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*The unified voice for Maine's community behavioral health providers*

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**Testimony in Support of LD 1178**

**“Resolve, to Reduce Barriers to Recovery from Addiction by  
Expanding Eligibility for Targeted Case Management Services”**

**Sponsored by Representative Colleen Madigan**

**April 10, 2023**

Good afternoon Senator Baldacci, Representative Meyer, and esteemed members of the Joint Standing Committee on Health and Human Services. I am Malory Shaughnessy of Westbrook Maine, and the Executive Director of the Alliance for Addiction and Mental Health Services. Please accept this testimony on behalf of the Alliance in Support of LD1178, “Resolve, To Reduce Barriers to Recovery from Addiction by Expanding Eligibility for Targeted Case Management Services.”

The Alliance represents Maine’s safety net community-based mental health and substance use treatment agencies. We advocate for sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral healthcare system.

The Alliance and its members strongly believe that Targeted Case Management (TCM) should be available to all adults seeking substance use disorder (SUD) treatment, not just those that are pregnant or have HIV as is currently required by MaineCare under Sec. 13.03.

Research proves that SUD treatment and recovery success hinges on much more than simply the reduced use of, or abstinence from, substances. The success of treatment and recovery models depend on connecting those seeking treatment to personal, social, and community recovery assets. What people in treatment and recovery from substance use need to live a full life does not differ markedly from any person’s basic needs, of food security, housing, employment, and meaningful social engagement.

Case managers ensure substance use disorder clients are more likely to receive individualized treatment and follow through on all of their barriers to recovery, not just the physical addiction component of their disease. Comprehensive treatment is a necessity in substance use treatment; the case manager can assist the individual in using all of the resources available to help them successfully recover and become active, healthy members of their communities.

While job descriptions vary, SAMHSA suggests the case management role include five key components:

- Assessment of the patient’s situation
- Treatment/case planning
- Linkage/referrals to other programs and services like housing, food, education and employment
- Monitoring and follow up
- Advocacy and support

Though we know that not all people in SUD treatment need or want full case management services, it is important to be able to connect clients with the service as needed without stringent eligibility requirements. **Research shows that Targeted Case Management is crucial to building recovery assets and is proven to decrease recidivism rates and sustain long-term recovery.**

In a recent Alliance demonstration pilot program, The Pleiades Project, Targeted Case Management was offered to all people seeking SUD treatment regardless of the severity of their disease and with no eligibility requirements at 4 pilot sites around the State. With the addition of the Case Manager, the 4 demonstration agencies each saw significant improvement in their ability to provide comprehensive services at the appropriate level to clients. The Pleiades Demonstration Project results indicated that a team-based care approach really works. Agencies uniformly expressed that working as a team of clinician and case manager, and in many cases with a peer recovery coach as well, resulted in improved services and outcomes. All 4 agencies expressed regret that the demonstration project came to an end and they could no longer offer Targeted Case Management as needed to the majority of their SUD clients.

The Alliance Pleiades Demonstration Project treatment participants receiving full TCM services showed improvement from baseline to final follow-up assessment in all recovery asset areas measured; recovery engagement, recovery support, housing, food stability, transportation, employment, income, medical care, mental health, family relations, education, and legal issues.

One Pleiades Program participant who had suffered from extreme trauma was able to receive comprehensive support while in her residential treatment program due to having a Case Manager through the Pleiades Project. She was able to benefit from daily check-ins with her substance use therapist, sessions with her mental health counselor, and group therapy. She was also connected to a peer recovery coach, who had the lived experience of being in her shoes.

Ultimately the client successfully graduated from the sixth-month program with new skills. The Provider reports that this client improved on her ability to communicate with her family, gained in self-worth and was able to plan future goals. Additionally, she was able to finish her schooling and build healthy relationships with peers.

It is clear that Targeted Case Management can and will improve treatment outcomes and future community integration success if offered to clients as needed. As we all know, when substance use treatment is successful, we all win. With the relatively small investment required to offer these services to those that need them, the State of Maine stands to save treatment dollars spent on repeated emergency room visits, incarceration and escalation of treatment needs. By passing LD1178 we are helping build successful, healthy communities, reducing overall expenditures over time, and preventing an increase in SUD related illness and death.

The Alliance urges you to vote in favor of LD1178