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Brewer
LD 514
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RE: Testimony in Support of LD 514 – Increasing MaineCare Reimbursement Rates for Medically Supervised Withdrawal Services
Chairman Ingwersen, Chairman Meyer, and Members of the Committee on Health and Human Services

My name is Jason Goodrich, and I am writing to offer my strong support for LD 514, which seeks to increase MaineCare reimbursement rates for medically supervised withdrawal services. I bring to this discussion both professional and lived experience in the fields of homelessness out-reach, jail in-reach, mental health, substance use, and housing services. I have worked with the Maine Department of Health and Human Services, served as a crisis response and forensic intensive case manager, served on two county drug courts, worked with transitioning youth from Charlston, supervised a MH vocational program, managed PNMI and currently volunteer with local services supporting individuals experiencing homelessness in Bangor at the Union St. Brick Church. I am a Peer Advocate with the Consumer Council System of Maine and a member of the Disability Rights Maine – PAMI Committee.

From my years working in this field, I have witnessed firsthand the deep and inextricable connection between homelessness and behavioral health—encompassing both mental health and substance use disorders (SUDs). Without addressing both issues in tandem, we continue to cycle individuals through emergency departments, jails, shelters, and the streets, without ever providing us with a meaningful opportunity to stabilize and recover.

Behavioral health challenges are both a cause and a consequence of homelessness. Many of the individuals I work with daily have become homeless due to untreated mental health conditions and substance use disorders, which lead to employment loss, financial instability, and repeated encounters with law enforcement. At the same time, experiencing homelessness exacerbates these conditions, creating a vicious cycle of trauma, stress, and survival-based behaviors that make recovery increasingly difficult. An alarming consequence of this cycle is the increasing rate of HIV infections among people experiencing homelessness in Maine, particularly among those who inject drugs. According to the Maine CDC, there has been a notable rise in new HIV cases linked to injection drug use. Many of these cases occur among individuals without stable housing, who face significant barriers to accessing clean syringes, preventive medications, and consistent HIV treatment.

Without proper medically supervised withdrawal services and harm reduction interventions, individuals are at higher risk of engaging in unsafe injection practices, leading to higher transmission rates of HIV and other infectious diseases.

Homelessness itself makes managing HIV nearly impossible, as individuals struggle to store and take their medications regularly, leading to higher viral loads and greater community spread. This reinforces the urgent need for LD 514—not only as a response to substance use and homelessness but as a critical public health measure to curb the rising HIV crisis in Maine.

A key step in addressing this crisis is expanding access to non-hospital-based medically supervised withdrawal services. Increasing MaineCare reimbursement rates to \$594.38 per day will create a sustainable funding model to expand these services, leading to multiple social and public health benefits:

- **Increased Access to Detox Services:** Higher reimbursement rates will allow more facilities to provide detox services and expand capacity, ensuring more individuals struggling with SUD can access medically supervised withdrawal, a critical first step toward recovery.
- **Reduced Strain on Emergency Rooms & Hospitals:** Many individuals experiencing withdrawal currently rely on emergency rooms, which are costly and not designed for detox services. Proper funding would ensure people receive care in the appropriate

setting.

- Improved Recovery and Health Outcomes: Properly funded withdrawal services increase the likelihood of transitioning individuals into long-term treatment programs, reducing relapse rates and easing the burden on crisis response services.

- Reduced Homelessness & Housing Instability: Many people experiencing homelessness struggle with SUD, and lack of access to detox is a significant barrier to securing stable housing and employment.

- Economic Benefits & Cost Savings: Investing in substance use treatment leads to significant public cost reductions, including lower healthcare expenses, reduced incarceration costs, and increased workforce productivity. Research shows that every \$1 spent on addiction treatment saves \$4–\$7 in healthcare and criminal justice costs. We cannot separate recovery from housing. Research has repeatedly shown that the Housing First model—providing permanent housing without preconditions—leads to improved behavioral health outcomes, reduced hospitalizations, and lower incarceration rates. When individuals have stable housing, they are more likely to engage in treatment, receive consistent medical and psychiatric care, and adhere to HIV medication regimens. But without access to withdrawal services, many people never even reach the point where housing is a viable option.

LD 514 is an essential step toward addressing both homelessness and behavioral health in Maine, but it must be part of a broader strategy that includes:

- Expanding permanent supportive housing with wraparound services.

- Strengthening mobile mental health crisis response teams and support for the CCBHC Model.

- Increasing access to medication-assisted treatment (MAT) for opioid use disorder.

- Expanding harm reduction programs to prevent HIV transmission among people who inject drugs.

- Reducing the criminalization of mental illness and addiction by investing in diversion programs.

Homelessness, behavioral health struggles, and public health crises like HIV outbreaks are deeply interconnected. Addressing mental health, substance use, and housing together is the key to breaking the cycle of instability. Expanding access to treatment, housing, and social supports will lead to lasting pathways toward stability, recovery, and stronger communities.

By passing LD 514 and increasing MaineCare reimbursement rates for medically supervised withdrawal services, we can ensure that those suffering from addiction and homelessness have access to the care they need, rather than leaving them to cycle through our emergency rooms, jails, and shelters without hope of recovery. This is not just a public health issue—it is a moral imperative, and one that I urge you to support. Thank you for your time and consideration.

Sincerely,

Jason B. Goodrich
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