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Community Housing of Maine

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March 4, 2024

Re: LD 2237, An Act to Strengthen Public Safety, Health and Well-being by Expanding Services and Coordinating Violence Prevention Resources

Senator Baldacci, Representative Meyer 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. CHOM houses Maine's most vulnerable people and advocates on their behalf. 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 LD 2237, An Act to Strengthen Public Safety, Health and Well-being by Expanding Services and Coordinating Violence Prevention Resources.

This bill enacts multiple provisions to improve mental health crisis response services in Maine, among other initiatives. I thoroughly support all Parts of this bill, however my comments are specifically in support of the following parts:

Part A provides funding to strengthen and expand mental health crisis intervention mobile response services in order to provide services 24 hours a day, 7 days a week. It requires the Department of Health and Human Services to provide for the incorporation of specific types of mental health and crisis intervention experts into the existing crisis services response system. It also provides funding for ancillary services for mobile response services, including necessary travel and telephone conferences with clients.

Part B directs the Department of Health and Human Services to establish crisis receiving centers across the State to support individuals dealing with behavioral health, mental health or substance use issues. At a minimum, a crisis receiving center must be established in Androscoggin, Aroostook, Oxford, Penobscot, Washington and York counties. Crisis receiving centers must provide culturally sensitive trauma-informed care. Part B also provides funding to establish 6 crisis receiving centers.

Part D provides funding to reduce waiting lists for and expand access to medication management services, including telehealth services and employee recruitment and retention incentives, provided by the Office of Behavioral Health that are similar to the services provided under Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 65, Behavioral Health Services, to meet the timely access requirements under the consent decree referenced in the Maine Revised Statutes, Title 34-B, section 1217.

Comments specifically in support of Part B:
Part B of this bill 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 offers 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 instead of 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, peaceful 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 serves as 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.

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General comments in support of LD 2237:
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, 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.

Parts A, B, and D of LD 2237 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, something that is critical for housing stability for this population. It would also 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. This bill would help us do so.

Please support LD 2237 so we can provide Maine with much needed resources to work together to end and prevent homelessness in Maine.

Thank you for the opportunity to comment.

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