

To Joint Select Committee on Housing by Christopher St.John, Brunswick, cstj@gwi.net

LD 2136 An Act to Provide Funding Support for Shelters for Unhoused Individuals

LD 2138 An Act to Improve Funding for Homeless Shelters

Senator Pierce, Representative Gere, and members of the Joint Select Committee on Housing.

I am grateful for all the work this committee, the Appropriations committee, and the whole legislature accomplished in the last three years, making more progress to invest in housing and shelters than has been done over my lifetime of observing Maine state government. And I know you know how much more there is to be done.

Last week, Dr. Jim O'Connell, the founder and President of the Boston Health Care Program for the Homeless gave a public talk at the Curtis Library in Brunswick and met with advocates and providers the next morning at St Charles Boromeo Parish Hall. You may be familiar with the book by Tracy Kidder, *Rough Sleepers*, that follows Dr. Jim and many of his patients, or Dr Jim's own book, *Stories from the Shadows*.

Dr. Jim made several points that seem relevant to all your work, and particularly the bills you are considering this morning. He woke me up by stating what might be obvious to you, that we are not likely to "solve" or "end" homeless^{ness} anytime soon, but we CAN reduce harms and relieve suffering. You already HAVE done so, and I wish you his determination and grace to continue doing so.

He pointed out that the conditions that lead to homelessness are multiple and complex. Those conditions begin with the historic public disinvestment in housing that began in the 1980s—on the Federal level dropping funding of housing programs for very low-income people from over \$90 Billion annually to around \$20 Billion a year ever since. It makes housing into a sad game of musical chairs in which those left behind are the most vulnerable, often with multiple barriers.

He said he has never met a person among the chronically homeless who would turn down an offer of an apartment, even though not everyone who wins that lottery can easily succeed in an apartment without supports. He did say that although Boston has enough shelter beds for almost every one of the several hundred people chronically living "on the streets", many refuse shelter beds because of their illness, fear of crowds, lack of privacy, and other barriers.

In Maine we do not have enough shelter beds for everyone who needs them. Dr. Jim urged us not to get caught in the unfortunate retreat into "camps" of advocates for one kind of shelter or another. He used the language, for example, that we need "wet", or "low-barrier" shelters for those who need them and "dry" or shelters that require sobriety and adequately managed psychoses for those who are not actively ill, and respite care for those that are. He pointed out that while we of course need more housing, we can and should keep making shelter beds^{bed} people for the years it will take to make up the shortfall in housing production.

As you have expanded shelter beds, you must expand the state's contribution to shelter operating subsidies, as LD 2136 does, and increase the funding of the low barrier shelters as ~~LD~~ LD 2138 provides.