**Statewide Homeless Council (SHC)**

June 9, 2015

Augusta, ME

**Council Members Present:** Wes Phinney, Cullen Ryan, Josh D’Alessio, Donna Kelley, Jeff Vane, Elizabeth Szatkowski, Don Harden, Dave McCluskey, Sheldon Wheeler, John Gallagher

**Council Members Not Present:** Jon Bradley

**Guests:** Thomas Ptacek, Cindy Namer, Carol Kulesza, Mary Frances Bartlett, Ginny Dill

**Minutes by:** Scott Tibbitts, MaineHousing

**Review of Minutes:** Shawn Yardley should now be listed as a Member, Dennis Marble as a Guest.

Minutes approved as amended.

**DHHS Updates:**

-**Legislatively**, it looks like the proposal to eliminate Methadone is off the table. Same for the proposals to eliminate Medicaid re-imbursement and 51% med management. The $5.7M Concent Degree proposal is still going forward but may be a target. Two Marijuana Legalization proposals, opposed by DHHS, appear to have been killed in committee. Also killed in committee was a Consumer Council proposal that would have restructured peer counseling services.

-**The Peer RFP** has just been released with just over $1M funded by a Mental Health Block Grant. Applications are due in late August.

-**ICD10** is set to go live October 1st. This is big news for the provider community in terms of billing.

Working on Phase 2 process for Section 17, moving to DSM V – lots of clean up and technical corrections to make. Of approximately 19,000 people receiving Medicaid reimbursement, only 23 cases were based on their AMHI Consent Decree status. There are crosswalks for moving from ICD9 to ICD10. The Department is developing a crosswalk for DSM IV to DSM V, but DSM V gets very detailed very quickly, so coding for billing is very complicated. Clinicians speak in terms of DSM, but Medicaid and Billing speak in terms of ICD, so it is important to get the crosswalks right.

-**1915-I State Plan Amendment** will be discussed at a series of forums in August across the state. The changes will allow for clarification of billing for supervision and other services that are not currently part of the rehab manual.

-**ANSA** will be a component of the 1915-I requirements, but we need to be sure the algorithms are accurately reflecting the level of care needed.

-In 2013 there was a policy change in Maine to the effect that a **release of information is not required for coordination of care.** Sheldon will bring the exact language next time, as it has implications for data sharing between shelters and other providers. We need to clarify what Coordination of Care means, in a way that it does not create barriers to housing, services, etc…

-A question was asked about the **White Paper** submitted to DHHS regarding presumptive Medicaid eligibility for Long Term Stayers. Sheldon said he would look into it, but other changes are in the works that could provide better and quicker access to eligibility determinations and services.

-Another question was about **Section 13** – Sheldon said rate studies will be conducted on Sections 65, 17 and 13. Section 13 for Homeless is now only assigned to MaineCare – it may be assigned to SAMH at some point.

-Regarding the **Portland proposal to close overflow shelters** and the new initiative to house 70 LTS’s by December, there is concern that there may not be adequate supports to help them once they are in housing. It was proposed that PATH could provide some, for a short time, but that is not the intent of PATH. It is not a lack of desire to provide the supports, or a lack of knowledge of the importance of providing it, it is the lack of a way to bill for it. Sometimes follow up needs to happen several times a week – maybe daily at first – not just one hour per week. They may need help with everyday things like learning how the bus system works, how to shop for groceries, take care of laundry, etc…just to get them to a point where they can function. Some will need permanent supports. All that needs to be figured out.

**MaineHousing Update:**

-There was **money ‘left on the table’** after the most recent round of Supportive Housing RFP funding. MaineHousing is working on plans for it but is open to hearing ideas. There are 10 projects, including 74 units for homeless populations, currently in the pipeline. MaineHousing also wants to be able to serve other special needs populations.

-The commissioners are under the impression that the state is **not utilizing all available resources** and that S+C, BRAP, HCV, STEP, and Supportive Housing Facilities are not at 100% capacity. At one point is was said there were enough vouchers of various types available in Portland to house all of the Long Term Stayers identified, but that hasn’t happened – is there a lack of coordination?

-This **may be an issue with how utilization is measured**. Most S+C grants are actually operating above their original capacity. BRAP is currently on hold due to budget delays. STEP only works for a narrow segment of the homeless population. MaineHousing HCV’s have jurisdictional restrictions and cannot be used in Portland. All of this means there may not be as many vouchers ‘available’ as it seems. There are also many instances of people with vouchers in hand who are not able to secure for a variety of reasons – rent guidelines, inspections, and competition.

-The MaineHousing **Homeless Referral process** is working but is also not at capacity. A member suggested that PATH should be able to make referrals so people do not have to go to a shelter. John later clarified **that PATH providers are the only other group besides homeless shelter providers allowed to generate a request for a Homeless HCV** under the existing set-aside.

-MaineHousing currently has about 400 voucher holders statewide seeking housing.

-**VASH is underutilized**, mostly due to staffing issues. MaineHousing administers these but they can be used on areas with a local Housing Authority. Sometimes the clients would rather get a standard HCV because they do not want to deal with the restrictions and services of VASH.

-Members said they know **some landlords simply do not want to work with MaineHousing because of the inspection standards**. Is some peeling exterior paint really a hazard to a single adult? John explained that these are HUD standards and MaineHousing is following, and enforcing, the HUD guidelines. If other PHAs or programs are not, they are putting their future funding in jeopardy if HUD conducts quality assurance inspections and finds they are not meeting HQS.

-MaineHousing recently instituted a **landlord recognition program** to show appreciation for those landlords who are doing a good job.

-MaineHousing is considering other ways to utilize **the 100 Vouchers** that had been set aside for the LIHTC project. Members suggested they be used to help fill empty units in supportive housing projects that do not have subsidy attached in order to maximize use of the existing portfolio. John suggested the group put together a proposal for how it could be done. Would they be tied to the projects or portable? The portability and jurisdictional issue really needs to be addressed at a state legislative level. Project based vouchers do not have this problem because they are tied to the building and cannot be ported out like a regular HCV.

-The **2015 Point-in-Time report** is about to be released. There have been some changes to the format and some new information added, such as a map showing the number of beds and number of people identified in different parts of the state. The total was 1134, down a bit from last year.

**SHC Membership:**

Elizabeth and Josh have been confirmed! Donna is just waiting for her official letter to arrive. These are the legislative appointments. Jon, Shawn, Jeff, Don, David and Cullen are still waiting for the Governor to approve their appointments.

**Continuum of Care Update:**

-A joint committee of members from both Maine and Portland Continuums is working with HUD TA on **Coordinated Assessment and Performance Measure**. They need some representation form Region 3. Josh stepped up and will join the group. Maine is ahead of the curve in terms of what HUD is looking for on Performance Measures, Long Term Stayers, and Data Sharing. Portland received a grant from The Betterment Fund that will help ensure this work continued to move forward after the HUD TA is gone.

- Still waiting for the NOFA to be released.

**State and Federal Updates:**

**Federal:**  Waiting for final Federal and THUD budgets.

* There is a proposed bill that would make it illegal to fund the National Housing Trust Fund with money from Fannie Mae/Freddie Mac.
* Proposed amended definition of Homeless Person would allow for services to youth and women & children who are couch surfing or otherwise at risk of homelessness. This might sound like a good idea at first, but there is no new funding attached, so it would result in trying to serve a much larger population with the same limited dollars.

**State:** The House and Senate compromise budget is out, but the Governor has already said he intends to veto much of it. There should be enough votes to override the vetos.

* Looks like many of the proposed GA cuts are dead.
* LD 443 is now at $2M (not the $3.5M sought, but still better than $365K)
* Non-profits having to pay property tax appears dead, as does the proposal to eliminate the income tax.

**SHC Blueprint for how DHHS can help end homelessness:**

Over the last couple of meetings we have developed two lists; one is about ideas and themes like transparency and efficiency and the other is more focused on specific actions like creating a Homeless Services Arm. These lists will be boiled down to a set of 4 or 5 goals, and many steps.

* New items added at this meeting: (these will be added to the larger list from last month)
* DHHS should have a broader definition of homelessness than HUD to allow for services to those at risk, and those who have been homeless in the past, to prevent them becoming homeless. This would require data sharing and tracking across agencies.
* Need to gather meaningful data on people who are on waiting lists for services and housing.
* Need some level of accountability; if a program ends or funds are shifted, how does that impact the clients that were being served, especially if homeless, and what will be done to help them.
* Need a liaison between DHHS and SHC – not just reporting back and forth, but working to ensure that SHC input is being acted on (We are advisory to DHHS)
* DHHS needs to partner with and consult providers in the development of new ideas and programs.
* DHHS needs to be actively involved at the Region Homeless Council level (doesn’t the regulation require this?)
* It seems they have data to show what is and what is not effective in very specific instances, but need to look at meta-data, across departments, to see the big picture and make longer term, sustainable decisions, not just always reacting to the immediate need or crisis (budgetary or otherwise). Connect the dots.
* Even if a policy only effects a small group of people, follow them and find out what the impact is – do they find other resources, do they end up at shelters, apply for GA? Did the change lead to that?

**Other:**

The October SHC Meeting overlaps with the **Maine Affordable Housing Conference**. We will need to discuss if SHC should cancel, or reschedule, and what will our involvement be at the event.

**Next meeting:**

Tuesday, July 14, 2015.