

Maine Association of Recovery Residences 844 Stevens Ave. 1<sup>st</sup> floor REAR, Portland ME 04103 www.mainerecoveryresidences.com

March 10th, 2025

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**Ought To Pass** 

### TESTIMONY of Dr. Ronald Springel on behalf of the Maine Association of Recovery Residences in FAVOR of LD 215. - An Act to Establish a Program to Assist Residents of Large Recovery Residences

Presented by Rep. Tavis R Hasenfus (D) Readfield

Dear Senator Henry Ingwersen, and Representative Michele Meyer, co-chairs of the Joint Committee of the Maine Legislature on Health and Human Services and honorable members of the Committee.

My name is **Dr. Ronald Springel**, a resident of Scarborough, a retired addiction medicine physician who serves as an appointed member to the Maine Accidental Overdose Death Review Panel, a person in recovery from OUD and I serve as the Executive Director of the Maine Association of Recovery Residences. My testimony today is on behalf of that organization.

MARR is a 501 (c) 3 charitable organization that inspects and certifies recovery residences at the standard of the National Alliance for Recovery Residences. Our members operate 94 recovery residences with over 1100 beds in 12 counties.

We also currently administer a Housing Subsidy Services Program under contract with the department. HSSP is funded by both the General Fund and The Fund for a Healthy Maine for just under \$1M dollars annually. In the little over 20 months MARR has administered the program, we have provided subsidies for 1,494 individuals with 51,800 bed nights (as of TODAY).

The program funding only allows us to fund approximately one of nine recovery house beds and only for a maximum of 60 days. The remaining funds for rental payments come from self-pay, GA housing awards, charitable groups and MARR's own Bed Sponsorship Fund.

We support the intent of LD 215 –to establish a permanent fund to support rental costs for people in early recovery. It would follow what other New England States have done to provide inexpensive, evidence-based and cost-effective recovery support services for people in early recovery. For example, Rhode Island funds up to 18 months of support in a certified recovery residence and other New England states offer various types of housing subsidies in their certified recovery homes.



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Rep. Hasenfus has already described the problem when a large recovery residence opens in a small community.

We favor additional resources for recovery housing. Despite the rapid growth of recovery homes in Maine, our average state-wide occupancy rates have not dipped since we began tracking in 2022. However, we do have reservations that the structure of the bill that increases funding for only large residences could have unintended consequences, such as providing incentives for operators to open and operate only larger residences and, depending upon the rulemaking, causing a shift to smaller communities where this additional support is available. While this *in itself* is not a bad thing, smaller towns tend to lack the needed wrap-around services often required for treatment and recovery. Other concerns we have may be addressed in a work session.

We support the Committee's decision Ought to Pass LD 215.

Most sincerely and respectfully,

Ronald D. Springel, MD Executive Director Maine Association of Recovery Residences <u>Ron@mainerecoveryresidences.com</u> 207-228-5456

Attachments: Description of MARR's HSSP Program Film Festival Fund Raiser to Support Bed Sponsorships NE REEL Recovery Film Festival Information sheet on MARR – Organizational Highlights in 2024 Infographic on Recovery Residences



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### MARR's Housing Subsidy Services Program (HSSP)

On July 1<sup>st</sup>, 2023 the Maine Association of Recovery Residences instituted a governmentfunded program to support people with rental assistance upon entry to a MARR-certified recovery residence.

The program evolved from a previous "operating subsidy" program administered by the Maine State Housing Authority (MSHA – or MaineHousing). This program served only 17 MARR residences and was based upon a system of reimbursements to recovery residence operators if they suffered operating losses in any given timeframe. It was not direct support to people.

The HSSP replaces this program and is designed to offer rent-support to persons when they need it most. This is usually during the transition from treatment, homelessness, incarceration, or other unstable housing situations. It can take 1-2 months for a person to get grounded in early recovery. The program is designed to help people who are in this most vulnerable period. It is NOT intended to offer continuous months of rent support absent extraordinary circumstances. The usual length of support under this program for any one person should **not exceed 60 days**. This way, a stipend-funded bed can become available for the next person entering sober living. The goal is for a large number of people to get a chance at recovery and become self-supporting.

This program will be available at the majority of MARR-certified recovery houses. To be eligible to participate in the program, a house must be MARR-certified, allow people who are using MOUD (MAT), and agree to abide by the program rules. Depending on the number of beds in a residence, MARR has allocated from 1-3 "state-funded beds", paying for each of these beds for an entire year. For example, a recovery house with 1-7 beds will receive (1) state-funded bed good for every night that bed is occupied for up to 365 days per year. Larger houses receive additional beds. Operators are reimbursed by MARR for each night a qualifying person resides in the "state bed." Monthly reports are submitted.

A list of participating residences is available on our website. There are a few conditions that must be met for operators to receive the funds, in addition to being certified and allowing use of MOUD (Medication for Opioid Use Disorder, also known as MAT). They include:

- Agreeing in writing to abide by the rules of the program.
- Participating in data outcomes program (recovery capital measurements)
- Allowing for MARR to audit financial records related to the program.
- Allowing for MARK to addit interformation rest for rent (no double dipping with
  Agree to use these funds for the sole payment for rent (no double dipping with
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The program allows for a bed to be placed on "hold" status to reserve a bed for a person who may be coming from another situation and has a specific arrival date.



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For a person to qualify to receive HSSP funding, they must first be accepted into the recovery residence program and have financial need. If a "state-funded" bed is available, the operator would assign the applicant to that bed for up to 60 days of support.

If a person is interested in receiving a HSSP stipend the procedure is simple. Apply as you normally would to a participating residence (consult the list) and ask if the subsidy is available. If it is not, ask when it may become available. If there is no availability, find another residence and make a similar inquiry. There may be a waiting list you can get on. MARR staff do not make connections to a participating residence. If you ask us to do this, we will refer you to the list.

IMPORTANT NOTE: The HSSP program is one of two funds that MARR operates to help people achieve entry into a certified recovery residence. The other is called the MARR Bed Sponsorship Fund (BSF). The two are NOT THE SAME but we understand it is easy to confuse them. See the separate information sheet for more information about the BSF.

The major differences are: The BSF is not limited to a recovery residence that do not allow the use of MOUD (MAT). It is open to all MARR-certified residences, The process, however, is similar – an applicant must first apply to a residence and be accepted and then apply (to MARR) for the \$600 scholarship good for only the 1<sup>st</sup> months' rent – not 60 days. Not all houses accept the BSF payment. The list of participating residences can also be found on our website when the program opens, on September 1<sup>st</sup>, 2023.

For more information contact:

HSSP Program Peter Rosasco, Special Programs Manager <u>Peter@mainerecoveryresidences.com</u> Cell: 207-332-6296

Ron Springel, MD Executive Director Maine Association of Recovery Residences ron@mainerecoveryresidences.com cell: 207-228-5456

Version- (2)-1-2025

## MERR R How Recovery Support Services Can Make a BIG Difference in Achieving and Sustaining Recovery This Infographic is provided Courtesy of the Missouri Coalition of Recovery Support Providers www.mcrsp.org

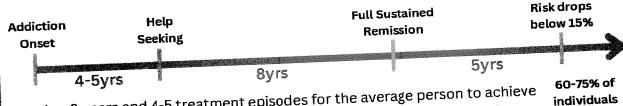
Maine Association of Recovery Residences

## **Recovery Support Services**

- Recovery Support Services (RSS) aim to restore the lives of individuals and families seeking recovery from substance use disorder (SUD) through immediate access and long-term relationships.
- RSS programs are offered in a variety of settings including community, faith-based, and peer recovery organizations and are available before, during, after, and in coordination with other SUD treatment providers.
- RSS includes care coordination, recovery coaching, group support, employment assistance, recovery housing, transportation, assistance with basic needs, and much more.
- RSS programs were founded on the principle that the achievement of recovery is not just a function of medical stabilization — but also providing personal, social, environmental, and cultural resources ("Recovery Capital"). By providing ongoing supportive networks, RSS providers help individuals grow their recovery capital to maintain their recovery over time.



# Timeline of addiction and achievement of stable recovery



It takes 8 years and 4-5 treatment episodes for the average person to achieve their first full year of sustained remission. After 5 years of full sustained with SUD will remission, a person reaches "stable remission" and the risk of them returning to use drops below 15%- the same level of risk that anyone in the general public has of developing a SUD.

> There are many different pathways to recovery and the journey is often a long and winding road for most people experiencing a SUD. The clinical course of addiction and achievement of stable recovery can often take a very long time.

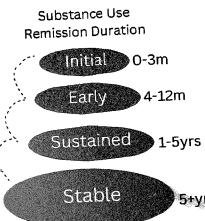
Research has shown that from the time of addiction onset, it takes approx. 15 years for the average recovering U.S. person to reach the same quality of life and functioning as someone in the general population.

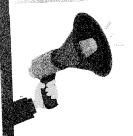


achieve full

sustained

remission





However, research has also found that individuals who participated in RSS, specifically through Recovery Community Centers, were able to reach the same level of quality of life as the general population in only 5 vears Meaning, RSS can accelerate time to remission.

### What is Recovery?

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Recovery is more than just abstinenceor the removal of negative symptoms of substance use - it is also the addition of positive changes: increased functioning, an enriched quality of life, sense of wellbeing, and renewed purpose.

### What is Recovery Capital?

Recovery Capital is the breadth and depth of internal and external resources ("building materials") that can be drawn upon to initiate and sustain recovery. The more recovery capital a person has, the greater their chances are for success!

"More rapid initial achievement and maintenance of stable remission may occur through attending BOTH to clinical pathology AND environmental and resource deficits... ("Recovery Capital") AND legal/other barriers." -Dr. John Kellv

Physical health, education, food, clothing, skills, personal housing, attributes: hope, healthcare, resilience, selftransportation confidence

Social

Family, personal

relationships,

support from

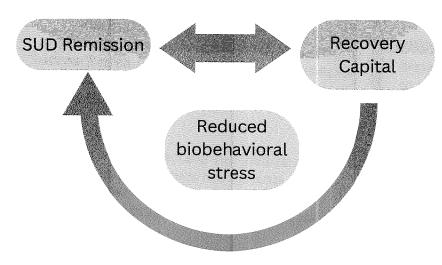
community

Cultural Values, beliefs, attitudes specific to identity &

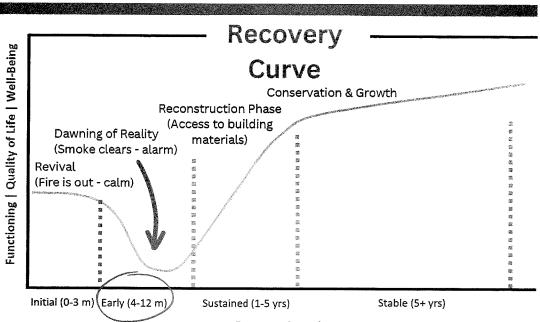
community

Human

Reciprocal Relationship between Remission and Recovery Capital: Increases in recovery capital reduces bio behavioral stress and increases chances of ongoing remission.



Longer remission = greater accrual of recovery capital. Therefore, greater recovery capital increases the chances of longer remission because it reduces biobehavioral stress. (a major pathway to relapse)



The "Recovery Curve" shows that individuals with SUD are most vulnerable to a sharp decrease in functioning/well-being during the early phase of recovery due to issues that can arise with restarting their lives. It is important to note that many treatment programs terminate around this time, meaning RSS programs are vital to long-term recovery support!

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## MARR Highlights of 2024

A lot to be grateful for, and thankful for the opportunity to serve...

- Saw the growth of MARR Certified Houses increase from 76 TO 90 with 1088 beds.
- Achieved 87.9% adoption of the data and outcomes program with over 2624 REC-CAPs completed.
- Awarded a grant totaling \$542,000.00 to expand Recovery Residences in underserved and unserved counties in Maine.
- Completed an extensive overhaul of our data and tracking systems with "same day" data available for major programs.
- Developed and implemented a new streamlined inspection process and customer relationship management (fundraising) platform.
- HIRED Support Services Manager, Kate Reagan
- Responded to 229 public inquiries and grievances.
- Executed Housing Subsidy Services Program (HSSP) annual contract for MARR bed subsidies (\$990K).
- Brought four staff to the NARR national meeting in Richmond, VA.
- Successfully advocated for local operators with Town officials in Winthrop, Whitefield and Orono.
- Strengthened and enlarged our Board, increasing our directors to 13.
- Awarded 36 housing vouchers under the Bed Sponsorship Fund (BSF).
- Submitted 8 foundation grants totalling \$134,000 of funding to support the BSF and have so far received \$2500 from the Fisher Charitable Foundation.
- Launched the first Giving Tuesday campaign. Raised \$125.
- Received \$3000 for the BSF from a fundraiser sponsored by Portland Treatment.
- Became a member of the Portland Chamber of Commerce.



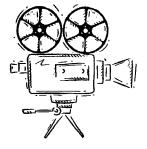
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- Held the first-ever New England NARR Affiliates Regional Conference in Portland at the Portland Recovery Community Center.
- Implemented a House Manager training curriculum (HM 101).
- Participated in Listening Sessions with our operators sponsored by Maine Recovery Advocacy Project to express unmet needs in the community.
- Presented to a large audience at the Governor's Monthly Opioid seminar series on the topic of Recovery Residences.
- Celebrated our volunteer Grievance Facilitators at a special dinner in December.
- Recorded these milestones in the HSSP (bed subsidy) program: 1294 people served, 44,698 bed nights funded at a total of \$1,141,138.

Compiled by staff

# June 6th & 7th 2025

Hannaford Hall University of Southern Maine







### Maine Association of Recovery Residences

We are thrilled to announce the second **New England REEL Recovery Film Festival** taking place June 6th and 7th, 2025 in Hannaford Hall at the University of Southern Maine.

This inspiring event will bring together individuals and organizations dedicated to supporting recovery, while also helping us achieve our goal of raising \$50,000 for the Bed Sponsorship Fund. The program provides a low barrier pathway for people in recovery who cannot afford to enter recovery housing at a Maine Association of Recovery Residences 501(c)(3) certified house.

Stay tuned to learn more!!