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April 21, 2023

**Testimony In support of LD 1305: *Resolve, to Design and Implement a Community-based Model of Care for Adolescent Mental Health***

Good morning, Senator Baldacci, Representative Meyer, and members of the Health and Human Services Committee. Thank you for the opportunity to offer testimony in support of LD 1305, “A Resolve to Design and Implement a Community-based Model of Care for Adolescent Mental Health”. My name is Greg Bowers, and I am the Chief Executive Officer of Day One, an organization that has provided substance use and mental health treatment to adolescents and families in Maine for well over forty-five years. Throughout much of its history, and continuing today, Day One has provided residential treatment for adolescent boys and girls suffering from acute substance use disorder. Currently we are the only provider in the State offering this level of care for young people. Day One knows firsthand from many years of experience, what types of supports are needed to give youth suffering from acute substance use disorder the best chance at long-term recovery.

Almost always, long term recovery from substance use disorder at any age is a nonlinear, iterative process that is highly specific to the individual. Recovery for young people can be even more complicated given that youth tend to be less motivated to change, have lower problem recognition and acceptance, and often enter treatment because of external reasons (someone is making them go). Relapse in this population can be very high. One study found that “among youth treated for alcohol or drug problems, one third to one half are likely to return to some drug use at least once within 12 months following treatment”. (1) Research also shows that “continuing care, or aftercare, for adolescents also has been repeatedly shown to reduce the likelihood of relapse and enhance the maintenance of treatment gains”. (2)

A great deal of research has keyed in on the fact that adolescent brain functioning is still in a period of development which impacts reasoning, decision making, and

- (1) Gralla CE, Joshi V, Hser YI. Effects of comorbidity on treatment processes and outcomes among adolescents in drug treatment programs. JCASA, 2004: 13
- (2) Whitney SD, Kell JF, Myers MG, Brown SA. Parental substance use, family support and outcomes following treatment for psychoactive substance use disorders. JCASA, 2002: 11



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impulse control – leading one study to conclude that “Since substance use disorders can be a chronic relapsing condition that begins in adolescence and adolescent brains may be more vulnerable to the effects of substance use, continuing care services are especially important to help youth maintain treatment gains”. (3)

Day One’s firsthand experience very much mirrors what we see in the research. Intensive SUD treatment is very difficult for teens and is almost always something that they want to avoid at all costs. However, intensive treatment such as our adolescent residential programs can represent a critical step in the recovery process, whether it be for a brief period of intervention representing a life saving stop on that journey, or that one extended break that finally provides the clarity needed for some life altering decisions – we see them both.

Our experience also tells us that accessible supports in the community are critical to a teen’s long-term success at recovery. We see all too often a client that excels within the confines of our residential program, quickly relapse following discharge once all the same pressures and temptations are once again at their door. We have also seen plenty of clients who have excelled in our program and are openly fearful of discharge because they know what challenges lie ahead when they get back home – often an enabling versus supportive environment. Currently there is very little in terms of clinical support that is available to help in either of these cases.

This bill seeks to develop a level of community-based support that has been needed for a very long time. It seeks to place a modest number of clinical resources at a regional level that will be able to support high need youth who have recently been discharged from residential SUD programs or who, for whatever reason, cannot attend those programs in the first place. It proposes employing an evidence-based model of care that has been shown to be effective with this population and to study the efficacy of this approach in our State over a two-year period. Results can then be reviewed and informed decisions made regarding whether this is the right investment for the long term.

- (3) Passetti LL, Godley M, Kaminer Y. Continuing care for adolescents in treatment for substance use disorders. *Child Adolesc Psychiatr Clin N Am*, 2016: October



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Day One very much believes that with such an overwhelming need for services in our youth, you have to start somewhere – you have to pick a model and see if it makes a difference. We feel this bill represents a very prudent step in trying to make a meaningful difference.

Thank you again for the opportunity to speak with you today and I would be happy to answer any questions you may have.

Respectfully Submitted

Gregory Bowers  
Chief Executive Officer