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Bridging Recovery Assistance Program (BRAP)

Monitoring Report

Quarter 4 FY2016 (April, May, June 2016)

The Bridging Recovery Assistance Program (BRAP) has been established in recognition that recovery can only begin in a safe, healthy, and decent environment; a place one can call home. The Office of Substance Abuse and Adult Mental Health Services also recognizes that recovery is achieved on an individual basis which is not predicated by length of time but rather individual progress, successes and the necessity for rental assistance for persons with mental illness where length of assistance and amount of services are measured in need rather than in months.

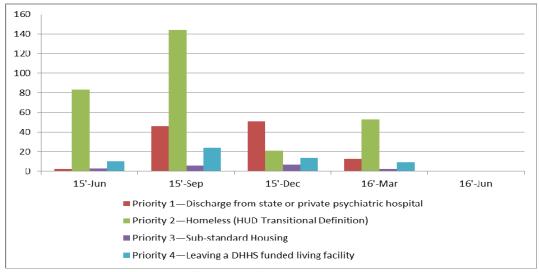
BRAP is designed to assist individuals who have a psychiatric disability with housing costs until the individuals are awarded a Housing Choice Voucher (aka Section 8 Voucher), another federal subsidy, or until the individuals have an alternative housing placement. All units subsidized by BRAP funding must meet the U.S. Department of Housing and Urban Development's Housing Quality Standards and Fair Market Rents. Following the *Housing First* evidence-based program model, initial BRAP recipients are encouraged, but not required, to accept the provision of services to go hand in hand with the voucher.

#### **BRAP** Waitlist

Currently, there is no waitlist for the BRAP program. For this quarter, individuals who applied waited an average of 5 business days before being awarded a voucher and were able to start looking for housing.

# BRAP Waitlist over FY 2016--Graph: Detail by Priority Status to include those persons waiting longer than 90 Days, and showing change relative to last report

Reporting Periods	15'- Jun	15'- Sep	15'- Dec	16'- Mar	16'- Jun	% Change relative to Last Report
Total Number of Persons on Waitlist	154	220	287	77	0	-94.81%
Priority 1—Discharge from state or private psychiatric hospital	2	46	51	13	0	-92.31%
Priority 2—Homeless (HUD Transitional Definition)	83	144	21	53	0	-94.34%
Priority 3—Sub-standard Housing	3	6	7	2	0	
Priority 4—Leaving a DHHS funded living facility	10	24	14	9	0	
Total number of persons on waitlist more than 90 days	16	83	197	43	0	



\*Should reflect no waitlist

### **Current BRAP Vouchers Awarded**

The BRAP census as of June 31, 2016 showed a total of 929 vouchers awarded, with 158 of those awarded but still looking for housing. Of those awarded, the total can be broken down into the priorities as follows:

- ❖ Priority #1: 361 individuals discharged from psychiatric hospitals have been awarded BRAP vouchers
- Priority #2: 433 individuals who meet HUD's transitional homeless definition have been awarded BRAP vouchers
- Priority #3: 18 individuals identified as living in sub-standard housing have been awarded BRAP vouchers
- Priority #4: 93 individuals who were leaving a DHHS funded living facility have been awarded BRAP vouchers.

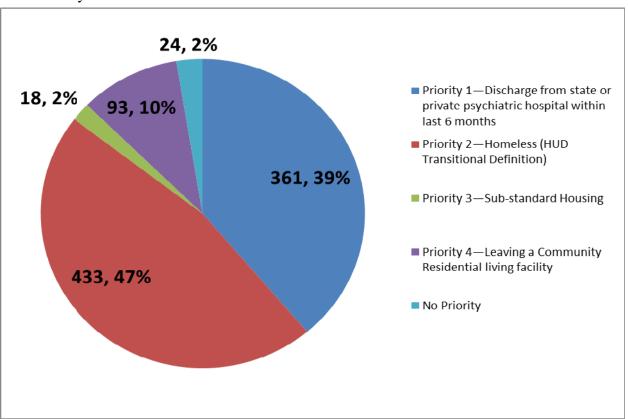
Note that only 24 vouchers were awarded this quarter to persons with no priority assigned to them. In the third quarter of fiscal year 2016, a total of 24 BRAP vouchers with no priorities were awarded.

# Current BRAP Census--Graph: Detail by Priority Status, including persons awarded but not housed

BRAP Census as of 6/30/16	925
Total number on BRAP Waitlist	0
Total number of persons Housed on BRAP	929
Priority 1	361
Priority 2	433
Priority 3	18
Priority 4	93
No Priority	24
Total number of persons Awarded but Never Housed	

# Current BRAP Census--Graph: Detail by Percentage of Priority Status compared to all awarded and housed individuals

The number of individuals on the BRAP program for 24 months or more has decreased from 50% to 45% for, with the shortest length of time on the program being just over 2 months and with the longest program staying up to a period of 12 years.



### **Other Housing Programs**

In addition, the PATH program, also managed by SAMHS, is being directed to outreach, engage and enroll literally homeless individuals into housing and mainstream resources with a focus on the literally homeless individuals who are eligible for Sec.13 and 17 in the Maine Care Manual and would be prioritized for BRAP and Shelter Plus Care.

Lastly, SAMHS administers a substantial number of Shelter Plus Care vouchers, funded by the U.S. Department of Housing and Urban Development, more than any other state on a per-capita basis. The census as of June 30, 2016 is 964. This program has seen significant growth over the last decade, which is the direct result of SAMHS aggressively applying for, and receiving, new grants annually. However, there has been no increase in HUD funding over the past two years, causing a zero increase in grants funded through HUD. SAMHS is focusing vouchers, when they become available through turnover, on the Chronic and Long Term homeless populations who generally qualify for this program.

#### **Moving Forward**

The BRAP program was recently put out for RFP. The results of this RFP was a single provider selected to administer the program state wide.

Shalom House Inc., based in Portland, was the selected provider. Shalom has been the Centralized Administrative Agency for this program since inception and has selected each of our existing LAAs(Local Administrative Agencies) to continue to administer the program in each of their respective areas around the State of Maine.

Other changes to the program include placing our #4 priority(applicants identified as having left a DHHS funded community residential facility within the past six months) into the #1priority (applicants who were discharded from a psychiatric hospital within the last 6 months) These two groups are now considered #1 priority

The addition of a new 4<sup>th</sup> priority --Applicant is being discharged within the next 30 days from a correctional facility (Jail/Prison); or has been adjudicated through a Mental Health treatment court and meets Section 17 criteria and

- (1) no subsequent residences have been identified; and
- (2) they lack the resources and support networks needed to obtain access to housing.

\*\*\*The changes to the eligibility of Sec.17 has had a significant effect on how many persons have accessed BRAP this past quarter. In light of this and to allow an avenue of access the program has created a BRAP enrollment form which allows a potential applicant to qualify for the program prior to actually receiving Sec. 17 services. This should prove to decrease any perceived barriers which may have resulted from the changes. Educating the community providers and potential applicants is a priority of SAMHS as well as our Providers.