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5/12/2025

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

Re: LD 1946 – *An Act to Clarify the Eligibility of Certified Recovery Residences for Bridging Rental Assistance Program Housing Vouchers*

Senator Ingwersen, Representative Meyer and members of the Joint Standing Committee on Health and Human Services:

Thank you for the opportunity to provide information in *opposition* of LD 1946, *An Act to Clarify the Eligibility of Certified Recovery Residences for Bridging Rental Assistance Program Housing Vouchers*.

This bill provides that recovery residences certified pursuant to requirements established by the Department are eligible to accept housing vouchers under the Bridging Rental Assistance Program (BRAP) as long as they meet all applicable program standards and conditions. It also provides that individuals residing in certified recovery residences are eligible to apply for BRAP housing vouchers as long as they meet all applicable standards and conditions.

Historically, utilization of BRAP vouchers in certified recovery residences has not been considered due to several challenges from both BRAP and recovery residences directly. The Maine Association of Recovery Residences reports a multi-occupancy (two individuals per room) rate of 78% for certified recovery residences. There is one operator with 19 houses in the Bangor and Brewer region that has single-occupancy rooms because they operate enough houses to fund this approach, however this is an exception to the rule as most residences require shared rooms due to funding constraints. This is a primary complication that makes LD 1946 nearly impossible to achieve and would require significant policy changes, funding, and programmatic alterations for implementation. For example, shared rooms would fail the inspection requirements under BRAP as they do not meet the program's requirements. This would render at least 78% of recovery residences and the residents within them ineligible for the voucher.

Diagnosis also impacts eligibility. BRAP requires a Section 17 *mental health* diagnosis, and though it is not uncommon for recovery residences to serve individuals with co-occurring diagnoses, it is necessary to inform the Committee of this as many residents may only have an SUD diagnosis, resulting in a presumably large portion of the population the bill intends to serve ineligible for what it strives to achieve. In order to be successful, the bill would require significant modifications to the BRAP program itself as well as its administration. New

exceptions would need to be evaluated and established for the inspection requirements as well as a new priority group similar to what was created for individuals leaving correctional facilities.

BRAP remains on a full pause, meaning agencies are not accepting or reviewing applications at this time, and there is no anticipated near-term change due to existing fiscal constraints. Though OBH is supportive of expanding the provision of vouchers to eligible individuals in recovery residences, this would add a substantial increase to the already high demand for vouchers, further exacerbating the current funding challenges as BRAP is the most requested housing assistance service offered by the Department. This bill, if enacted as written, could double the volume of applications received and therefore cannot realistically be implemented without substantial resources and funding¹.

OBH is supportive of ensuring individuals exiting recovery residences and transitioning into more independent living have greater support for longer-term success. Opposition to LD 1946 is due to the substantial challenges this bill would impose programmatically and financially, as well as the inherent differences between the eligibility and operations of both programs that impose further difficulties for implementation and successful sustainability of BRAP. Even if there were avenues to sufficiently address these obstacles, due to the pause on the BRAP and the current prioritization of vouchers, this bill would not be able to provide immediate or even short-term assistance until such time enough individuals transitioned out of the program and necessary resources were available to expand the number of available vouchers.

Please feel free to contact me if you have any questions during your deliberation of this bill.

Sincerely,



Sarah Squirrell
Director
Office of Behavioral Health
Maine Department of Health and Human Services

¹ MaineHousing's Coordinated Entry HUBs currently have thousands of individuals on their bi-name list who could be eligible under the changes this bill proposes. There are 100 certified recovery residences with 1,200 beds in Maine. Assuming 70% of residents have co-occurring diagnoses and may qualify under BRAP eligibility standards, there would be approximately 840 additional eligible applicants. The average rental assistance payment under BRAP is \$800, which would require a minimum of \$672,000 for just one month's rental assistance for this new population, excluding those currently on the waitlist under the pause and the other populations who receive priority preference based on the program's structure.