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**Testimony on behalf of Maine Equal Justice in *Support* of LD 2136, An Act to Provide  
Financial Support for Shelters for Unhoused Individuals  
And  
LD 2138, Resolve, to Improve Funding for Homeless Shelters**

Good morning, Senator Pierce, Representative Gere, distinguished members of the Special Committee on Housing. My name is Andrea Steward, I use she/her pronouns, and I am a policy advocate at Maine Equal Justice. We are a civil legal services organization, and we work with and for people with low incomes seeking solutions to poverty through policy, education, and legal representation to increase economic security, opportunity, and equity for people in Maine. Thank you for the opportunity to offer testimony in support of LD 2136 and 2138.

**What These Bills Do**

These bills provide ongoing and stable funding for homelessness shelters, including low-barrier shelters.

**Why Maine Equal Justice Support these bills**

Low-barrier shelters are currently operating at a nearly four-million-dollar cumulative deficit<sup>[1]</sup>.

Low-barrier shelters provide the primary entry point to the healthcare system and recovery community for unsheltered community members, providing ongoing outreach, case management, and connection to recovery programs and services, including primary healthcare and social work services, either by providing those services on-site or through community partners.

It is essential that low-barrier shelters be properly funded in order to provide critical shelter for Maine's most vulnerable residents.

**Homelessness is an Inevitable Result of Inequality and a Housing System that Leaves Many Struggling to Make Rent**

Maine's housing landscape leaves many Mainers behind. Even before the pandemic, thousands of Mainers struggle month in and month out to afford rent and stay housed. In Maine, wages are not high enough for everyone to keep a roof over their heads. On average,

Mainers need an annual income of \$47,194 to pay for a two-bedroom home, but a typical low-income renter makes only \$37,966 (and many make far less). As a result, nearly 72% of extremely low-income households pay more than 30% of their monthly income towards rent, and 52% pay more than 50% of their monthly income towards rent, a threshold which HUD deems severely rent burdened. With so many households living on a razor thin edge to make rent, it is no surprise that in the 5 years before the pandemic, Maine Courts handled between 5,300 and 6,200 eviction cases every year. This means that an average of 14 to 17 households faced loss of their homes every day – these included families with children, seniors, veterans, and single adults striving every day to make ends meet. As a result of the systemic challenges in Maine’s housing system, many fall into literal homelessness every year in both urban and rural communities across the state. When they do, many basic activities that we do in the comfort of our homes – such as resting, sleeping, drinking, and necessary functions to maintain our health and wellbeing – are criminal offenses for people experiencing homelessness, under ordinances that prohibit loitering, sleeping outside, consumption of alcohol, and other behaviors. As such, those who are most vulnerable in our society are being constantly criminalized for just trying to survive.

### **Homelessness is a Public Health Issue**

Homelessness can have detrimental, life long, and multigenerational impacts on people’s health. People who are chronically homeless experience substantially higher rates of poor physical health and increased mortality rates, including the development of new health conditions as well as worsening of chronic conditions from communicable diseases and exposure to extreme weather. Individuals face many barriers accessing essential medical care including accessing their daily or maintenance medications. If they are able to gain access to their medication, they face an additional hurdle of storing their medications, particularly medications that need to be refrigerated such as insulin. Those who are housing insecure have 63% higher odds of losing Medicaid coverage, and getting prescriptions filled or storing prescriptions becomes extremely difficult. These issues are compounded by irregular access to a healthy diet. Studies show people experiencing homelessness tend to have higher rates of diabetes, heart diseases, hepatitis C, and HIV, which are all health conditions that are extremely difficult to manage well without housing. In addition to the toll on your physical health, those who are chronically homeless are at higher risk of an array of traumatic experiences which compounds the potentially ongoing or underlying mental health issues. Rent and foreclosure assistance programs are associated with benefits to people’s mental health including better outcomes for depression, anxiety, and psychological distress. A report released by the UCLA policy lab which looked at 15 different states, found half of people who are homeless experience what is known as “tri morbidity” or of having a physical health condition, mental health condition, and substance abuse issues. Studies have shown adverse experiences for children who experienced homelessness in utero. This is linked to higher hospitalizations, worsening health, and elevated rate of childhood disease compared to their peers.

Homelessness is a public health crisis that continues a cycle of adverse consequences. Unstable housing makes it extremely difficult to maintain steady employment. People who experience homelessness are more likely to have contact with emergency responders and higher use of emergency departments and in-patient hospitals. They overall have persistently high health care

expenditures due to the array of illnesses both physical and mental, as well as risk to their physical safety, and other traumatic incidents they may experience while homeless. Housing instability has been linked to psychological trauma and has been identified “as a risk factor for suicide. “A study in Oregon found that individuals who were able to secure safe and stable housing reduced Medicaid costs by 12 percent, increased access to outpatient and preventative health services, and reduced emergency department use by 18 percent. As many of you know, the Housing First model has demonstrated results in how providing stable housing with wrap around support services for individuals who have experienced chronic homelessness can be cost effective with savings of up to \$29 thousand per year per person, even after accounting for the costs of providing housing,

### **Homelessness is a Public Safety Issue**

Guaranteeing stable, affordable housing makes our communities safer. Providing stable housing has been shown to reduce crime, specifically survival crimes; theft, trespassing and loitering, and sex work as well as reducing the rates of violent crime. Long-term housing assistance has also been linked with decreased incidence of intimate partner violence. Stable housing for people recently incarcerated has been shown to reduce recidivism rates.

### **Homelessness is a Children’s Rights Issue**

Children that live with housing insecurity deal with enormous ramifications for their education and their future potential. A housing change during childhood can lead to half a year of loss in school. Children that are forced to move three or more times generally have lower earnings, fewer work hours, and less educational attainment. Children with unstable housing “are more likely to be truant and are more likely to drop out” and they “are at higher risk for developmental delay, decreased academic achievement, anxiety, depression, behavioral disturbances, and even death.”

### **Homelessness is a Racial Justice Issue**

The lack of affordable housing is a racial equity issue as well. In Maine as in the rest of the country, people of color are disproportionately harmed due to the lack of affordable housing. According to Pine Tree Legal Assistance, between 2017 and 2019, 12% of households they represented in eviction court were non-white, though only 5% of Maine’s population is non-white. Significantly, according to a study conducted by the Maine State Housing Authority in 2022, 34% of Maine’s homeless population is Black or African American even though they make up only 1% of Maine’s population.<sup>2</sup>

## **CONCLUSION**

For the above reasons we strongly urge this committee to pass LD 2136 and LD 2138 (as amended) with the amended language allowing for a separate funding line item for low-barrier shelters – separate from the shelter operating subsidy line.