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#### Staff Contacts

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February 27, 2024

Re: LD 2214, An Act Making Unified Supplemental Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2024 and June 30, 2025

Senator Rotundo, Representative Sachs, Senator Baldacci, Representative Meyer and members of the Joint Standing Committee on Appropriations and Financial Affairs and members of the Joint Standing Committee on Health and Human Services, my name is Cullen Ryan, and I am the Executive Director of Community Housing of Maine or CHOM, the largest housing provider for homeless populations in Maine. Our small staff works collaboratively with service provider partners to house more than 1100 people throughout Maine. I am a member of the Statewide Homeless Council and also chair the Maine Homeless Policy Committee and the Maine Continuum of Care Board of Directors.

I am testifying in strong support of Part KKK of the Supplemental Budget as well as general funding for Substance Use Disorder and Adult Mental Health related budget items (LD 2214, An Act Making Unified Supplemental Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2024 and June 30, 2025).

*Part KKK provides the department the authority to plan for and assist a statewide network for Crisis Receiving Centers in regions of Maine that will support both rural and urban communities to provide short-term mental health and substance use disorder crisis stabilization services.*

*Other Substance Use Disorder and Adult Mental Health related budget items, including but not limited to: Funding for new mobile crisis rates and services; Mental Health Services – Community; Office of Substance Abuse & Mental Health Srv-Medicaid Seed; Office of Substance Abuse and Mental Health Services; and Opioid Use Disorder Prevention and Treatment Fund.*

#### **Comments on Part KKK:**

Part KKK would replicate Spurwink's very successful Living Room model in other parts of the state. We have seen great outcomes with people becoming stabilized there, which in turn has helped people string together a pattern of stability, and ultimately, shelter and housing. The low barrier model is the right approach. It is an immediate path from crisis to stability. This type of resource benefits all parts of the system because emergency responders or police have a place to bring someone aside from the emergency room. It works for clients because they have somewhere safe and quiet to go aside from the streets. It immediately immerses a person facing a crisis in a warm, welcoming environment where they are surrounded by seasoned professionals ready and available to help. It pulls a person in crisis out of the public eye and into a private setting that immediately offers solitude and space for wellness. It feels like a safe place for people to go at a time when they are feeling overwhelmed and out of control. And it is a resource clients can tap into as needed, unlike other emergency services. By having a place to go when times are highly stressful, people are armed with tools they can use to avoid using emergency services like hospitals, police, EMTs, etc., at all. This is a cost-effective and well-designed policy that offers a huge value add to our emergency system of care. It is exactly what our system has lacked, and it has, as predicted, filled that void extremely well. Please support this and replicate this successful model widely.

#### **Comments on general Substance Use Disorder and Adult Mental Health related budget items:**

Homelessness is a symptom. For most, it is a symptom of the serious lack of affordable housing. There is a disconnect between what people have for income and what it costs to have housing.



But for some, homelessness stems from failed treatment of mental illness and substance use disorder. When the system fails to provide adequate help, this group ends up in homelessness, some for decades, wandering our streets, all but living in our shelters, or sleeping outside, and ricocheting through all our most expensive emergency systems.

There is a small number of people in Maine who are known by name to hospitals, homeless shelters, police, rescue, and jails because they frequently interact with all these systems. And because all these different expensive emergency systems are siloed and stretched thin with redundant crises, nothing ever gets done to solve the predominant problem for these people: They stay unhoused.

Various legislatively created initiatives have aimed to fix the system, such as the Frequent Users Systems Collaborative (FUSE), the Mental Health Working Group, and the Medicaid Innovation Accelerator Program (IAP) which led to the creation of a new section of MaineCare - Section 91 the Housing Outreach and Member Engagement (HOME) Provider Program. These initiatives all developed strategies to take pressure off emergency systems and our communities. However, we have seen a dramatic increase in the number of people sleeping outside and encampments have emerged. In order to end homelessness, including unsheltered homelessness and encampments, Maine needs an injection of resources into its mental health and substance use disorder continuum of care.

Part KKK and other Substance Use Disorder (SUD) and Adult Mental Health related budget items would strengthen and expand upon these initiatives, and make mental health, behavioral health, SUD, and crisis services far more accessible to vulnerable populations, including people experiencing homelessness. It would improve access to ongoing support services, including mental health and SUD services, which is critical for housing stability for this population, and it would take great pressure off our entire emergency system.

For years, Maine has been seeing the same people languishing and ricocheting through our criminal justice system, mental health system, substance use disorder system, and our homeless system. Our success in stabilizing this population will save all our systems money, and more importantly, will open the door to bettering the lives of each person.

Mainers are paying to sustain this group of people in emergency shelters, jails, and hospitals; we could pay far less to have them stable in housing with the support necessary for success. Part KKK and other Substance Use Disorder (SUD) and Adult Mental Health related budget items would help us do so.

Please support Part KKK and other Substance Use Disorder (SUD) and Adult Mental Health related budget items in the Supplemental Budget so we can provide Maine with needed resources to work together to end and prevent homelessness in Maine.

Thank you for the opportunity to comment.