



TESTIMONY OF GLBTQ LEGAL ADVOCATES & DEFENDERS

LD 512 – OUGHT TO PASS

JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

March 25, 2021

Senator Claxton, Representative Meyer, and Honorable Members of the Committee on Health and Human Services: Good Morning. My name is Anthony Lombardi, and I am a legal fellow at GLBTQ Legal Advocates & Defenders, New England’s leading legal advocacy organization for LGBTQ rights, and I am a lobbyist associate of Mary Bonauto who lives in Portland. GLAD writes to share its support for LD 512, *An Act To Provide Intensive Case Managers to Counties That Do Not Have County Jails or Regional Jails*.

This bill would ensure that every county in Maine has an intensive case manager (“ICM”), regardless of the existence of a county or regional jail. In particular, GLAD supports (1) the expansion of ICMs state-wide since these services are required in all counties; (2) the enumeration of the duties of these ICMs in the bill, to highlight the value of these managers in developing treatment and diversion plans for justice-involved individuals (currently or formerly); as well as (3) the explicit restatement that all individuals, including those with a “condition,” have a right to due process and a speedy trial.

The Department of Health and Human Services (the “Department”) actively employs a team of professionals to “navigate successful transitions into the community” and “divert[ing] people from hospitalization,” often in collaboration with stakeholders – judges, probation and parole officers, attorneys, and the individuals themselves – throughout the justice process.¹ As the Office of Substance Abuse and Mental Health Services notes, the ICM program helps individuals with accessing housing, MaineCare enrollment and eligibility, and diversion from hospitalization as well as from justice involvement, if applicable.² Enacting LD 512 would help ensure that these crucial services – key stumbling blocks to a successful transition into the community and away from further systems involvement – are more accessible regardless of geography.

ICM models have been utilized across the country as a tool for reducing recidivism and connecting justice-involved individuals with vital services. Expanding access to these managers will also likely improve outcomes for reentry across the State: a 2016 evaluation of seven state

¹ The Department describes its program as a “a long-standing program to help persons with mental illness and co-occurring substance use disorders re-integrate into the community following discharge from incarceration” with a team that “helps to navigate successful transitions into the community . . . [and] have a critical role in diverting people from hospitalization by identifying appropriate levels of care in the community.” ME. DEP’T OF HEALTH & HUM. SERV., *Supporting persons with mental illness and substance use disorders in jails and prison* (June 20, 2019), available at: <https://www.maine.gov/dhhs/blog/supporting-persons-mental-illness-and-substance-use-disorders-jails-and-prison-2020-03-10>.

² *Id.*



programs (including Maine’s neighbors in Massachusetts and Connecticut) found that, once implemented, stakeholders in ICM programs routinely develop and exchange reentry case plans, frequently receive and make referrals across key partners, and regularly follow up to ensure receipt of needed services, which are “critical elements of effective case management.”³ In other words, ICM’s also serve Corrections’ goals of “reduc[ing] the likelihood that juvenile and adult offenders will reoffend by providing practices, programs and services which are evidence based ...” and have a demonstrated impact on recidivism.⁴

Addressing these key issues for people otherwise in or vulnerable to system involvement clearly benefits the State as a whole and reflects the State’s goal to improve public health in the community.⁵ Providing programs for housing, MaineCare services, and diversion will provide productive mechanisms to tackle the compounding underlying issues of poverty, especially for the LGBTQ+ community.⁶ A recent survey of northeastern states found that LGBTQ+ people have higher poverty rates than cis straight people and that transgender people have higher poverty rates than cisgender people generally.⁷ Further, LGBTQ+ people have unique needs following re-entry in the areas that the ICM expansion would address. A 2018 report finds that “as a result of higher poverty rates, LGBTQ communities are more likely than the general population to be in need of comprehensive and equal public benefits programs” and have distinct needs throughout the reentry process, including connection to health care, obtaining accurate identity documents, [and] and understanding of state laws (or lack thereof) prohibiting discrimination based on sexual orientation and gender identity.”⁸ Research demonstrates that the LGBTQ+ community faces alarming rates of discrimination in housing, as well as alarming rates of homelessness. For example, studies have shown that housing providers are both less likely to respond to inquiries from same-sex couples

³ Shelli B. Rossman et al., *Second Chance Act Adult Offender Reentry Demonstration Projects, Evidence-Based Practices: Case Management*, NAT. CRIM. JUST. REFERENCE SERV. 1, 22 (Dec. 2016), available at: <https://www.ojp.gov/pdffiles1/nij/grants/250470.pdf>.

⁴ The Maine DOC identifies risk factors and creates an individualized case plan, alongside a variety of programs and services, focused on reducing recidivism. ME. DEP’T OF CORR., *Services for Successful Re-entry* (2020), <https://www.maine.gov/corrections/about/best-practices/successful-reentry-services>.

⁵ See Off. of Gov. Janet T. Mills, *Governor Mills Signs Executive Order Directing Immediate Action to Combat Opioid Epidemic* (Feb. 6, 2019), <https://www.maine.gov/governor/mills/news/governor-mills-signs-executive-order-directing-immediate-action-combat-opioid-epidemic-2019-02> (announcing a program to prevent overdose deaths, increase treatment and recovery efforts, and bolster prevention efforts).

⁶ Organizations in Maine are already implementing programs similar to the ICM workload that are targeted to improve community health. Preble Street Health Services operates a Medication Assisted Recovery program (MARF) which “optimizes existing substance use disorder (SUD) treatments and recovery-oriented services and adds monitored daily Medication Assisted Treatment paired with mental health counseling . . . [t]his model has shown clear evidence of positive results in the community.” Preble Street, *Health Services* (2020), <https://www.preblestreet.org/what-we-do/health-services/>.

⁷ The data set (Connecticut, Massachusetts, New York, Pennsylvania, Rhode Island, and Vermont) excludes Maine from the survey. Soon Kyu Choi et. al, *State Profiles of LGBT Poverty In The United States*, THE WILLIAMS INST. 1, 3 (Dec. 2019).

⁸ Lourdes Ashley Hunter et al., *Intersecting Injustice: A National Call to Action, Addressing LGBTQ Poverty and Economic Justice for All*, Soc. Just. Sexuality Project 1, 40, 99 (March 2018) For example, 45% of respondents to the 2015 U.S. Transgender Survey reported receiving income from multiple public sources, such as SSI or SSDI.



and are more likely to quote higher rents to same-sex couples than comparable different-sex couples.⁹ A recent survey found that more than one-third (37%) of transgender respondents and 28% of LGBTQ+ respondents overall faced discrimination that had a negative impact on their ability to rent or buy a home.¹⁰ Indeed, the U.S. Department of Housing and Urban Development has found that “same-sex couples experience less favorable treatment than heterosexual couples in the online rental housing market.”¹¹

These issues of discrimination in housing and homelessness are even more pronounced for the transgender community and LGBTQ+ people of color. According to the 2015 U.S. Transgender Survey, nearly one-third of transgender people experience homelessness at some point in their life.¹² Transgender women of color have experienced especially high rates of homelessness (lifetime rates for certain groups listed in the survey include Indian (59%), Black (51%), multiracial (51%) and Middle Eastern (49%)).¹³ Additionally, 23% of respondents experienced some form of housing discrimination or instability in the past year, and transgender women of color were more likely to have experienced such discrimination, including Black (49%), multiracial (39%), American Indian (39%), and Latina (37%) women.¹⁴ Six percent (6%) of respondents were denied a home or apartment in the past year, and transgender women of color (Black (17%), multiracial (15%), and Latina (11%)) experiencing higher rates of this discrimination.¹⁵ Passing LD 512 is an important step to expanding access to vital programs that directly help people stabilize and succeed upon re-entry to the community.

Thank you for your consideration, and GLAD hopes that you will unanimously vote ought to pass on LD 512 and provide additional tools for intensive case managers throughout the State.

Submitted by:

Anthony Lombardi, Esq.
Legal Fellow
GLBTQ Legal Advocates & Defenders
Alombardi@glad.org

Mary L. Bonauto, Esq.
Civil Rights Project Director

⁹ See Adam P. Romero et al., *supra* note 5, at 19 ((referencing D.K. Levy et al., *A Paired Testing Pilot Study of Housing Discrimination against Same-Sex Couples and Transgender Individuals*, URB. INST. (2017)).

¹⁰ Sharita Gruberg, et al., *The State of the LGBTQ Community in 2020*, CTR. FOR AM. PROGRESS (Oct. 6, 2020), <https://www.americanprogress.org/issues/lgbtq-rights/reports/2020/10/06/491052/state-lgbtq-community-2020/>.

¹¹ Samantha Friedman et al., *An Estimate of Housing Discrimination Against Same-Sex Couples*, U.S. DEP'T OF HOUS. & URB. DEV., iv (June 2013),

https://www.huduser.gov/portal/Publications/pdf/Hsg_Disc_against_SameSexCpls_v3.pdf.

¹² Sandy E. James et al., *The Report of the 2015 U.S. Transgender Survey*, 176 (2016).

¹³ *Id.*, at 178.

¹⁴ *Id.*, at 180.

¹⁵ *Id.*, at 179.



GLBTQ Legal Advocates & Defenders
mbonauto@glad.org
257 Deering Ave., #203
Portland ME 04103