



home help hope

OFFICERS

Caroline Morong, *Chair*
Leslie Eaton, *Vice Chair*
Karen Pier, *Treasurer*
Sarah Sheldon, *Secretary*

BOARD OF DIRECTORS

Tom Amory
Susan Barnard
Jay Braatz
Rickey Celentano
Alexis Fuller-Wright
Laura Hopkins
Rachel Nixon
Rich Norman
Sarah Welch
Doug Winterich

EXECUTIVE DIRECTOR

Stephanie Primm

KNOX COUNTY HOMELESS COALITION

Mailing Address:

P.O. Box 1696
Rockland, ME 04841

Family Shelter and Welcome Center

169 Old County Road
Rockport, Maine 04856

[phone] 207.593.8151
[fax] 207.593.8170

The Landing Place Youth Center:

61 Park Street
Rockland, Maine 04856

[phone] 207.466.9285

info@homehelphope.org

April 4, 2023

Greg Payne

Senior Advisor, Housing Policy
Governor's Office of Policy, Innovation and the Future
181 State House Station
Augusta, ME

Dear Greg,

I'm reaching out to alert you to a deeply concerning decision from DHHS/Maine Care to re-interpret a longstanding rule governing Targeted Case Management for Homeless Services ("TCM 13") and to ask for your help. That rule, which has been in place, audited and accepted 'as is' for nearly a decade, has now been reversed, leaving our organization and many others scrambling to determine how to continue to provide services for this very vulnerable population

Our Agency has been accurately, respectfully and successfully delivering on Targeted Case Management—inclusive of post housing care or what we call 'aftercare'—critical to reaching successful independence—for almost a decade. TCM 13 has allowed us to amplify human support in addition to sheltering resources as part of our partnership with Maine State Housing Authority. The impetus of TCM 13 is a comprehensive catchment for humans who do not otherwise qualify for case management services. Homelessness itself is traumatic, and the vast majority of our population has a multitude of co-occurring needs and complex histories. While achieving housing lessens the acuteness of immediate need, it is only the beginning to long term stabilization and independence. *That stabilization and sustainable independence can only be reached with consistent and comprehensive support in the form of skilled case management provision based on client need.*

As you may know, reimbursement under TCM 13 is contingent on a client having both an ongoing medical need and experiencing homelessness (utilization of shelter and/or without a permanent address). We are aware of these requirements and ensure that clients entering our program under TCM 13 meet both criteria. For over 10 years, the homeless services community has understood these criteria as applying at the time of intake – and not as a continuous requirement to remain under TCM 13. However, DHHS has now informed us that the moment a client becomes housed (with the exception of 90 days of eligibility following a shelter stay)—they are ineligible. This interpretation creates an illogical and harmful result on an intended path to independence.

These are some of our most vulnerable residents - and the minute we house them under the new interpretation—these humans no longer have access to the necessary services needed to build toward sustainable independence. As mentioned above, KCHC has billed TCM 13 under the "old" interpretation (eligibility at intake, continued medical need even if housed) for over 10 years and has never had an issue with reimbursement. KCHC was audited by DHHS in 2016 and that audit, including TCM 13 reimbursements, found no issues or concerns about eligibility for continued services.

Our mission: Breaking the cycle of poverty and homelessness in Midcoast Maine.

Hospitality House Family Shelter and The Landing Place are programs of Knox county Homeless Coalition.

Knox County Homeless Coalition is a 501(c)3 not for profit organization, EIN # 46-3136785.

In January 2023, our billing management and auditing company was informed by DHHS that KCHC could no longer establish continued eligibility for clients following the achievement of housing and/or following 90 days after a shelter exit. That new interpretation caused shock waves through the service providers subject to the new information and may, in fact, cause vulnerable Mainers to suffer or worse—return to homelessness-- when critical comprehensive services are no longer available.

As someone intimately familiar with the challenge of housing vulnerable populations, we are reaching out to ask for your help in finding a path forward with DHHS. Our meetings with them to date have been cordial, but have not resulted in a shift in the reinterpretation. Without intervention, KCHC and others will be unable to continue supporting these very vulnerable Mainers. While we know you are aware of the importance of the issues, we would be remiss if we didn't lay out exactly what we see as the impact of this re-interpretation. Despite careful efforts to identify alternative support, this new interpretation leaves a large subpopulation without a viable pathway to services. Which will without a doubt result in a high percentage of individuals and families who return to homelessness. The cost of sheltering and triaging far and away exceeds the costs of providing case management to families while building toward sustainable independence with long term stability. This pathway ensures that most families engage in regular, and preventive medical care, limiting ER visits, high percentages of educational engagement, as well as employment.

How will this new interpretation of the rule impact the Mainers now received services?

- Stop any support—thus progress—after stable housing is secured. Removing reimbursable support upon achieving safe stable housing removes the chance for a client to begin to receive services they need in critical areas of mental health, SUD, physical health, vocational and life skills education and so much more. **Clients are not able to actively engage in the important learning and support they need while living in unsafe and uninhabitable situations—and in Trauma.**
- Interrupt critical consistency of relationship with **comprehensive case management staff**. Consistency of care and a trusted relationship are key to bringing those experiencing homelessness and trauma back to sustainable independence.
- **Completely works AGAINST best practice in successful delivery of mental health services.**
- Completely works AGAINST the significant commitment to and investment in support after housing is attained that leadership of **Maine State Housing Authority** supports and believes in.
- Send families and individuals in a **very tender transition** period (newly housed) out to a body of unfamiliar disjointed providers leaving them to juggle a system that is fragmented geographically and philosophically—unmanageable for people without transportation, phones and internet connectivity/computers and likely to send them back into homelessness.
- Derail the top two performing agencies in Maine—and others—in their track record of achieving sustainable independence with their clients. The current client success data is proof that service delivery beyond housing is the key to success for these families. Client care prior to housing is 'triage'—important—but does not create a path to sustainable productive independence.

How will this negatively affect the already overloaded agencies who depend on this reimbursement to support Case Management Service delivery that is effective?

- Second to the negative human impact—were this reinterpretation to be implemented, it would result in cuts to already overtaxed comprehensive case management services that only a few providers deliver in a way that is effective for persons experiencing homelessness.
- Human beings and families experiencing homelessness will be left with a fragmented and geographically scattered list of providers who are not able to coordinate anything close to comprehensive care.
- The loss of revenue may cause some agencies to close or cut the only critical comprehensive and targeted services for homeless case management available.
- There will not be an avenue for comprehensive goal setting and planning *based on client needs* for these families.

In addition to outlining the critical impact and concerns, it is also worth noting that KCHC does not stand alone in our position. This re-interpretation negatively impacts a number of other homeless service providers across the state, as well as undercutting the mission of MSHA and its homeless service division. MSHA and lead agencies on mental health, such as NAMI stand behind this call for resolution. A resolution to simply return and maintain a system that has been effective and fiscally efficient for 10 years.

We would be grateful for the opportunity to share what we know about what works in our efforts to end and prevent homelessness and hope to turn this around before we see damage to the fragile system of forward motion that is in place in our state.

We appreciate any support you are able to offer to clear up this matter.

Respectfully and with gratitude,



Stephanie Primm

Executive Director

CC: Representative Vicki Doudera, Senator Pinny Beebe Center

