



LEGAL ADVOCATES
& DEFENDERS

GLBTQ LEGAL ADVOCATES & DEFENDERS

Senator Pierce, Representative Gere and Members of Joint Select Committee on Housing, my name is John Hennessy. I am a board member of EQUALITYMAINE, and I am offering testimony in support of **LD 2 – An Act to End Chronic Homelessness by Creating the Housing First Fund** on behalf of EQME, GLBTQ Legal Advocates and Defenders, American Academy of Pediatrics – Maine Chapter.

Homelessness in Maine continues at an alarming pace, and we believe more site-based Housing First programs in Maine will help us to end long-term, chronic homelessness in our state and can be effective in both rural and urban communities. A Site-based Housing First approach provides dedicated apartment buildings with on-site; 24/7 professional social work staff providing supportive services and crisis intervention to maximize housing stability and prevent returns to homelessness.

Site-based Housing First is especially effective for highly vulnerable populations, including the chronically homeless, people sleeping outside, youth who are estranged from their families, and people with untreated mental and behavioral health and/or substance use disorders.

EQUALITYMAINE and our allies' advocate for those in our community who have faced an array of stigma and discrimination that undermines their ability to have stable, safe, and affordable housing. LGBTQ+ older adults are more likely to live alone than non-LGBTQ+ older adults and may not have access to the resources needed to successfully age in place. LGBTQ+ youth have high rates of homelessness due to rejection from their families and discrimination against both groups in housing and homeless shelters based on their sexual orientation or gender identity is widespread.

Housing is a key social determinant of health because it affects all aspects of health and quality of life. Housing instability and homelessness cause high levels of stress and increase vulnerability to disease, violence, and injury. Whether someone has stable housing directly affects their ability to safely store medication, get to appointments, eat well, and focus on self-care.

Once people are safe and supported by 24-hour onsite social work staff in permanent housing, they can stabilize and work toward a more fulfilling and independent future; including addressing substance use disorder, focusing on health, education, or employment, and rebuilding relationships with friends and family.

At the same time, even as we rely on congregate care in these ways, we would like to see the definition of housing needs to extend beyond the congregate care models. More specifically,

housing first approaches are inclusive supported housing, scatter site housing, and specialized project-based vouchers designated to equity for priority populations. For this reason, we hope the bill can be amended to include flexibility for the use of real estate tax transfer funds, and that the diversion of RETT funds to fund housing is permanent.

Thank you for your consideration of this testimony and support for LD 2.