

# Statewide Homeless Council

March 31, 2016

Commissioner Mary Mayhew  
Department of Health and Human Services  
221 State Street  
11 State House Station  
Augusta, Maine 04333-0011

RE: Rule changes for Section 17 of the MaineCare benefits manual

Dear Commissioner Mayhew,

I am writing on behalf of the Statewide Homeless Council and the Maine Homeless Policy Committee regarding the rule changes for Section 17 of the MaineCare benefits manual.

People who experience psychotic symptoms often end up in chronic homelessness, some for decades, wandering our streets, all but living in our shelters, or sleeping outside. This disgrace is a system failure, and Section 17 is one of the primary tools we have to help correct it. As you know, Section 17 and Bridging Rental Assistance Program (BRAP) was one of the mechanisms of compliance for the AMHI Consent Decree.

Two things allow us to house this population: Rental subsidies, like BRAP, and supportive services, like Section 17. Eligibility for BRAP is dependent on eligibility for Section 17, so this change represents a potentially devastating double blow to our ability to end chronic homelessness in Maine.

There are numerous diagnoses associated with psychotic symptoms, including: Schizophrenia, Bipolar Disorder, Schizophreniform, Schizoaffective, Delusional Disorder, and Major Depressive Disorder with Psychotic Features. It is also possible to experience psychosis as a result of PTSD (Post-Traumatic Stress Disorder), and personality disorders such as Schizotypal Personality Disorder, and Borderline Personality Disorder. We see every one of these presentations among people who are homeless. In the rule changes, it appears two diagnoses were randomly chosen - Schizophrenia and Schizoaffective - as eligible for Section 17 services. Although the rules do include a mechanism for including other diagnoses as eligible for services, we worry that the process and documentation needed for exceptions or appeals of denials will be a very significant barrier for populations that are chronically homeless.

The Statewide Homeless Council is very concerned that access to case management services and BRAP rental subsidies will be thwarted by this rule change. Mental health providers estimate that services allowing successful housing will no longer be available to some 8,000 of the approximately 16,000 people currently being helped through this service. We most certainly don't want to see anyone we have housed from homelessness lose their housing and stability.

With the help of BRAP and Section 17, we are finally reducing the number of people experiencing chronic homelessness in Maine. Indeed, Maine has the potential to become the first or be among the first states to end chronic homelessness. Section 17 services help our longest stayers in homelessness achieve stability in the community. It works, it ends homelessness, and it prevents more costly interventions. This rule change may cease or dramatically slow our progress.

This population is very challenging; often distrustful, non-compliant, and evasive. Many will vehemently deny any mental illness; it is far too frightening for them to contemplate. Instead, they wander our homeless system for decades. Vigorous outreach is the answer. Adding barriers is the opposite of what we should be doing.

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When members of this population are not stably housed with adequate supportive services, they tend to ricochet through our most expensive emergency services including police, fire, rescue, and emergency medical response personnel, as well as hospitalizations, emergency room visits, jails, and emergency shelters.

Section 17 allows people who are chronically homeless to be housed with appropriate levels of supportive services ensuring stability. It is not only cost effective, it is better for people and our communities.

These rule changes might essentially box out people who are chronically homeless from housing, a disastrous unintended consequence.

I implore you to withdraw the Section 17 rule changes; let's instead have a robust, interactive dialogue and actively tap into the many key players who stand ready to help with policy development that will help us end homelessness. Please let the Statewide Homeless Council assist you with planning so any changes will help us accomplish this goal. The outcome will be far better for being truly inclusive.

Thank you for your consideration.

Sincerely,



Cullen Ryan

Chair Maine Homeless Policy Committee (a committee of the Statewide Homeless Council and both Continuums of Care in Maine), and member of Statewide Homeless Council