

## Office of CEO

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### **Testimony in Support of LD 2 Submitted April 4, 2023**

I write on behalf of Penobscot Community Health Care (PCHC), operator of Hope House Health and Living Center (Hope House), a clinically integrated, low barrier homeless shelter and transitional housing complex in Bangor, Maine. PCHC supports funding the Housing First program laid out in LD 2.

PCHC is a federally qualified health center spanning 3 counties in Maine: Penobscot, Waldo, and Somerset. It is the largest FQHC in Maine, serving approximately 60,000 patients. PCHC serves all individuals, regardless of ability to pay. Our mission is to eliminate barriers to accessing high quality healthcare, which means we focus on the whole person and the community conditions preventing them from improving their health.

At PCHC, we know the population that will most benefit from this Housing First bill intimately. At PCHC, we

- provide integrated primary care, provided by over 200 medical, mental health and specialty providers.
- Offer 20 distinct services to augment our integrated care model (such as obesity treatment, peer navigation, women's health, social work, podiatry, and more), based on patient and community need.
- Serve over 1200 Mainers in our recovery programs.
- Serve providers statewide through an innovative model designed to reduce the prescribing of controlled substances.
- Operate the first of its kind, same day access, low-barrier treatment center for opioid use disorder in the State.
- Provide instruction to providers across the state in low barrier OUD treatment through an ongoing ECHO

Dedicated to value-based care and the healthcare system's stated "quadruple aim" (improving quality and the patient experience, reducing costs and staff burnout), PCHC participates in all MaineCare home programs, including Behavioral Health Homes (BHH), Opioid Health Homes (OHH), Homeless Outreach and Member Engagement (HOME), PC Plus, and Community Care Teams (CCT). Care teams consist of social workers, family doctors, NPs/PAs, psychotherapists, pharmacists, primary care RNs, psychiatric providers, and community health workers, among others. This interprofessional, team-based approach allows us to see patients from different angles and treat them holistically, which leads to better outcomes.

Located in Bangor, Hope House is a 56-bed, low barrier shelter, co-located with an integrated primary care clinic (treating medical, mental health, and SUD) and 48 transitional housing units (individual dorm-style rooms coupled with common living areas). The only low barrier emergency shelter in our region, Hope House has been the only provider serving this highly vulnerable group in the region for several decades. We work daily to support and navigate housing needs for these individuals. We understand their needs and we can see the improvement in outcomes that will result from a funded, housing first approach in Bangor.

Notably, those defined as chronically homeless make up only about 5%-8% of the total population of unhoused people, yet research shows we spend about 80% of our time and resources on this group. Cycling in and out of shelters, encampments, jails, and emergency rooms in a system that does not meet their needs, we witness daily the enormous human cost and unnecessarily high financial cost to the system. Applying trained navigators and other supports, which this bill will fund, will improve outcomes, and reduce overutilization of high-cost services.

Without clear, ongoing funding that allows for targeted, evidence-based interventions to meet the needs of this vulnerable group (current state), we are less successful moving the remaining 95% of people in the homeless response system into permanent housing because we lack the capacity to do that work. Lack of a rational strategy to address chronic homelessness means Maine will continue to see a clogged, overwhelmed, and inefficient homeless response system. The Housing First bill, done right, will provide a rational strategy and be an important part of the solution to the larger, systemic challenge.

Permanent Supportive Housing (PSH) in general, and Housing First in particular, have been shown to improve housing outcomes for unsheltered individuals, particularly those with tri-morbidity (concurrent substance use, mental health, and physical health concerns), such as those we mostly serve at the Hope House. PSH combines affordable housing with services. Rather than using a “linear model” of housing readiness (where clients must progress through a step-by-step progression of services to arrive at permanent housing), the Housing First model approaches housing as a human right and prioritizes client agency in determining what kinds of treatments are attempted.

Generally, a Housing First approach includes these key features:

1. The absence of sobriety or treatment pre-conditions for housing
2. An emphasis on rapid placement into permanent housing
3. The assurance of sufficient support services in a community context, understanding that the intensity and duration of these services (including potential graduation from services) depend on both client need and self-determination.

Given the high risk to unsheltered homeless in Maine, the ever-rising lethality of fentanyl among street homeless and all Mainers, and the growing affordable housing crisis, LD 2 would provide needed funding for the support services that are essential to the Housing First model. Without supportive services that are available on-site to residents, both individual and community housing outcomes typically decline for individuals placed in permanent housing, leading them often back to unsheltered homelessness at encampments or other locations. All major urban areas in Maine are struggling to bring people choosing encampments into shelter and/or stable housing. To do this successfully requires, first, appropriate and available housing and second, intensive, individualized, client-directed services. Both, together, maximize a person’s chance of success in maintaining housing.

LD 2 would provide a consistent funding stream for supportive services in housing. Reliable funding is essential to maintain a high-quality level of service and continuity in service providers. It allows service providers to pay an adequate living wage, which allows for highly trained, experienced staff and consistency over time (low turnover). This continuity is vital to client success, as each service provider builds trust and relationships with clients – the foundation for good outcomes. Conversely, lack of funding or inconsistent funding streams leads to turnover, disruptions and poor-quality services, undermining each client’s ability to be successful.

PCHC broadly supports the spirit and intent of LD2 and wants to ensure that this necessary intervention to address homelessness is available broadly to housing and social service organizations throughout Maine who support individuals as they move into housing.

PCHC recommends as well that the requirement of 24/7 onsite services be broadened to include on-site services with on-call services 24 hours a day. While it is notable that emergencies happen less often between 8am and 5pm, many successful Housing First models utilize teams such as street teams and Assertive Community Treatment teams to successfully support clients at all hours.



**Penobscot Community  
Health Care**

Finally, we support using the federal definition of chronic homelessness for the eligible service population, as *all* chronically homeless Mainers should receive the supportive services of Housing First. According to HUD, chronic homelessness means a homeless individual who lives in a place not meant for human habitation, a safe haven, or in an emergency shelter. Consistency in our definitions and populations will ensure equity for critically needed Housing First interventions.

The housing crisis and specifically those who are unhoused is a humanitarian crisis of proportions never seen before in Maine. This bill not only supports an evidence-based approach in Maine to chronic homelessness, but it addresses a moral imperative that uplifts entire communities. We are taking care of people, with lives, histories, families, skills, abilities, and potential. We are helping them meet their potential, which benefits all of us. This is both a moral imperative and good public policy.

Thank you for your tireless work on behalf of Maine people. We strongly encourage your support for this bill.

Sincerely,

Lori

A handwritten signature in black ink, appearing to read "Lorelle Dwyer". The signature is fluid and cursive, with a long horizontal stroke at the end.

Lorelle Dwyer  
President and CEO  
Penobscot Community Health Center