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May 8, 2023

Senator Joseph Baldacci, Chair  
Representative Michele Meyer, Chair  
Members, Joint Standing Committee on Health and Human Services  
100 State House Station  
Augusta, ME 04333-0100

RE: LD 1781, *An Act to Establish the Homeless Substance Use Disorder Service Program.*

Senator Baldacci, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

Thank you for the opportunity to provide information for the Committee's consideration regarding LD 1781, *An Act to Establish the Homeless Substance Use Disorder Service Program.*

This bill would require the Department to create rules for a Homeless Substance Use Disorder Service Program to provide rapid access to low-barrier treatment for SUD and stable housing to support recovery, based on the lessons learned from the Homeless Opioid User Service Engagement (HOUSE) pilot project.

The Office of Behavioral Health (OBH) and the Office of MaineCare Services (OMS) would like to share several concerns with this bill as written.

- The Emergency nature of this bill may not allow adequate time to finalize, review, and implement lessons learned from the evaluation, as required by this bill. The final HOUSE pilot evaluation for both rural (York) and urban (Portland) areas will not be completed and available until August 2023, due to pilot implementation delays. Time will also be required to issue an RFP for these services, in alignment with State procurement rules, and to move awarded providers into contract.
- The SUD services outlined in LD 1781 are already available through MaineCare. There were no reported uninsured individuals served in the HOUSE pilot; all participants were MaineCare eligible. Services available for MaineCare eligible clients should be accessed through MaineCare, not through a separate, duplicative State funding source.
- The SUD services in the HOUSE model are considered duplicative to the Office of MaineCare's Housing Outreach and Member Engagement (HOME) health home model. HOME exists to support MaineCare members experiencing long-term homelessness to secure and maintain permanent housing and improve their health outcomes. Services provided under HOME include comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family support, and referrals to community and social support services. The HOME service eligibility is two chronic conditions or one chronic condition and at risk for another AND experiencing long-term homelessness.

- The funds from Maine State Housing Authority’s Housing Assistance Fund (HAF) were not fully expended and/or utilized as intended in the pilot language. At the end of its first pilot year, the urban program had expended \$2,155 (<1%) of the HAF budget. In contrast, the rural program had expended \$158,113.30 (38%) of the approved budget within its first three months, largely on temporary housing within hotels. LD 1781 requires providers to secure access to stable housing for participants that “facilitates recovery, independence, and offers a harm reduction approach.” It remains unclear if either program met those criteria with HAF funds.
- Providers already have access to established housing first programs and targeted rental assistance subsidies. The barrier in housing assistance is not access; it is availability of affordable housing. The National Low Income Housing Coalition estimates that Maine is currently short an estimated 22,500 affordable rental units.
- Taxpayers may receive a better return on their investment with other SUD programs. The urban program served 29 individuals in its first year, with thirteen (13) housed within recovery residences, group homes, and independent housing; the total two-year budget for SUD services was \$1,137,170, not including the HAF. In its first three months the rural program served six (6) individuals, two of whom were permanently housed; the total two-year budget for SUD services was \$516,000, not including the HAF.

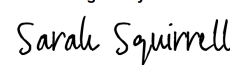
In addition to these concerns, we seek clarification on language within this LD, specifically:

- An eligible participant is defined as “a person with substance use disorder and a person experiencing homelessness who has a history of drug overdose.” If a client has an SUD and is unhoused but has no self-reported history of overdose, will they be eligible?
- Contracts “must be sufficient to provide services for up to 50 participants in each year.” Is this across the total program, per geographic location, or per provider? This has implications for LD 1781’s fiscal estimate and the scale of program implementation.
- Services funded in LD 1781 are largely already covered by MaineCare, but the language also includes “and any other appropriate services.” This needs definition, as it has significant implications for the LD’s fiscal estimate as well program implementation.
- The Housing Assistance Fund is meant to “provide participants with immediate access to stable housing.” What is the timeframe for ‘immediate’? It is assumed that hotels do not qualify as “stable housing that facilitates recovery, independence, and offers a harm reduction approach.”

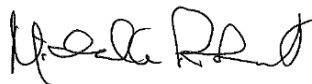
If the Committee determines to move forward with this bill, OBH suggests that the bill language prioritize the chronically unhoused population over the “at-risk,” require all providers to leverage existing billable pathways to MaineCare, and ensure state procurement policies can be followed.

Thank you again for the opportunity to provide information. Please let us know how else we might be of service.

Sincerely,

DocuSigned by:  
  
EDA0B8EAD19E4F0  
Sarah Squirrell

Director, Office of Behavioral Health



Michelle Probert

Director, Office of MaineCare Services