Maine Homeless Policy Committee

May 12, 2025

Re: LD 1910, An Act to Strengthen Housing Stability Services by Increasing Support and Outreach

Senator Curry, Representative Gere, and members of the Housing and Economic Development Committee, my name is Cullen Ryan, and I am the Executive Director of Community Housing of Maine (CHOM) and serve as Chair of the Maine Homeless Policy Committee, which assisted in creating this bill.

I am testifying in strong support of LD 1910, An Act to Strengthen Housing Stability Services by Increasing Support and Outreach. *This bill requires the Department of Health and Human Services to contract with community-based nonprofit organizations through a request for proposals process for 9 outreach caseworkers and 9 housing stability workers. The outreach caseworkers and housing stability workers provide housing and supportive services to individuals who are unhoused and chronically homeless, as well as ensuring that the individuals are in safe indoor environments while awaiting permanent housing. The contracted workers are distributed around the State and targeted to areas with higher populations of individuals who are homeless. The bill requires ongoing appropriations of $800,000 each year for outreach caseworkers and $900,000 each year for housing stability workers.*

This bill has the unanimous support of the Statewide Homeless Council, all three Regional Homeless Councils, and the Maine Continuum of Care. Along with funding homeless shelters, this is the top priority of the homeless sector.

Background: Prior to 2011, there were some 56 Intensive Case Managers (ICM) employed by DHHS serving populations experiencing chronic homelessness in sheltered and unsheltered settings. These were a combination of Community based ICMs and Forensic ICMs. Although ICMs worked with the same populations and their employment followed the same principles of this legislation, part of each ICM's job was to address crisis situations as they emerged around the state, drawing them away from their service to the target population. These positions were cut in the 2011 budget. Later, some Forensic ICMs were hired back, but they and Community based ICMs were never fully replenished and now the sum total stands at 24 positions statewide, with only 5 of them being Community based. This bill proposes a very focused strategy to remedy the lack of ICMs in Maine and will help us end and prevent homelessness.

Rationale: These positions are critical because they would provide continuity of housing efforts for a population that tends to bounce through various emergency settings, so that housing efforts steadily continue no matter where the person served happens to be (shelter, jail, hospital, warming center, outside, various other shelters, etc.).

I chair the FUSE (Frequent Users System Engagement) Committee, an initiative in Portland that has been working on a by-name list effort to house people who are chronically homeless, people who are unsheltered, people who are frequent users of emergency systems – people in need of permanent supportive housing interventions. The group of 20 organizations has been working to end homelessness for this population for 10 years and has now housed 528 people, and with success rates between 85 and 95% throughout the 10-year effort. Members of this Committee are experts in their respective fields and have found that there is a correlation between the success rate once housed and the presence of follow-up support services: when services continue to follow this population once housed their success rates have been quite high (95%); when housing stability services are lacking success rates have been markedly lower (85%). As of the end of March 2025, the success rate in housing is 85.44% - indicative of insufficient housing stability services. But the slow pace of housing is also evidence of the lack of continuity of effort. There are people on our lists that remain unhoused after 10 years.

This Committee has also collected and analyzed jail and hospital utilization data for people who were unhoused versus people who had been housed through the initiative. This comprehensive data is quite compelling. It also demonstrates that getting people housed creates cost savings for local, county, and state governments.

Data: As of the end of March 2025, out of the 448 people housed and still alive, not a single person was in jail and 2 people were in the hospital. Out of the 144 people unhoused there were 14 people in jail and 4 people in the hospital. This means that in March, for this population, the likelihood of being in jail was *infinitely higher* when unhoused than when housed; and this population was *more than 6 times more likely to be in the hospital when unhoused than when housed.* Throughout the forty-nine (49) months this data has been collected and analyzed, it has been discovered that people who are chronically homeless are up to 29 times more likely to be in the hospital and up to 57 times more likely to be in jail than when unhoused than when housed. This data is indicative of the stability that

housing, coupled with adequate follow-up support services, provides. When people attain stable housing, they are exponentially less likely to interact with our overburdened and costly emergency systems. That means we save money. It is 27 times more expensive to be in the hospital and 4 times more expensive to be in jail than in housing. The key to attaining and retaining housing for this population is housing stability and outreach case worker services.

Too often our system works in silos. As the data above shows, it is common for a person to be landing in jail, the hospital, various homeless shelters, outside in a tent or encampment, and to have contact with medical and law enforcement first responders frequently. It is extremely difficult to house someone in those circumstances. Outreach Case workers and Housing Stability workers have the sole focus sticking with a person no matter where they land in the system, maintaining the continuity of efforts to house the person, and then, importantly, working to keep them housed. We are missing these critical positions to provide that continuity to fix the deficits of a disconnected system.

Maine's shelters are full because there is little movement into housing. Because that is a recipe for turning people away, we will continue to see an increase in unsheltered homelessness and encampments – the worst of all outcomes.

By adding skilled services, we can empty our shelters and encampments, housing and stabilizing each person, freeing up capacity within our emergency shelters, and preventing encampments.

Encampments: Maine has experienced unprecedented numbers of people who are unsheltered or in encampments in recent years throughout the entire state. Maine's best strategy for moving people to safe places indoors or directly into housing from encampments is to add outreach case workers who are trained to meet people where they're at.

Data on costs of encampments: In addition to the costs borne by the State associated with homelessness and encampments, please also consider the expensive and deadly health outcomes: According to 2023 state overdose data, 73 people died of overdoses within the homeless population versus 533 who died of overdoses within the 1.395 million population of Maine. That meant that a person was 32 times more likely to die of a fatal overdose if unhoused than if housed. People are more likely to die of a fatal overdose in an encampment than they are in a supervised shelter. Encampments create other problems beyond a much higher risk of overdose, including trauma.

Encampments are miserable and hopeless places where people who do not feel good about themselves take enormous risks. People are more apathetic about living when they are in these kinds of desperate circumstances, and that affects their decision making, and has health consequences. People are more likely to participate in risky behaviors that can lead to contracting dangerous and potentially lifelong illnesses, such as Hepatitis C and HIV, when in an encampment than they are in a supervised shelter.

In 2024, 14 people in the entrenched Bangor encampment contracted HIV and that same group of 14 also contracted Hepatitis C. According to state DHHS data, it costs $30,000 for a one-time Hepatitis C treatment – a generally successful cure for Hepatitis C. The treatment for HIV is $36,000 annually in perpetuity. The first year of treatment alone will cost the equivalent of 6 years of housing for each person, yet instead of paying for housing, we will be paying to keep them alive while unhoused. We will be paying for the consequences of them not being housed.

This Administration and the Legislature have made important investments in housing and ending homelessness. But the current situation is dire, and the creation of these positions to house and keep housed this population is vital.

Please allow the system to hire these critical workers: Housing Stability Workers and Outreach Case Workers are precisely what the Statewide Homeless Council, the Maine Continuum of Care, all three Regional Homeless Councils, and the Maine Homeless Policy Committee are calling for as a priority solution to homelessness.

I implore the Legislature to pass LD 1910 to ensure Maine's homeless service system has outreach case workers and housing stability workers – currently the missing link – to get people into housing and ensure they are successful there.

Thank you for the opportunity to comment.