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May 8, 2023

Re: LD 1781, An Act to Establish Permanent Funding for the Homeless Substance Use Disorder Program

Senator Baldacci, Representative Meyer, and members of the Health and Human Services Committee, my name is Cullen Ryan, and I am the Executive Director of Community Housing of Maine (CHOM). CHOM is the largest supportive housing provider for homeless populations in Maine.

I am testifying in support of LD 1781, An Act to Establish Permanent Funding for the Homeless Substance Use Disorder Program.

This bill establishes the Homeless Substance Use Disorder Service Program to provide rapid access to low-barrier treatment for substance use disorder and stable housing to support recovery. The program is similar to the homeless opioid users service engagement pilot project established in Resolve 2019, chapter 105, but the program is not limited to opioid use and provides additional services including transportation, community services and inpatient treatment services. The evaluation of the pilot project must be used to inform the rules implementing the program and the contractors and subcontractors of the pilot project must be included in developing the rules.

More than 107,000 individuals died of drug overdoses in the US during 2021, a 15% increase from 2020. Maine has one of the country's highest numbers of fatal drug overdoses and a continuing rise in homelessness among women, and families with children. Overdose deaths are steadily rising with new record numbers of deaths every year. In 2022, 716 people died of overdoses. In 2021, 631 people died, and in 2020, 502 people died. That number had never exceeded 200 prior to 2014. Substance use disorder, poverty, and homelessness frequently interconnect and set the stage for generational barriers to healthy and productive lives.

Members of this population with long-term homelessness are up to 29 times more likely to be in the hospital, and up to 57 times more likely to be in jail when unhoused, than when housed. Simply put, this population ricochets through our most expensive emergency systems when unhoused.

No one is in a good position to solve their opioid use disorder (OUD) and move into recovery if they lack stable housing, so homelessness dramatically complicates OUD recovery. So, what can be done? The Legislature passed legislations establishing the Homeless Opioid Users Service Engagement (HOUSE) pilot project, which utilized best practices by treating the whole person and addressing the issues underlying both homelessness and OUD, and through an effective and accessible continuum of care from homelessness to stable housing – an uninterrupted pathway to housing and recovery is critical. This two-year pilot program housed more than 50 people.

No one will get well without housing, and no one will be successful in recovery without housing and sufficient support. It is stability in housing, coupled with a progression towards an adequate support network, that become foundational to someone's success in their recovery. Homelessness generally offers no structure or accountability. Structural support and accountability framework are keys to success; it is nearly impossible to provide any such framework while a person has no place to live.

LD 1781 would permanently extend the current Homeless Opioid Users Service Engagement (HOUSE) pilot project and enhance the program by expanding program participants to people with substance use disorder (SUD) and including additional services such as transportation, community services and inpatient treatment services. This bill would expand an existing successful program and assist in filling a large gap in the continuum of care for people experiencing homelessness and SUD.

Thank you for the opportunity to comment.