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February 2, 2022

Re: LD 1915, An Act To Improve Intensive Behavioral Health and Public Safety Case Management Services

Senator Claxton, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, my name is Cullen Ryan, and I am the Executive Director of Community Housing of Maine or CHOM, the largest housing provider for homeless populations in Maine. Our staff of 12 works collaboratively with more than 50 different service provider organizations to effectively and efficiently house well over 1100 of Maine's most vulnerable people. I also chair the ESAC Long Term Stayers Committee which with 18 participating organizations has housed more than 367 of the longest stayers in homelessness in Maine over the last 6 ½ years, and also demonstrated that this population is as many as 45 times more likely to be in jail and 19 times more likely to be in the hospital when unhoused vs housed. Housing this population saves us a lot of money and is a game changer for each person.

I am testifying today in support of LD 1915, which would provide funding for the recruitment and retention of all Intensive Case Manager (ICM) positions in the State through a \$5 per wage-hour stipend payment and a \$1 per wage-hour stipend payment for employees in those positions holding or obtaining a relevant master's degree.

For years, Maine has been seeing the same people ricocheting through our criminal justice system, mental health system, substance use disorder system, and our homeless system. Our success stabilizing this population will save all of our systems money, and more importantly, will open the door to better the lives of each person. The Intensive Case Management Program is a key component to Maine's success in stopping this cycle of frequent use of emergency services.

ICMs play a critical role in ensuring the provision of important services, maintaining connections to the service provider community, and continuity of housing plans for people experiencing homelessness with serious and persistent mental illness and/or substance use disorder who interact with the criminal justice system and/or require hospitalization. These positions are vital to ensuring that upon release, people are not discharged into homelessness or lost elsewhere in our emergency systems.

ICMs are critically important trusted liaisons and serve as navigators who are experts in Maine's mental health system, the criminal justice system, our housing "system", and they connect the dots for the communities in which they work. ICMs are essential in the flow of support so that gaps in services are avoided and housing work continues despite hospitalizations or periods of incarceration. Discharges and releases are precisely where we tend to drop the ball. ICMs assist people with establishing and/or maintaining connections to community resources, applications for housing and rental subsidies, and services that follow the person into housing. The role ICMs play is essential for engagement and relationship work to help bridge disparate silos and help people access housing and community/mainstream resources. This translates to reductions in reincarcerations/recidivism. And it is all work that doesn't fit well into MaineCare billed services – straight state funded positions are hugely efficient for this specific work.

Improving recruitment and retention of ICMs through increased wages for these critical positions in Maine is a vital step in ensuring that this work continues. We simply need more of these positions.



In Maine, a relatively small population of people who are homeless consume an inordinate share of its resources because they are frequent users of our emergency systems. Mainers are paying to sustain this group of people in prolonged homelessness; we could pay far less to have them stable in housing. A robust ICM program will lead the population to housing stability.

Thank you for the opportunity to comment.