



**Testimony of Maine Public Health Association in Support of:
LD 81 and LD 1076**

Joint Standing Committee on Health and Human Services
Room 220, Cross State Office Building
Thursday, April 8, 2021

Good morning Senator Claxton, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association. I am here today providing testimony in support of LD 81: “An Act To Ensure the Safety of Children Experiencing Homelessness by Extending Shelter Placement Periods” and LD 1076: “An Act To Support the Operations of Youth Shelters in Maine.”

MPHA is the state’s oldest, largest, and most diverse association for public health professionals. We represent more than 500 individual members and 30 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine’s communities and we take that responsibility seriously.

MPHA supports the provisions in these bills that extend the duration youth can stay at a shelter beyond 30 days (extended to 60 days in LD 81, and 90 days in LD 1076). We believe increasing this length of time will improve housing stability and security for youth and allow them to establish positive relationships with shelter staff. LD 1076 also includes a provision to increase the length of time a child may be admitted into a shelter prior to notifying their parent or guardian. Youth may be seeking alternate housing because of an unstable home environment or abuse; increasing this notification time can create needed space for youth to be safe and feel secure.

As of January 2019, Maine had an estimated **2,106** people experiencing homelessness on any given day. Of that total, 283 were family households, 116 were veterans, **125** were unaccompanied young adults (aged 18-24), and 226 were individuals experiencing chronic homelessness.¹ Public school data (2017-2018 school year) show that an estimated **2,443** public school students experienced homelessness over the course of the year. Of that total, **74** students were unsheltered, **596** were in shelters, **295** were in hotels/motels, and **1,478** were doubled up.¹ More than 2 decades of research suggest that when a young person’s living situation is unstable, they are at increased risk for significant adverse health outcomes, including chronic medical conditions, mental illness, substance use, sexually transmitted infections, and victimization.² Housing instability is also associated with higher health care use and hospital visits.³

We believe the provisions in these bills will support youth’s physical, mental, and emotional wellbeing. Thank you for your consideration.

¹United States Interagency Council on Homelessness. n.d. Maine homelessness statistics. <https://www.usich.gov/homelessness-statistics/me>.

²O'Brien JRG, Edinburgh LD, Barnes AJ, McRee AL. 2020. Mental health outcomes among homeless, runaway, and stably housed youth. *Pediatrics*;145 (4).

³Taylor, L. 2018. Housing and health: An overview of the literature. *Health Affairs Health Policy Brief*.