

Written Testimony of Bridget Sullivan Monday March 27, 2023

In Support of LD 539

An Act to Provide Substance Use Disorder Counseling for MaineCare Members with an Acquired Brain Injury

Dear Senator Baldacci, Representative Meyer, and members of the Joint Committee on Health and Human Services:

My name is Bridget Sullivan. I am a certified therapeutic recreation specialist (CTRS), certified brain injury specialist (CBIS), qualified brain injury support provider (QBISP), and the clinic supervisor at the NeuroRestorative Outpatient Treatment Clinic in Standish, Maine. Additionally, I hold a CTRS specialty certification in physical medicine and rehabilitation, accomplished through continuing education opportunities related to brain injury rehabilitation services. I am in support of LD 539 - An Act to Provide Substance Use Disorder Counseling for MaineCare Members with an Acquired Brain Injury.

I started my journey with brain injury services as a student in 2014, gaining experience in day program, acute, and subacute models of care. I quickly grew to love working with people who have brain injuries for many reasons, a primary reason being the opportunity to help people with a variety of needs across all domains of function. After acquiring a brain injury, a person will continue to have their premorbid conditions, like substance use disorder, a person will have new comorbid conditions, like post-traumatic stress disorder, and a person will develop post-morbid conditions through the aging process, like dementia. I enjoy being able to treat the whole person.

After finishing my education, I accepted a position at a section 102 neuro-rehabilitation clinic and moved to Maine. I thought I would only be here for a short time, and that I would eventually return to the faster-paced subacute setting. Like my love for working with people who have brain injuries, my love for outpatient services quickly grew; I have now been in Maine for over seven years, and have become a homeowner in Lewiston. The high quality employment opportunities in Maine's section 102 neuro-rehabilitation clinics brought me to, and have kept me in, the state of Maine.

Structure and repetition contribute to a person's ability to maintain or improve their level of function, which can most effectively be met with consistent frequency and intensity of services. When people with brain injuries access traditional substance use services, and when people with substance use disorders access traditional brain injury services, it can be difficult to achieve maximal rehabilitation potential. I work with people who are unable to recall that they are maintaining sobriety, unable to recall, and therefore implement, coping or cessation strategies, or unable to control impulses when substances are present. I work with people who, due to continued substance use, are unable to follow through with the structured repetition required to maintain or improve their level of neurological function. Access to a substance use counselor who understands these co-occurring conditions, and can address them over a long period of time, would improve the quality of life to Mainers with brain injuries.



The prevalence of co-occurring substance use disorder and brain injury is high. In my professional experience, many people who have substance use disorders also had premorbid brain injuries, either diagnosed or undiagnosed. Offering substance use counseling to people with brain injuries is a preventative care measure, which reduces the long-term costs in the state of Maine associated with intensive inpatient treatment facilities and homelessness services.

In summary, your support for LD 539 would provide workforce growth opportunities, enable MaineCare members to optimize rehabilitation potential, improve the quality of life for people in Maine, and serve as a preventative care measure.

Thank you for your time and your commitment to serving the people of Maine.

Respectfully submitted,

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