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Re: LD 2, An Act to Address Maine's Housing Crisis

Senator Pierce, Representative Gere, and members of the Joint Select Committee on Housing, my name is Cullen Ryan, and I am the Executive Director of Community Housing of Maine or CHOM. CHOM's small staff works collaboratively with 50 service providers across Maine to house hundreds of people experiencing homelessness, particularly the longest stayers in homelessness, victims of domestic violence, and homeless Veterans – all of whom require supportive housing. I also chair the Maine Homeless Policy Committee, the Maine Continuum of Care Board of Directors, as well as the ESAC Long Term Stayers Committee.

My organization is the largest housing provider for chronically homeless populations in Maine. CHOM currently houses 183 people who were chronically homeless with a 97% success rate, primarily using 4–6-unit dedicated sites, scattered from Sanford to Ellsworth, and blended housing models (25-50% of larger multifamily property) which incorporate key housing first principles such as low barrier access, consumer focused flexibility, and selfdetermination. Very few of these settings involve 24/7 on-site services. Outreach support is our primary model, delivered by nearby homeless shelters and community based mental health organizations. Support services are often insufficient, and if worded right, this bill would solve that for the many organizations that house chronically homeless populations.

I am testifying in support of LD 2, An Act to Address Maine's Housing Crisis. For the sake of all people experiencing chronic homelessness, I would like to see two language changes. We most certainly need more large single site housing first properties in Portland. We also need LD 2 to work well in all parts of Maine where chronic homelessness exists; we need other models of housing first as well. Let's do both.

1. Please add "up to" before 24/7. This would make it more feasible to pay for services for people experiencing chronic homelessness in <u>all</u> housing first settings. Some considerations:

- i. Not all chronically homeless people are from Portland or wish to live there. All people deserve choice rather than segregation or exclusion from options elsewhere.
- ii. Not all chronically homeless people want to live in, or are successful in, large single site housing first developments. For at least those reasons, we need LD 2 to support a variety of housing first approaches that will fit in many communities.

We won't set up 30-unit segregated buildings in more than a couple municipalities in Maine; the local numbers do not support it. For this to work in smaller service centers, we need 10 units that are integrated as part of 40-unit properties, or smaller permanent supportive housing using housing first principles.

iii. Not all chronically homeless people require perpetually staffed site-based intervention.

- iv. We need more services across the board. Some current programs have minimal support. There is a long way between almost no support – and support every minute of the week. Allowing LD 2 to work to provide 10, 20, or 40 hours of support each week to smaller housing settings will allow people to thrive and be successful in their local communities, and in that form, LD 2 would be the best tool to end chronic homelessness in Maine. This will allow large single-purpose sites to have 24/7 support, and smaller versions to have less, so the costs are not astronomical, to ensure we have a variety of options.
- v. One size will not fill all, and we want all housing first models to work in Maine.



2. Please use the nationally recognized definition of chronically homeless (included below). The current language in the bill oddly excludes stays in homeless shelters. This is a population that languishes in homelessness shelters and outside. To only count people outside for 12 months will miss most people experiencing chronic homelessness. Please let's count them all and get them housed.

Housing first is a type of permanent supportive housing (PSH). There are many forms of housing first, and all have proven successful. All forms of housing first and PSH are evidence-based practices – <u>all forms work</u>.

Of the 427 people housed through Portland's ESAC Long Term Stayers (LTS) initiative, less than 20% have landed in the three site-based housing first locations, yet we have between a 90-95% success rate in housing all 427 of them. The vast majority have been served in scattered site locations. Our success rate would be much better if the other 80% of people housed had additional support. The same number of people fell out of their housing as we housed in the last three months. Had everyone stayed, we would have a whopping 18 more people housed now than in December (that's more than half of a site-based building). Supportive services matter, and this bill is ultimately about supportive services. Having services extend to all housing first models would allow us to house and keep housed all people experiencing chronic homelessness.

<u>It makes sense to house this population</u>. The ESAC Long Term Stayers LTS Committee, which includes 20 participating organizations, has also demonstrated that **this population is as many as 29 times more likely to be in the hospital and 57 times more likely to be in jail when unhoused vs housed**. Housing this population using any approach saves us a lot of money and is a game changer for each person.

Homelessness looks different in different communities; as such, the response must be localized. We don't want people with special needs to have to travel to a major service-center area to have their service and housing needs met.

Thank you for the opportunity to comment.

Addendum

Different Models Work to End Chronic Homelessness:

There are multiple successful, best-practice models for housing chronically homeless populations. People experience success and failures in all of them; no one model is a panacea. They all work collectively together.

Maine utilizes all forms of housing first models with great success:

- Large site-based housing first models, such as Logan Place, Florence House, and Huston Commons in Portland, are dedicated buildings, coupled with project-based rental subsidies and 24/7 support services, with low barriers to entry. This model has provided permanent stability for people experiencing chronic homelessness. <u>This model is particularly well suited to people with active substance use disorder</u> who often run into problems in other forms of PSH. Harm reduction principles allow people to use substances while in their housing. There can be lower acceptance of behavioral issues in other models.
- Smaller PSH with housing first principles. These are generally smaller multifamily projects (4-6 units) with project-based rental assistance scattered around service center communities across the state. They specifically house chronically homeless populations (Long Term Stayers) and provide dedicated support services for their success. This model is particularly well suited to people with serious and persistent mental illness.
- Scattered site housing first models use the same low-barrier approach as the site-based model, but instead feather homeless populations into housing using rental subsidies. Outreach services are provided to ensure people maintain stability in their housing. This model has had a success rate in the low to mid-90% range. Low vacancy rates can make housing tough to find. This is the most widely used model in Maine, and the primary model in VT.
- Blended housing first, where multifamily affordable housing welcomes PSH/housing first into a percentage of the units; outreach support and rental assistance makes this work. MaineHousing is incentivizing this. Used in NYC.



U.S. Department of Housing and Urban Development (HUD) definition of Chronically Homeless:

"The definition of chronically homeless is:

- A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:
 - o Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
 - Has been homeless and living as described for at least 12 months* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.
- An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility**; or
- A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.
- *A "break" in homeless is considered to be 7 or more nights.

**An individual residing in an institutional care facility does not constitute a break in homelessness. " Source: <u>https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/</u>

HUD Definition/Information on Housing First:

"Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry."

"Housing First is premised on the following principles:

Homelessness is first and foremost a housing crisis and can be addressed through the provision of safe and affordable housing.

- All people experiencing homelessness, regardless of their housing history and duration of homelessness, can achieve housing stability in permanent housing. Some may need very little support for a brief period of time, while others may need more intensive and long-term supports.
- Everyone is "housing ready." Sobriety, compliance in treatment, or even criminal histories are not necessary to succeed in housing. Rather, homelessness programs and housing providers must be "consumer ready." → Many people experience improvements in quality of life, in the areas of health, mental health, substance use, and employment, as a result of achieving housing.
- People experiencing homelessness have the right to self-determination and should be treated with dignity and respect.

• The exact configuration of housing and services depends upon the needs and preferences of the population." Source: <u>https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf</u>

Information on Housing First/PSH in other areas of the country:

• Salt Lake City, Utah: <u>PSH</u>, modeled on Site-Based Housing First, has produced a 96% retention rate. <u>https://endutahhomelessness.org/wp-content/uploads/2021/04/housingfirst-1.pdf</u> However, recent legislative audit findings about Salt Lake City's site-based Housing First models and caution for duplicating them: <u>https://www.sltrib.com/news/politics/2021/11/16/utahs-housing-first-model/</u> From the article: "The problem, according to auditors, is that these communities are costly to build and often become long-term homes for those who stay there. "Because few residents move on to more independent forms of housing, few new spaces are made available in the existing facilities," auditors said. "Unless this trend can be reversed through a 'moving on' strategy, the growing population of chronically homeless will impose an ever-growing burden on Utah's homeless services system.""



- Florida: Scattered site and blended/inclusive PSH Housing First: One approach to supporting these households is Permanent Supportive Housing. Permanent Supportive Housing is a highly effective strategy that combines affordable rental housing with community-based services to help residents maintain a stable home. It is a proven model to help people who are not stably housed or who are experiencing homelessness, as well as persons with disabilities who can live independently in the community with supportive services. This type of housing provides residents with housing for an indefinite length of stay as long as the tenant complies with lease requirements, and it has no limits on the length of tenancy related to the provision or participation in supportive services. Such units may be a small portion of a larger general occupancy affordable rental property or may be part of a property that specializes in supportive housing. <u>https://www.floridahousing.org/programs/special-needs-housing-overview</u>
- The Solution the Saves Pilot, Duval, Miami-Dade, and Pinellas Counties: <u>https://abilityhousing.org/the-solution-that-saves-2/ Scattered-site and blended/inclusive PSH Housing First approach for high utilizers</u>. A study conducted on this pilot in Jacksonville (Duval County) demonstrated the efficacy of this approach, with a 90% housing stability rate (<u>https://news.wjct.org/first-coast/2018-11-29/jax-study-supportive-housing-helps-low-income-homeless-saves-community-money</u>). The study on this pilot program also bore out significant system-wide cost savings. Once housed in PSH, people who previously had frequent interactions with emergency systems were no longer using them at the high rates they had previously. For the population housed in PSH, comparing the two years prior to housing with two-years after being housed: There was a 77% reduction (\$89,173 cost reduction) in costs associated with the criminal justice system; a 65% reduction in costs associated with arrests/bookings (\$48,620 cost reduction); a 57.6% reduction in costs associated with hospital stays (\$3.7 million cost reduction)". "...to house individuals and give them wrap around support costs us 30 percent less than to maintain them as homeless on our streets," said Shannon Nazworth, President and CEO of Ability Housing."
- Austin, Texas HousingWorks: Implementing both Site-based and scattered site PSH/Housing First models. The City importantly noted the following in its planning processes: "By directing funding to development of a single-site (or multiple single-site) Housing First development, the city will create an environment in which a Housing First pilot project/development can succeed. Meanwhile, by implementing policies and recommendations included in this report related to scattered site PSH, the city will increase the number of chronically homeless who can be served in the current rental market (in both traditional private, for-profit and nonprofit housing). The city and community partners in the endeavor to house the hardest to serve will need to aggressively implement recommendations around both strategies in order to address the housing needs of the hardest to serve." https://www.betwebFNL_High_Res.pdf
- Houston Texas: <u>Using scattered-site PSH to end CH</u>. A project in which \$102.4 million was invested over a threeyear period brought 2,500 units of scattered site PSH housing online throughout the city of Houston (using Housing First Approach). This resulted in a 70 percent reduction in chronic homelessness and a 50 percent reduction in the overall homeless population.

https://www.facebook.com/UnitedtoEndHomelessness/videos/2104503019864720/

- Orange County, CA United to End Homelessness: <u>Scattered Site Permanent Supportive Housing as an Effective Solution to End Homelessness (https://unitedtoendhomelessness.org/blog/scattered-site-permanent-supportive-housing-as-an-effective-solution-to-end-homelessness/)</u>: "One of the many benefits of scattered site housing is that formerly homeless tenants have access to neighbors with diverse backgrounds and socioeconomic classes, helping them integrate into their new communities an important factor in their remaining housed. Equally important factors include a variety of apartment types and sizes from which prospective tenants can choose that best fit their unique needs, along with factors such as close proximity to their employers, families, or places of worship." Importantly, it's noted that scattered site PSH can be implemented much more rapidly than large, site-based models. Their USICH Regional Director Helene Schneider noted that site-based is part of the solution but "Property owners are the lynchpin that can make this happen quickly and get units online now."
- New York City:
 - Pathways to Housing: <u>Scattered site and blended/inclusive Housing First model</u>. "Dr. Tsemberis founded Pathways to Housing in New York City in 1992 based on the belief that housing is a basic human right. Based on the belief that people experiencing homelessness and struggling with mental illness or addiction should not



have to prove they are housing ready. And based on a program philosophy founded on love, respect, and creating possibilities. At, Pathways to Housing, Tsemberis and a team that included program participants and advocates for consumer rights and housing rights, developed the model that came to be known as Housing First. A program that provides immediate access to permanent housing and person-centered supports to people experiencing homelessness and struggling with problems of mental health and addiction." Source: <u>https://www.pathwayshousingfirst.org/</u> One of the earliest versions of Housing First in the country and has informed housing first and the field of homelessness since its inception.

- Housing Plus NYC: Uses the Housing First scattered site and blended models. "Our model is based on the "housing first" approach, through which we connect women and families to housing without preconditions and barriers to entry. We support our tenants through a host of services, including trauma and family counseling and on-site employment/education services." Source: <u>https://housingplusnyc.org/housing-supportive-services/</u> "HousingPlus is partnering with private developers to create new affordable housing in the neighborhoods we serve. Our most recent achievement, a project in partnership with B&B Urban, L+M Development Partners, and MHG Architects, created 100 new units of affordable housing in East New York through the Linwood Park Apartments, which opened in May 2020. HousingPlus provides on-site social services and rental assistance to 30 units of family housing in this project that serves formerly homeless families and justice-involved women and children." Source: <u>https://housingplusnyc.org/history/</u> "HousingPlus currently holds leases for 150 apartments, from studios to three bedrooms, in scattered sites around Brooklyn. Another 100 or so units are under construction." Source: <u>https://mindsitenews.org/2022/11/17/in-new-york-housing-first-approach-helps-unhoused-people-find-stability/</u>
- NYC launching a <u>Housing First pilot using the blended/inclusive model</u> (modeled after Houston's successful Housing First strategy). <u>https://www.smartcitiesdive.com/news/nyc-launches-housing-first-pilot/636664/</u>
- Houston: "Currently, more than 100 partners are collaborating through The Way Home to implement programs that are all based on a Housing First model. This means that people experiencing homelessness are moved into permanent housing as quickly as possible then provided with supportive services (like case management, healthcare, substance use counseling, income coaching, and more) to help them remain stabilized in housing and improve their quality of life. Since 2011, overall homelessness has decreased by over 60% in Harris, Fort Bend, and Montgomery counties. And since 2012, more than 25,000 people have been housed with about an 90% success rate." https://www.homelesshouston.org/thewayhome
- Vermont Pathways Vermont: <u>https://www.pathwaysvermont.org/what-we-do/our-programs/housing-first/</u><u>Uses</u> <u>the scattered site Housing First model to house people experiencing homelessness, specifically people</u> <u>experiencing chronic homelessness</u>: *"Housing First is an evidence-based, permanent supportive housing program that supports individuals to maintain independent housing and lead meaningful lives in their community. The program immediately ends homelessness by supporting individuals and families to locate independent apartments in the community. Housing First clients are provided long-term, multidisciplinary community supports, including service coordination, drug & alcohol counseling, employment support, psychiatry, nursing care and representative payee services." "Housing First is recognized by the Department of Housing and Urban Development as the most effective intervention for addressing chronic homelessness. Since 2010, the Housing First program has ended the cycle of chronic homelessness for over 640 Vermonters. The Housing First program maintains an 87% Housing Retention Rate."*
- Chicago Facing Forward Chicago: <u>PSH using the Housing First approach</u>. "Our most longstanding program, Permanent Supportive Housing, provides long-term, stable housing with no barriers to entry and no predetermined end date. PSH serves neighbors with a history of chronic homelessness and disabling conditions and pairs comprehensive case management services and stable housing with no pre-determined end date. We work with clients and over 100 community partners to build a unique portfolio of supportive services that improve mental and physical health and create opportunities for education and employment." Source: https://www.ffchicago.org/what-we-do/#our-programs "Housing First is an effective and long-term solution to chronic homelessness. It stems from the fact that individuals must have basic needs, such as food and shelter, met before they can address the root causes and intergenerational effects of chronic homelessness. When a home is



paired with skilled and compassionate services, clients can face forward toward emerging dreams and possibilities. Housing First:

-Places individuals in permanent housing as quickly as possible without requiring "housing readiness," allowing us to serve the city's most vulnerable populations;

-Offers completely voluntary wraparound services with a dedicated case manager: e.g. mental, behavioral, medical

-Allows flexibility in meeting clients' needs and prioritizes client choice in both housing selection and supportive service participation, giving the client the opportunity to lead their journey to self-sufficiency." Source: <u>https://www.ffchicago.org/what-we-do/#our-approach</u>

 <u>Homelessness Policy Research Institute 2019 Scattered vs. Single-Site PSH Literature Review</u> (<u>https://socialinnovation.usc.edu/wp-content/uploads/2019/04/Scattered-vs.-Single-Site-PSH-Literature-</u> <u>Review.pdf</u>): This study looks at the efficacy of both scattered and single-site PSH (using a housing first model). Importantly, single-site PSH includes smaller projects along with larger single-site projects. Key Takeaways:

- Both single-site and scattered-site PSH prevent a return to homelessness and increase overall quality of life for program participants.
- Single-site PSH has a specific target audience and specialized programs, while scattered-site is implemented within affordable housing developments with dispersed programs, resulting in numerous exogenous factors affecting outcomes for program participants.
- Research suggests single-site PSH is beneficial for homeless individuals with substance abuse challenges as well as those with HIV/AIDS.
- Scattered site PSH has been shown to more positively serve families experiencing homelessness.