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April 4, 2023

Housing Committee
Legislative Information Office
100 State House Station
Augusta, ME 04333

Re: Testimony in Support of LD2 An Act to Address Maine's Affordable Housing Crisis / An Act to End Chronic Homelessness by Creating a Housing First Fund

Dear Senator Pierce, Representative Gere, and Honorable Members of the Committee:

Introduction

My name is Dr. Katie Spencer White, and I am the President & CEO of the Mid-Maine Homeless Shelter & Services (MMHSS) in Waterville. We are Maine's newest year-round low barrier shelter, one of only six in the state serving people with the highest needs without regard to sobriety, management of mental illness, or history of incarceration. We serve people experiencing homelessness primarily from Kennebec and Sommerset Counties through our 65-bed low-barrier shelter and winter warming center and provide a range of programs and services designed to prevent people from becoming homeless and to quickly rehouse them if they do. We also have eleven units of Housing First (HF) permanent supportive housing for youth experiencing homelessness.

As a provider of single site HF, I write to you in qualified support of LD2. It is a good bill with a worthy intention. Homelessness has emerged as one of the most challenging issues of the 21st century. Communities like Waterville, which never had a problem with chronic homelessness, now see by the dozen people who live in their cars, in tents, and in all manner of places not fit for human habitation. The problem has become acute in the wake of the COVID-19 pandemic. In 2019 our average length of stay for guests who exited shelter was 37 days. Today it is 80 days. The average stay for our current guests is also growing and currently stands at 137 days. These are historic numbers, unheard of in our county.

Housing First

With LD2, Maine has an opportunity begin the important long-term work of ending chronic homelessness. In her State of the State address last month, Governor Mills asked for a Housing First (HF) bill and LD2 presents a significant attempt to honor that request and end chronic homelessness in Maine.

HF developed in the 1990s as a simple yet elegant clinical solution to the problem of homelessness for people with major mental illness. It emerged in the wake of a movement in the 1970's and 1980's to deinstitutionalize people who were either in hospitals or in single site buildings where only mental health consumers resided.

The HF philosophy is one of its key characteristics. It sees housing as a fundamental right, and rather than making people experiencing homelessness achieve interim success in transitional housing or group homes, it directs providers to get clients leased up and into a permanent home. Over the years it has proven to be a highly effective intervention and is now recognized by the federal government and the state of California as an evidence-based practice, characterized by several core components:

1. Housing is a basic human right
2. Unconditional positive regard for all clients
3. A commitment to working with clients as long as they need
4. Scattered site housing / only 20% of units for HF
5. Separation of housing and services
6. Consumer choice and self-determination
7. Recovery orientation
8. Harm reduction

Single site HF is an adaptation of the original scattered site program. It blends other housing models like Permanent Supportive Housing (Parkinson & Parsell. 2018) with the program philosophy of HF and many of its other elements in a single location. Importantly, all units in the building are reserved for the program, which is a key deviation from the original scattered site model which directs that no more than 20% of units in a single building should be used by the HF program. And rather than accessing services in the community, the majority of services are provided on site. This has implications for community integration which is key to the success of the HF model (Nelson et. al., 2023). Nonetheless, research indicates that this can be a successful intervention for people with major mental illness and/or substance use disorder who become chronically homeless.[1]

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[1] See 24 CFR 578.3. The federal definition of homelessness applies to the Continuum of Care program. A person is defined as chronically homeless if that individual: An individual who:
• Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
• Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least four separate occasions in the last 3 years, where the cumulative total of the four occasions is at least one year, and
• Can be diagnosed with one or more of the following conditions: Substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act

The Importance of Services to the Success of HF

Services are central to the success of HF. Depending on need, clients receive either Assertive Community Treatment or Intensive Case Management (Tsemberis, 2010). Research indicates that both models produced high housing retention rates relative to standard interventions (Stergiopoulos, et. al., 2019).

Herein lies the importance of LD2. The lack of services after lease up is one of the key reasons for the rise in chronic homelessness in Maine. People who have experienced homelessness, particularly chronic homelessness, require long-term support to maintain stable housing. Currently there is no established mechanism to fund the services for a HF program.

Without services, HF will fail. Both single site and scattered site HF projects rely on competent staff with low caseloads. Case managers and other professionals assist with a range of supports including navigating rises in acuity of mental health and other disorders, unit maintenance, ensuring clients are connected to and able to attend healthcare appointments, landlord and tenant communication, maintaining the lease in good order, setting and achieving personal goals, and community integration, all of which are essential to staying housed (Goering et. al., 2011; Nelson et. al., 2023).

At MMHSS, we are feeling the loss of funding for the light touch services we've been able to provide for the last seven years. Our HF apartments for young adults have historically relied on s.13 Targeted Case Management of the MaineCare Benefits Manual. This section provides case management services (for moderate need clients) to people experiencing homelessness if they are MaineCare eligible.

Using an intensive case management (ICM) approach (Tsemberis, 2010) with 24 hour on-call availability, we have operated this program for five years without a single eviction. Unfortunately, in a disastrous turn of events, DHHS reinterpreted s.13 in January of this year. Because of this rule change, we can see no viable solution to maintaining fidelity to our HF program design and we may no longer be able to serve our tenants or other former guests in the community.

The Frugal Simplicity of Scattered Site HF

It is worth noting that single site HF projects are an adaptation to the original design of HF which is known as Pathways to Housing First (PHF). PHF rejected institutional models of social housing because they tended to exclude the hardest to serve (Stefancic & Tsemberis, 2007; Tsemberis, 2010). Importantly, the most significant studies on HF, including longitudinal and randomized controlled studies in Canada, the US, the UK, Europe, and Australia, are based on

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of 2000 (42 U.S.C. 15002)), posttraumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

the PHF scattered site model (Goering, et. al., 2011; Nelson, et. al., 2023; Stefancic & Tsemberis, 2007; and Stergiopoulos et. al., 2019).

The scattered site approach leverages market-based housing secured and paid for with rental subsidy. Tenants sign a lease, pay 30% of their income towards rent (with rental subsidy covering the rest), maintain their unit, and do not cause a nuisance to their neighbors. Clients can also choose to participate in an array of services located throughout the community. The only program requirement outside of the lease agreement is a mandatory weekly check-in with a case worker to ensure everything runs smoothly and to assist the tenant with meeting individual goals on their path to recovery. **Housing stability is the primary outcome of HF, and using this approach, PHF providers can expect to achieve long-term housing stability for 80% or more of their clients** (Stefancic & Tsemberis, 2007; Stergiopoulos, et. al., 2019).

Critically, *community integration has been identified as a key element to HF and is best achieved through a scattered site approach to housing* (Gilmer, et. al., 2014; Gilmer, et. al., 2015). For providers, scattered site HF is relatively easy to implement because it has low barriers to entry and relies on existing housing and can therefore be implemented immediately once funding for services in place.

Recommendations for LD2

LD2 is an important first step in establishing Housing First as the key strategy for ending homelessness in Maine. It is an evidence-based practice that has a significant impact on maintaining stable housing relative to other practices or treatment as usual. LD2 ensures funding will be available to provide the services critical to success in HF projects across the state.

Nonetheless, LD2 would be improved with the following amendments:

1. **Make scattered-site projects eligible for services funding**. Scattered site projects are not only easier to set up because they are not dependent on construction, but they also ensure that communities across the state would benefit from the legislation. At MMHSS we have served 81 people who fit the definition of chronic homelessness over the last three years. We would like to continue to serve them in the community. But if we have to wait for construction to build HF units, we may wait for decades; in the alternative, we'll have to send our clients to larger municipalities that have the expertise and financial resources to develop site-based HF projects.

2. **Ensure Maine applies the federal definition of chronically homeless.** There is a draft of LD2 in circulation that uses a restrictive definition of chronic homelessness. Maine should apply the federal definition of chronic homelessness (see Footnote 1 above), not the least because we want to screen people into HF rather than screen them out. If the original definition in the bill stands, of our 81 chronically homeless guests in Waterville, only about 10% will qualify for the services funded through this bill.

3. **Avoid "one-size" solutions.** Not all chronically homeless people need 24 hour on-site services, and many who do in the first year find that recovery lessons acuity of mental

heath needs and they require fewer supports over time (Tsemberis, 2010). As the At Home / Chez Soi follow-up study demonstrates (Stergiopoulos, et. al., 2019), support services can be delivered successfully with different levels in place. Our youth HF program has not had a single eviction in 5 years and we provide on-site services 40 hours per week with on-call available the remainder of the time. This pattern works for our building and is a more parsimonious approach than 24 hour on-site services. By drafting the bill to allow "up to 24 hours" of services, we extend the reach of the funding and ensure more Mainers will benefit from LD2.

Conclusion

LD2 is a landmark bill in the history of Maine. Adopting HF as official policy places our state at the vanguard and demonstrates that small rural states can tackle large problems efficiently with due regard to the dignity of all.

Importantly, with the revisions suggested above, we can serve the entire state. This is important because the chronically homeless don't just live in our largest municipalities; they live in every community and we want to serve them at home where they belong, close to friends and family and other community supports.

We will still have much work to do to resolve our state's affordable housing crisis and to achieve our goals to prevent and end homelessness across the state for all populations. I and many others are working diligently to achieve the goals laid out in the Plan to Prevent and End Homelessness which is now informed by Built for Zero. This bill will be a catalyst for wider change and eventual success.

One of the best things about living in Maine is our commitment to taking care of our people. This bill puts us on the right path, and I urge you to pass it with these amendments.

Kind regards,

Dr. Katie Spencer White
Chief Executive Officer
Mid-Maine Homeless Shelter & Services