless Council, in collaboration with DHHS, will develop and participate in the delivery of a mandatory in-service training for DHHS staff and the staff of agencies contracting with DHHS. This training will explain the unique characteristics of people who are homeless, describe the service delivery system that is in place, outline barriers to gaining quick and efficient access to services, and suggest strategies designed to better accommodate the needs of persons who are homeless.
- Ensure that clinicians and/or clinical teams are working with the six shelters that have the highest percentage of adults experiencing serious and persistent mental illness, and that DHHS staff is connecting with people experiencing homelessness all along the continuum of care from shelter to stability (or pay for the equivalent).

#### **C. Ensure that an adequate continuum exists for an individual to achieve detoxification, move through halfway or other transitional housing, and into permanent housing without losing sobriety or sober placement options (i.e. the person does not need to return to a shelter serving individuals who are using substances). Ensure that an adequate continuum exists for full family support when there is a chemical health issue.**

- DHHS will provide adequate staff experienced in the treatment of chemical dependency and chemical abuse to connect with people experiencing homelessness.

# Single Adults and Families

**D. Create presumptive eligibility for categorical MaineCare for chronically homeless populations (as defined by HUD) so medical treatment is readily available.**

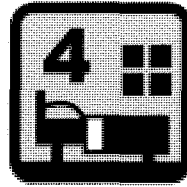
- The Statewide Homeless Council will work with Pine Tree Legal Association and the Maine Equal Justice Partners to develop a public policy campaign to effect this change.

**E. Ensure that the strategic plans of all appropriate state agencies include clear goals and strategies directed toward ending and preventing homelessness, and that these strategies are in sync with this plan.**

- The Statewide Homeless Council will provide suggestions related to homelessness for the DHHS Strategic Plan that is under development in 2007-2008.
- The Statewide Homeless Council will review copies of strategic plans from the Department of Corrections, the Department of Education, and the Department of Labor, and provide suggestions for goals and strategies related to homelessness.

**F. Amend state statute so that the DHHS Commissioner and the DOC Commissioner, or their designees, become voting members of the Statewide Homeless Council.**

**G. Amend state statute so that the Statewide Homeless Council is advisory to DHHS and DOC as well as the Governor, Legislature, and Maine Housing.**



**Goal IV: Ensure that Issues Underlying Homelessness are Addressed and that Linkage to an Effective, On-Going Support System is Securely in Place.**

**Strategies and Action Steps**

**A. Entire continuum of care from shelter to stability will treat people with dignity and respect, and promote healthy self esteem and confidence, based on the assumption that given appropriate support, people will strive to achieve stability (wellness or strength-based model).**

- The Statewide Homeless Council and/or Regional Homeless Councils will sponsor a one-day workshop for sharing best practices for customer service and effectively engaging populations experiencing homelessness.

**B. Ensure that services such as case management that are provided by shelter staff or by others in the community are adequately available to ensure stable housing placements and permanence beyond shelter.**

- Each shelter will provide a description to the Statewide Homeless Council that outlines how case management or support services are provided, and how these services will support a person from emergency shelter through successful transition into stability in the community.
- The Statewide Homeless Council will work with DHHS and MaineHousing to see that funding for services is designed to ensure appropriate service provision from entry into shelter to stability in the community.

**C. Ensure an array of wraparound services is in place to prevent recidivism and promote stability. Examples of wrap-around services include employment search, budgeting/money management skills training, representative payee services,**

# Single Adults and Families

## **access to social security disability, and transportation.**

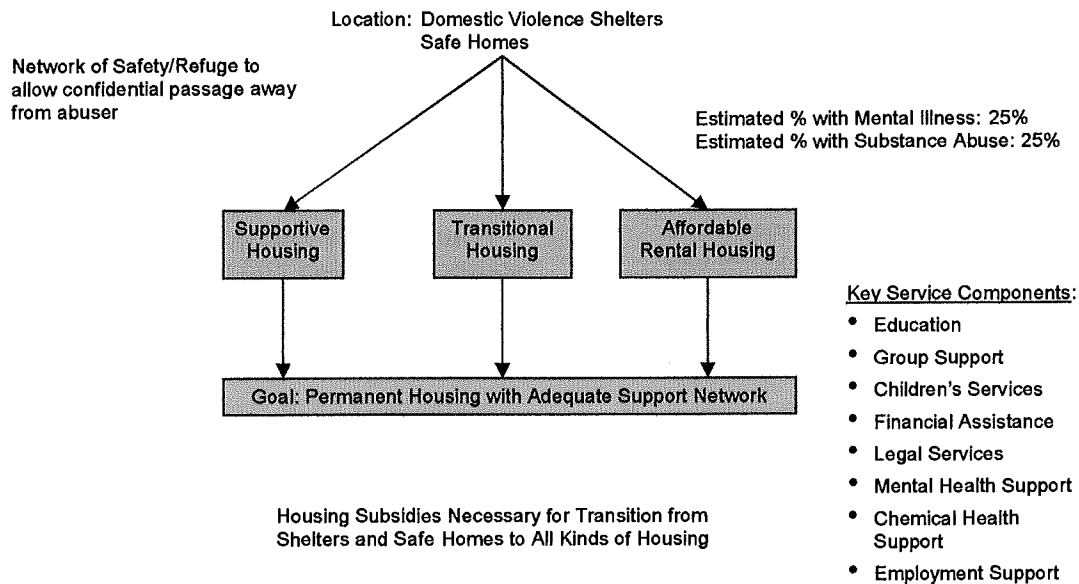
- DHHS Regional Integration Directors will provide education to each Regional Homeless Council relative to wraparound services available through DHHS, including specific information about which populations are eligible for these services.
- The Statewide and Regional Homeless Councils will provide information to DHHS about the necessity for representative payee services and how these services can prevent and end homelessness, and will seek funding for such services.

## **D. Engage traditionally non-homeless service providers to provide comprehensive homeless prevention and stability-promoting services in the community.**

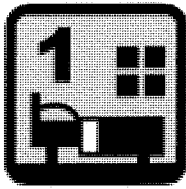
- The Statewide Homeless Council will develop a broad list of traditionally non-homeless service providers who could be mobilized to promote prevention and stability around homelessness.

# Visual Overview of the Plan

## Experiencing Homelessness Due to Domestic Violence (720 Individuals Per Year)



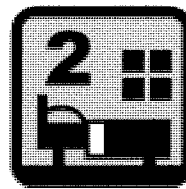
# Domestic Violence Victims Experiencing Homelessness



**Goal I: Ensure that there is a network of safety/refuge to allow confidential passage away from the abuser, and engagement and support to allow rapid re-housing with adequate support for success.**

## Strategies and Action Steps:

- A. Determine there is an adequate network of emergency shelters and safe homes meeting needs appropriate to geographic locations, and that shelters work as an integrated system so no family or individual goes without a safe place to stay in an emergency.
- B. Ensure shelter staff members are skilled at engagement, housing location, subsidy, security deposits, networking with General Assistance, social services, employment services, etc. to assure rapid re-housing and support for stability and success in housing.
- C. Ensure shelter staff members have skills and knowledge of addiction and mental illness resources.
- D. Ensure that support services are quickly and adequately in place.

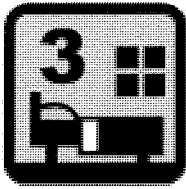


**Goal II: Ensure an adequate supply of appropriate housing rental subsidies and relocation resources to allow rapid re-housing and stability.**

## Strategies:

- A. Educate Maine Congressional Delegation about the critical need for housing subsidy and for affordable and supportive housing development, and encourage them to support all legislation seeking to increase the supply of subsidy and its availability for project basing.
- B. Educate the Maine State Legislature about the importance of a major bond issue for affordable/supportive housing development and full reinstatement of the MaineHousing share of the Real Estate Transfer Tax (State HOME Funds).
- C. Educate local policy makers to include exemptions that will facilitate the development of supportive housing, i.e. zoning requirements for parking spaces for people unlikely to drive, density requirements, etc.
- D. Ensure that MaineHousing devotes adequate development capital and project-based rental subsidies to ensure rapid development of and access to affordable rental and supportive housing.
- E. Ensure that the Department of Health and Human Services devotes the resources necessary to provide services in supportive housing for victims of domestic violence experiencing homelessness.

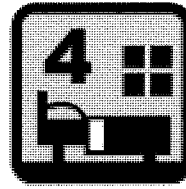
## Domestic Violence Victims Experiencing Homelessness



**Goal III: Ensure that homeless DV victims' needs are met to allow long-term safety, stability and success.**

### Strategies:

- A. **Ensure that people who are homeless because of domestic violence are adequately supported around physical health, mental health, and chemical health, and that these health issues are removed as barriers to successful permanent housing.**
- B. **Engage all state departments and offices (such as public safety, the judiciary, public health, mental health, substance abuse, etc.) in effectively responding to homeless victims of domestic violence from emergency through safety and stability.**
- C. **Ensure that all the strategic plans or all appropriate state agencies include clear goals and strategies directed toward ending and preventing homelessness for victims of domestic violence and that these strategies are in sync with this plan.**
- D. **Ensure that MaineHousing supports Maine Coalition to End Domestic Violence (MCEDV) strategic plans to increase safety for victims.**



**Goal IV: Ensure that issues underlying homelessness caused by domestic violence are addressed and that**

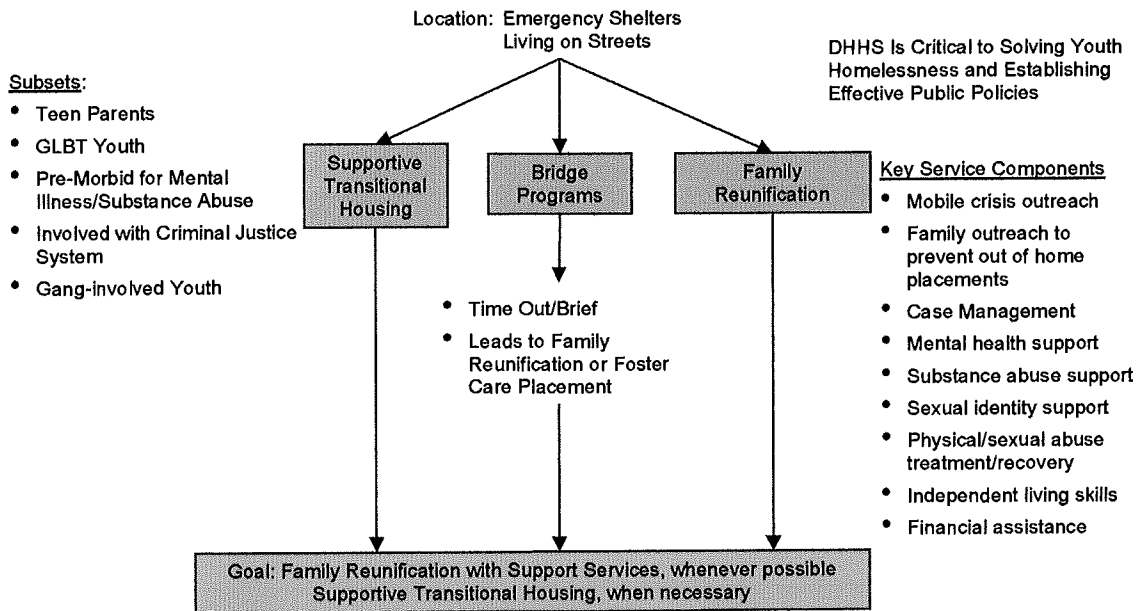
**linkage to an effective, on-going system of safety planning and support services is securely in place.**

### Strategies:

- A. **Entire continuum of care from shelter to stability will treat people with dignity and respect, and promote healthy self esteem and confidence, based on the assumption that given appropriate support, people will strive to achieve stability (wellness or strength-based model).**
- B. **Ensure that adequate safety planning and support services are available to ensure stable housing placements and permanence beyond shelter.**
- C. **Engage other homeless and traditionally non-homeless service providers in a coordinated community response to domestic violence that effectively increases safety for homeless victims.**

# Visual Overview of the Plan

## Unaccompanied Youth Experiencing Homelessness (800 Individuals Per Year)





# Unaccompanied Youth Experiencing Homelessness

## Ages 12 through 24

This plan targets youth who are not at home with parents or guardians, many of whom cannot return to a stable family living situation. The choice of a broad age range reflects a recognition that there are both younger teens less than 18 who may be eligible for DHHS Children's Services and those that are older who are served by DHHS Adult Services if eligible for any state services.

The broad age space of 12 to 24 is intentional so that the plan can be all encompassing. This includes young adolescents, older adolescents, and young adults. Each of the groups within this span have different needs, and accordingly, services should be tailored to each group based upon their developmental stages and age.

This decision to broaden the age of youth beyond 21 to 24 reflects current thinking in the field about the importance of recognizing the increasing difficulty of transitioning to adulthood for these youth and the fact that many youth in their early 20's are often best served by a youth development model. Strategies will need to be developed to best serve these young adults.

The plan acknowledges that many youth will have a life-long connection to their natural families and the importance of family within

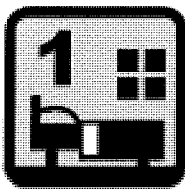
the context of their homelessness. Whenever possible, family reunification will be explored as one of the first options to resolve a youth's homeless situation. The options of family reunification, housing support, and independent living are all needed for all youth. For many homeless youth, working on developing the supports and skills needed to live as independent adults is the most common goal.

The plan supports the important principle that the State maintains responsibility for all younger adolescents who are out of the home, while at the same time recognizing that programs designed specifically for the homeless segment of this population are necessary. Maine Departments of Health and Human Services, Corrections, and Education need fiscal and service delivery plans that meet the needs of homeless youth with emphasis on the role of DHHS in protecting the safety of adolescents under 18.

The goal of passing Homeless Youth Legislation is aimed at creating a clear plan for services that meet the needs of all youth experiencing homelessness and to encourage all state agencies to participate in developing a meaningful plan to meet these needs.

# Unaccompanied Youth Experiencing Homelessness

## Ages 12 through 24



### **GOAL I:**

**Create and pass legislation that ensures coordinated planning and funding at the state level for services from emergency through stability for unaccompanied youth.**

#### **Strategies and Action Steps:**

**A. Ensure resources are available for a continuum of care from emergency through stability that treats youth with dignity and respect, and promotes healthy self esteem and confidence.**

- In collaboration with the Statewide Homeless Council, assess the impact of current and impending funding cuts to existing services for people experiencing homelessness, and create a comprehensive plan to address these losses across the entire continuum of care.

**B. Ensure funding and access to services are based on the condition of homelessness and that issues with physical health, mental health and chemical health are neither criteria for receiving services nor become barriers to receiving services.**

- Develop a common definition of homeless youth that is used statewide.
- Request that the DHHS provide a comprehensive overview to the Homeless Youth Service Providers Group of all of the state resources currently being used to address issues of youth homelessness, including any federal resources that are passed through the state to service providers.
- Collect and analyze information from other states that have adopted state Runaway and Homeless Youth Acts.

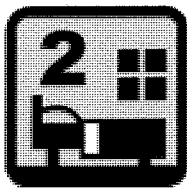
**C. Create a standing committee of the Statewide Homeless Council that develops recommendations and educates the Statewide and Regional Homeless Councils about the unique needs of unaccompanied youth.**

- A Homeless Youth Services Providers Group will meet monthly, and will work with the chair of the Statewide Homeless Council to develop a recommended structure for the provider group, which is envisioned to become the standing committee.
- Homeless youth service providers will be active participants at monthly meetings of the Statewide Homeless Council.

**D. Increase public awareness about youth homelessness and what can be done to prevent and end it.**

# Unaccompanied Youth Experiencing Homelessness

## Ages 12 through 24

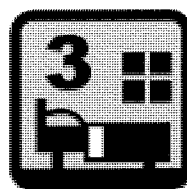


**GOAL II:** Unaccompanied youth will be assured of services from emergency through stability. These can include, but are not limited to, a lasting connection to loving families, caring adults, and supportive peers; a safe place to live; and the youth's possession of skills and resources necessary for a life of physical and mental well being, continuous asset building and dignity.

### Strategies and Action Steps:

- A. Determine there is an adequate statewide continuum of services, including family reunification, emergency shelters, street outreach, transitional living, and permanent housing.
- B. Ensure staff members are skilled at positive youth development, best practices for working with unaccompanied youth, and possess cultural competency for working with a diverse population.
- C. Ensure that youth are supported in meeting their developmental needs through connection and reconnection with their families, development of a natural support network, and/or are adequately taught independent living skills necessary for success and stability in the community.
- D. Determine that DHHS licensing regulations meet the needs of all the youth populations being served by DHHS.

- E. Provide a continuum of age appropriate services to youth that address their distinct developmental needs and that keep youth of all ages appropriately housed.
- F. Ensure that state agencies provide services that meet state and federal mandates for youth based on need, regardless of budgetary restrictions.



**GOAL III:** Ensure there is safe and appropriate housing and rental subsidies for families and youth, to allow rapid re-housing and stability into adulthood.

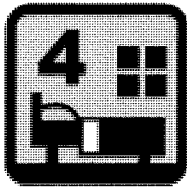
### Strategies and Action Steps:

- A. Educate Maine Congressional Delegation about the critical need for housing subsidy and for affordable and supportive housing development, and encourage them to support all legislation seeking to increase the supply of subsidy as well its availability for project basing.
- B. Educate Maine Congressional Delegation about the need to support the reauthorization of the Runaway & Homeless Youth Act, and passing the Place to Call Home Act.
- C. Advocate that Maine Housing and all other Public Housing Authorities devote adequate development capital and project-based rental subsidies to ensure rapid development of affordable rental and supportive housing.

# Unaccompanied Youth Experiencing Homelessness

## Ages 12 through 24

- D. Ensure that any state homeless youth legislation provides the resources necessary to provide supportive services for housing developed for unaccompanied youth.
- E. Create a system of complementary funding sources for affordable housing that does not jeopardize existing funding.
- D. Ensure that the strategic plans of all appropriate state agencies include clear goals and strategies directed toward ending and preventing unaccompanied youth homelessness, and that these strategies are in sync with this plan.



**GOAL IV:** Ensure that physical health, mental health, and chemical health needs are met to allow long-term stability and success.

### Strategies and Action Steps:

- A. Ensure that unaccompanied youth are adequately assessed and treated/supported around physical health, mental health, and chemical health.
- B. Respond to the unique issues of a diverse youth population including, but not limited to, African American, Native American, pregnant and parenting, and GLBTQ youth, and youth who have aged out of foster care.
- C. Engage appropriate state and local agencies to provide needed health and human services from emergency through stability for those youth under the age of 18 and those youth ages 18 to 24.

## Definitions

**Homeless:** A person is considered homeless who lacks a fixed, regular, and adequate nighttime residence; **and** whose primary nighttime residence is a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); an institution that provides a temporary residence for individuals intended to be institutionalized; or a place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

**Chronic Homelessness** is long-term or repeated homelessness accompanied by a disability. The federal government's definition of chronic homelessness includes unaccompanied homeless individuals with a

disabling condition (substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability) who have been homeless either continuously for one whole year, or four or more times in the past three years.

**Region I** – A geographic area comprised of Cumberland and York counties.

**Region II** – A geographic area comprised on Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset and Waldo counties.

**Region III** – A geographic area comprised on Penobscot, Piscataquis, Aroostook, Washington and Hancock counties.