



List the name of *all towns* your organization serves

118

- Acton
- Ashland *
- Auburn
- Augusta
- Baileyville
- Bangor
- Bath
- Belfast
- Belgrade
- Berwick _
- Biddeford
- Bowdoin
- Bridgton
- Brownfield
- Brunswick
- Buxton
- Calais
- Camden
- Cape Elizabeth
- Caribou _ *
- Casco
- Corinna
- Cornish
- Dover Foxcroft
- Dresden
- Durham

East Baldwin

Eliot

Ellsworth

Fairfield

Falmouth

Farmington

Fort Fairfield

Freeport

Fryeburg

Gorham

Gray

Hammond

Harrison

Holden

Hollis

Houlton

Kennebunk

Kennebunkport

Lebanon

Leeds

Levant

Lewiston

Limerick

Limington

Lincoln

Lisbon

Litchfield

Livermore Falls

Lovell

Lyman

Madawaska

Mattawamkeag

Mechanic Falls

Medway

Millinocket

Minot

Montville

N Waterboro

Naples

New Gloucester

Norway

Old Orchard Beach

Oxford

Parsonsfield

Pawtucket

Pembroke

Pittsfield

Poland

Porter

Portland

Presque Isle

Raymond

Rockland

Rockport

S Portland

S. Berwick

Sabattus

Saco

Sanford

Scarborough

Sedgewick

Shapleigh

Sidney

So. Portland

So. Thomaston

South Berwick

South Casco

South Freeport

SOUTH PORTLAND

Springvale

Standish

Steep

Steep Falls

Tenants Harbor

Topsham

Tremont

Waterboro

Waterville

Wells

West Baldwin

West Bath

West Buxton

West Newfield

West Paris

Westbrook

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Windham

Winthrop

Wiscasset

Woolwich

Yarmouth

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Date: (Filing No. H-)

HEALTH AND HUMAN SERVICES

Reproduced and distributed under the direction of the Clerk of the House.

**STATE OF MAINE
HOUSE OF REPRESENTATIVES
131ST LEGISLATURE
FIRST SPECIAL SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 189, L.D. 291, “An Act to Support Young People Affected by Substance Use Disorder”

Amend the bill by striking out the title and substituting the following:

'Resolve, to Establish the Commission to Study the Feasibility of Establishing a Recovery High School in the State'

Amend the bill by striking out everything after the title and inserting the following:

'Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, students in recovery from substance use disorder need support services in addition to a standard educational curriculum leading to graduation; and

Whereas, high schools are not equipped to effectively support students in recovery from substance use disorder; and

Whereas, this resolve establishes the Commission to Study the Feasibility of Establishing a Recovery High School in the State; and

Whereas, the work of the commission needs to be initiated before the 90-day period expires in order for the study to be completed and a report submitted in time for consideration in the next legislative session; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it

Sec. 1. Commission established. Resolved: That the Commission to Study the Feasibility of Establishing a Recovery High School in the State, referred to in this resolve as "the commission," is established.

COMMITTEE AMENDMENT

1 **Sec. 2. Commission membership. Resolved:** That, notwithstanding Joint Rule
2 353, the commission consists of 13 members appointed as follows:

3 1. Six members appointed by the President of the Senate as follows:

4 A. Two members of the Senate, including a member from each of the 2 parties holding
5 the largest number of seats in the Legislature;

6 B. One member who has expertise in recovery high schools or other residential
7 programs that provide educational services to youth in recovery from substance use
8 disorder;

9 C. One member who is a high school teacher in the State or a school administrator in
10 the State;

11 D. One member who represents a statewide organization that advocates for individuals
12 in substance use disorder recovery and the families of those individuals; and

13 E. One member who is a parent or guardian of a youth in recovery from substance use
14 disorder;

15 2. Five members appointed by the Speaker of the House of Representatives as follows:

16 A. Two members of the House of Representatives, including a member from each of
17 the 2 parties holding the largest number of seats in the Legislature;

18 B. One member representing an organization that provides services for youth with
19 substance use disorder;

20 C. One member who is a licensed social worker who works with youth with substance
21 use disorder or co-occurring disorders; and

22 D. One member who is a person who has not attained 21 years of age who is in recovery
23 from substance use disorder;

24 3. The Commissioner of Health and Human Services or the commissioner's designee;
25 and

26 4. The Commissioner of Education or the commissioner's designee.

27 **Sec. 3. Chairs. Resolved:** That the first-named Senate member is the Senate chair
28 and the first-named House of Representatives member is the House chair of the
29 commission.

30 **Sec. 4. Appointments; convening of commission. Resolved:** That all
31 appointments must be made no later than 30 days following the effective date of this
32 resolve. The appointing authorities shall notify the Executive Director of the Legislative
33 Council once all appointments have been completed. After appointment of all members,
34 the chairs shall call and convene the first meeting of the commission. If 30 days or more
35 after the effective date of this resolve a majority of but not all appointments have been
36 made, the chairs may request authority and the Legislative Council may grant authority for
37 the commission to meet and conduct its business.

38 **Sec. 5. Duties. Resolved:** That the commission shall examine and make
39 recommendations on the feasibility of establishing a recovery high school in this State. The
40 duties include but are not limited to the following:



131st MAINE LEGISLATURE

LD 291

LR 908(02)

An Act to Support Young People Affected by Substance Use Disorder

Fiscal Note for Bill as Amended by Committee Amendment " "

Committee: Health and Human Services

Fiscal Note Required: Yes

Fiscal Note

Legislative Cost/Study

Legislative Cost/Study

The general operating expenses of this study are projected to be \$3,148 in fiscal year 2023-24. The Legislature's proposed budget for the 2024-2025 biennium includes \$14,500 in each of fiscal years 2023-24 and 2024-25 for the costs of legislative studies, as well as \$2,234 in projected balances from fiscal year 2022-23 and \$36,777 of balances carried over from prior years for this purpose. Whether these amounts are sufficient to fund all studies will depend on the number of studies authorized by the Legislative Council and the Legislature. The additional costs of providing staffing assistance to the study during the interim can be absorbed utilizing existing budgeted staff resources.

Fiscal Detail and Notes

Any additional costs to the Department of Health and Human Services and the Department of Education to be members of the commission are expected to be minor and can be absorbed within existing budgeted resources.



HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0002

(207) 287-1400

TTY: MAINE RELAY 711

Raegan LaRochelle

102 Hemlock Terrace

Augusta, ME 04330

Phone: (207) 624-2668

Raegan.LaRochelle@legislature.maine.gov

April 10th, 2023

Senator Baldacci, Representative Meyer, and esteemed members of the Health and Human Services Committee, my name is Raegan LaRochelle and I represent House District 59, which is part of Augusta. I am here to present LD 291 with the amended title: "Resolve, Directing the Department of Health and Human Services in conjunction with the Department of Education to study the feasibility of establishing a Recovery High School in the state."

This bill seeks to initiate a conversation about the creation of recovery high schools in Maine. Recovery High Schools are secondary schools specifically for students with substance use disorder that provide access to recovery-oriented secondary education while maintaining young people's connection to their natural support relationships and environments.

In 1989, the first recovery high school, Sobriety High, was established in Minnesota. Today there are 43 recovery high schools in operation across the United States, with the closest ones to Maine located in Massachusetts. Staff at Recovery High Schools typically include administrative staff, teachers, substance use counselors and mental health therapists.

In 2019, Good Will- Hinkley and Day One put together a proposal to develop Maine's first Recovery High School on the campus of Good Will-Hinkley. The goal of the proposal was to establish a comprehensive secondary school program that would lead to the awarding of a secondary school diploma while providing intensive support for students recovering from a substance use disorder or co-occurring disorder (including both substance use and mental health) such as anxiety, depression, attention-deficit/hyperactivity disorder or other mental health condition. Also included in that proposal were services to support the families of the teens enrolled at the high school. The proposal was shelved during the COVID-19 pandemic. I have included their proposal with my testimony. (Learn more about the proposal [here](#).)

While this proposal might need to be updated, we do have the organizations that are interested in having a conversation about how to bring recovery high schools to Maine. That is really what LD 291 seeks to do.

Proposed Amendment to LD 291

Committee: HHS
Date: 4-6-23 (RPM)

LD 291 – An Act to Support Young People Affected by Substance Use Disorder

Amend the title of the bill to read as follows:

Resolve, Directing the Department of Health and Human Services in conjunction with the Department of Education to study the feasibility of establishing a Recovery High School in the state.

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

Sec. 1. Directive to study the feasibility of establishing a recovery high school in the state. Resolved: That the Department of Health and Human Services in conjunction with the Department of Education, shall convene a working group to study the feasibility and issues related to the establishing of a recovery high school in the state.

1. Membership. The working group shall consist of 11 members, as follows:

- A. The Commissioner of Health and Human Services or the Commissioner's designee;
- B. The Commissioner of Education or the Commissioner's designee;
- C. One member from the Department of Education who is an expert in mental health and or school counseling;
- D. One member who as expertise in recovery high schools or other residential programs that provide educational services to adolescents recovering from substance use disorder;
- E. One member who is a representative of an organization that provides services for adolescents with substance use disorder;
- F. One member who is a representative of a statewide organization that advocates for individuals in substance use disorder recovery and their families;
- G. One member who is a licensed Social Worker who has worked with youth suffering from substance use disorder or co-occurring disorders;
- H. One member who is a representative of an organization that provides residential services to youth experiencing social, behavioral or substance abuse challenges;
- I. One member who is a representative of state wide organization representing teachers in Maine; and
- J. One member who is a representative of a statewide organization representing school administrators in the state.
- K. One member who is a young person impacted by substance use disorder.

Proposed Amendment to LD 291

2. Compensation. Members of the working group may not be compensated for their work on the working group.

3. Duties. Duties of the working group include:

A. Identify and review the need for establishing a recovery high school or another educational model that is designed specifically for students in recovery from substance use disorder or co-occurring disorders. Factors should include the need present in the state, an understanding of both services and staffing required for such a facility, optimal location for such a facility, what entity would be best equipped to operate and manage a facility, and any other matter the working group believes is relevant to the establishment of a recovery high school or other facility.

B. Identify and consider mechanisms that could be utilized to address any obstacles or challenges in establishing a facility identified in paragraph A including, but not limited to, state funding, state licensure, workforce needs; facility construction or adaption; or any other issue that arise and

C. Conduct a review of states that have recovery high schools or similar facilities and examine which of those states could be a useful model for a Maine facility.

4. Staff Assistance. The Department of Health and Human Services with assistance when appropriate from the Department of Education shall provide necessary staffing services to the working group, within existing budget resources.

5. Report. The working group shall report by January 15th, 2024 the findings and recommendations of the working group to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Education. The Joint Standing Committee Health and Human Services and the Joint Standing Committee on Education may introduce legislation for presentation to the Second Regular Session of the 131st Legislature based on the recommendations in the report.

SUMMARY

This amendment directs the Department of Health and Human Services in conjunction with the Department of Education to convene a working group to study the feasibility and issues related to the establishing a recovery high school in the state, establishes the membership and duties of the working group, and requires the working group to submit its report to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Education by January 15th, 2024.



A better tomorrow starts today.

SUBSTANCE USE MENTAL HEALTH
OUTPATIENT RESIDENTIAL

April 26, 2023

Testimony In support of LD 291: *An Act to Support Young People Affected by Substance Use Disorder*

Good day, Senator Baldacci, Representative Meyer, and members of the Health and Human Services Committee. I am offering this written testimony in support of LD 291, “An Act to Support Young People Affected by Substance Use Disorder”. 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)

Recovery high schools have proved to be an effective form of continuing care in many parts of the country. Recovery High Schools are secondary schools designed specifically for students in recovery from substance use disorder or co-occurring

- (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



A better tomorrow starts today.

SUBSTANCE USE MENTAL HEALTH
OUTPATIENT RESIDENTIAL

disorders. Given the large need for this level of support in the client's Day One serves, our Agency has explored the feasibility of introducing such a model in our own State as a potentially critical component of an effective continuum of care. As part of this exploration, we visited several such programs and have found that they can be structured and operated very differently from each other depending on available community resources, population demographics and state goals / standards. Much can be learned from these very impressive schools.

Day One strongly supports the notion of a broad based, comprehensive study of recovery high school models and their potential value in serving youth in recovery from substance use disorder – particularly in such a rural State as ours. Day One has no doubt as to the need for this level of support, and is more than willing to participate and assist in any such effort.

Thank you again for the opportunity to submit this testimony.

Respectfully Submitted

Gregory Bowers
Chief Executive Officer



Alliance for Addiction and Mental Health Services, Maine
The unified voice for Maine's community behavioral health providers

Malory Otteson Shaughnessy, Executive Director

Testimony in Support of LD 291

"An Act to Support Young People Affected by Substance Use Disorder"

Sponsored by Representative LaRochelle

April 10, 2023

~ Officers ~

Dave McCluskey, President
Community Care
Greg Bowers, 1st Vice-President
Day One
Bob Descoteaux, 2nd Vice-
President
MaineGeneral Behavioral Health
Kara Hay, Secretary
Penquis CAP Inc.
Ellen Bemis, Treasurer
Aroostook Mental Health Center
Eric Meyer, Past President
Spurwink

~ Board Members ~

Adcare Educational Institute
ARC at Mid Coast Hospital
Alternative Services, NE, Inc.
Androscoggin Home & Healthcare
Assistance Plus
Catholic Charities, Maine
Co-occurring Collaborative
Serving Maine
Christopher Aaron Center
Common Ties
Community Caring Collaborative
Community Health & Counseling
COR Health
Crisis & Counseling Centers
Crossroads Maine
Genoa Healthcare &
Telepsychiatry
Kennebec Behavioral Health
Maine Behavioral Health
Organization
Maine Behavioral Healthcare
Milestone Recovery
NFI North, Inc.
Northern Light/Acadia
Portland Recovery Community
Center
Pathways of Maine
Rumford Group Homes
Brighter Heights Maine
Sunrise Opportunities
Sweetser
TriCounty Mental Health Services
Wellspring, Inc.
Wings for Children & Families
Woodfords Family Services

Good morning Senator Baldacci, Representative Meyer, and esteemed members of the Health and Human Services Committees. My name is Malory Shaughnessy and I am the Executive Director of the Alliance for Addiction and Mental Health Services. The Alliance is the statewide association representing the majority of Maine's community based mental health and substance use treatment providers, providing services to over 80,000 Maine men, women, and children. The Alliance advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

On behalf of the Alliance, I am here today to speak in support of LD 291, "An Act to Support Young People Affected by Substance Use Disorder." As you've already heard, the sponsor's amendment directs the Department of Health and Human Services in conjunction with the Department of Education to convene a working group to study the feasibility and issues related to establishing a recovery high school in the state.

According to the Association of Recovery Schools, recovery high schools are secondary schools designed specifically for students in recovery from substance use disorder or co-occurring disorders. These high schools meet state requirements for awarding a secondary school diploma, while also requiring the student to be working a program of recovery from substance use or co-occurring disorders as determined by the student and the school. Additionally, recovery high schools provide support for families learning how to live with and provide support for their teens in recovery.

According to the US Department of Health and Human Services' Substance Abuse and Mental Health Services Administration, more than 341,000 young people between the ages of 12 and 17 enter addiction rehabilitation programs each year. National research shows that most "traditional schools" are not equipped to handle students in the early stages of sobriety. In fact, 8 out of 10 students who return to their previous schools experience a relapse within a year.

Other states are experiencing measurable success with recovery high schools but before we can understand what role these innovative schools may play in our state's continuum of care, we should conduct a study. I urge committee members to vote ought to pass on this important piece of legislation. Thank you and I'd be pleased to answer any questions you have for me.

POSITION STATEMENT IN SUPPORT

LD 291 An Act to Support Young People Affected by Substance Use Disorder

Presented to Maine's Joint Standing Committee on Health and Human Services

As the state's largest grassroots mental health advocacy organization, NAMI Maine supports the passage of *An Act to Support Young People Affected by Substance Use Disorder*. NAMI Maine and other mental health advocates have attended multiple hearings and work sessions before this committee's esteemed colleagues sitting on the Criminal Justice and Public Safety Committee regarding very similar issues and concerns. Although we recognize that this is a concept draft, we strongly support any and all work that is being proposed in Health and Human Services, as it shifts the ownership and support for the young people of our state back to the correct system.

According to the most updated facts sheet released by the State of Maine Department of Health and Human Services website, 1 in 4 high school students in the state have been offered, given, or sold illegal substances on school property. It was also reported on the website that according to the most recent Maine Integrated Youth Health Survey, 22% of high schoolers and 4% of middle schoolers had used marijuana in the previous 30 days. The same survey revealed that 23% of high schoolers also consumed alcohol in the previous 30 days, with 33% of those who responded saying that they had drunk, also reporting consuming 5 or more drinks in a row which constitutes binge drinking. Distressingly, 3% of middle schoolers reported taking a prescription medication that was not prescribed to them. Lastly, 4% of the young people who participated in the survey reported that they required substance use treatment, and they did not receive it. Using a medium sized high school size in the state for context, which would be 600-700 students, there are 27-28 students that currently require substance use treatment and are not receiving it. Please consider making a calculation for the high school students in your districts to continue to consider the staggering number of young people in each community requiring care and not receiving it.

NAMI Maine supports the work and initiatives of this committee in ensuring that the investments of this committee will provide critical resources and allow for the best possible outcomes for our children. Maine has struggled with the weight of substance use disorders for a considerable amount of time. Investing in treatment for young people will assist in the long-term health and well-being of our state.

ABOUT NAMI MAINE: Incorporated in 1984, the National Alliance on Mental Illness, Maine Chapter (NAMI Maine) is the state's largest grassroots mental health organization. With support from national and regional affiliates, the agency is dedicated to building better lives for everyone impacted by behavioral health concerns. NAMI Maine engages with leaders and community partners at all levels to improve the state's mental health system through collaboration and education.

LEGISLATIVE CONTACT

Hannah Longley, LCSW, Director of Community Programs
(207) 622-5767 ○ HannahL@namimaine.org

POSITIONS & POLICY AGENDA

www.namimaine.org/advocacy



**Written Testimony
In Favor of LD 291:
An Act to Support Young People Affected by Substance Use Disorder**

Committee on Health and Human Services
100 State House Station
Augusta, ME 04333

Re: LD 291

April 10, 2023

Senator Baldacci, Representative Meyer, and honorable members of the Joint Standing Committee on Health and Human Services,

My name is Tess Parks, and I serve as the Recovery Rising Coordinator at Portland Recovery Community Center (PRCC). I am writing to you today on behalf of Leslie Clark, PRCC's Executive Director, in favor of LD 291.

PRCC's mission is to provide support, education, resources, and advocacy for people recovering from and affected by addiction, and to spread the message of hope throughout the state of Maine and beyond. As a recovery community center, we know that many adolescent Mainers are affected by SUD and more resources are needed to support them in finding recovery.

A 2012 report from the US Department of Education Office of Safe and Drug Free Schools noted that 85% of adolescents entering addiction treatment in the US begin regular use of alcohol and other drugs before the age of 15. According to the US Department of Health and Human Services Office of Adolescent Health, 62% of adolescents perceived no great risk from having five or more drinks once or twice a week. In Maine, the 2021 Maine Integrated Youth Health Survey¹, reported that 10% of respondents (Grades 9-12) reported taking prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it at least once.

Recovery high schools have operated in the United States for the past 35 years. As of 2023, there are 42 US recovery high schools that are members of the Association of Recovery Schools. These secondary schools are designed specifically for students in recovery from SUD or co-occurring disorders. Although schools operate differently depending on state standards and available community resources, every school educates students on substance use or co-occurring disorders, meets state requirements for awarding a secondary diploma, intends that all students attending be in recovery and working a program of recovery, and available to any student in

¹ 2021 Maine Integrated Youth Health Survey High School Detailed Report – Maine (Weighted)



recovery who meets state or district eligibility requirements². While receiving academic instruction students work on emotional skill acquisition, and the five Social-Emotional Learning (SEL) core competencies, which include self-awareness, self-management, social awareness, relationship skills, and responsible decision-making.

Although conceptual, LD 291, An Act to Support Young People Affected by Substance Use Disorder, introduces a model of secondary education that should be considered to bring to Maine. Students that attend recovery high schools have increased sustained sobriety, higher attendance rates, and increased GPAs in comparison to students that have returned to their traditional high schools³. Maine youth with SUD deserve this option for secondary education.

We want all people affected with SUD to have support and resources at all stages of their recovery journeys. We especially want young people to have access to programs that are geared towards adolescents, such as recovery high schools, so that more people can start a life of recovery sooner. When people enter recovery at younger ages, individuals and their families are spared years of pain and loss. Recovery high schools are an investment in the future health of Mainers, their families, and our communities.

We thank Representative LaRoche and co-sponsors for introducing this important concept piece of legislation. We strongly urge this committee to vote in favor of LD 291.

Sincerely,

Tess Parks

If you have any questions, please contact:

Leslie Clark
Executive Director
Portland Recovery Community Center
102 Bishop Street
Portland, Maine 04103
207-553-2575

² Association of Recovery High Schools

³ Finch, Andrew, and Holly Wegman. "Recovery high schools: opportunities for support and personal growth for students in recovery." *The Prevention Researcher*, vol. 19, no. 5, Dec. 2012, pp. 12+. Gale One File: Health and Medicine.



GOOD WILL-HINCKLEY
We change lives



**MAINE'S RECOVERY HIGH SCHOOL
PROPOSAL
MAY 24, 2019**

OVERVIEW: The goal of this proposal is to develop Maine's first Recovery High School based on the campus of Good Will-Hinckley in Hinckley, Maine, located in Somerset County. A collaboration between Good Will-Hinckley and Day One will establish a comprehensive secondary school program that will lead to the awarding of a secondary school diploma while providing intensive support for students recovering from a substance use disorder or co-occurring disorder (including both substance use and mental health) such as anxiety, depression, attention-deficit/hyperactivity disorder or other mental health condition. Also included in this proposal are services to support the families of the teens enrolled in this program.

PROJECT DESCRIPTION: This project will establish an approved secondary school program with cottage-style housing for 16 students initially. The academic program will be associated with the Maine Academy of Natural Sciences (an approved charter school program in the State of Maine), located at Good Will-Hinckley or Regional School District #18 (Messalonskee). In addition to a secondary school program that will focus on life skills, decision-making, and relevant life experiences, students will have on-the-job experiences working in Good Will-Hinckley's greenhouses, world-class museum, and sugar shack. Students will also have the opportunity to attend Early College classes and develop employment skills by working in the barn and greenhouse at Kennebec Valley Community College (KVCC), located adjacent to the Good Will-Hinckley campus. Additional quality work-experience opportunities may be provided by Jobs for Maine Graduates (JMG), which has expressed interest in collaborating to augment the academic program.

Clinical staff, already experienced in working with teenagers with substance use and co-occurring disorders, will provide intensive and comprehensive support to each student. Efforts will be made to engage families in the successful recovery and transition of these teens. Housing for visiting families will be provided by Good Will-Hinckley, enabling families to engage and visit with their students, while participating in family-centered therapy.

This program will be modeled after other Association of Recovery Schools programs located all across the country. Their resources and supports will be sought to assure the successful creation and execution of Maine's first Recovery High School.

The profile of a student in need of a Recovery High School will include some or all of the following:

- a. Substance Use Disorder and/or Co-Occurring Mental Health Diagnosis
- b. Experiencing unsettled home situation or living in a homeless situation
- c. Potential to drop out and not complete their high school education
- d. Having experienced trauma in their or their family's life
- e. Teen parent
- f. Coming from a low-resourced family
- g. Living in a situation of intergenerational dysfunction or SUD/Co-occurring Mental Health diagnosis
- h. Able to function on their own (possibly with difficulty)
- i. Between the ages of 13 and 20 (inclusive)

Each of the agencies and programs listed below has agreed to help develop and implement needed transition and aftercare services for these teens:

- Project Rebound (Oakland Police Department in partnership with the Alford Youth Center)
- Wayfinder School's Teen Parent Program (Passages)
- Kennebec Valley Community College
- Southern Maine Community College
- Maine Children's Home for Little Wanderers
- Jobs For Maine's Graduates
- University of New England

LEAD ORGANIZATIONS: Day One and Good Will-Hinckley are the lead organizations that will develop and implement the Recovery High School.

Day One will provide the treatment framework and clinical services for the Recovery High School. Day One has extensive experience providing these services in a variety of settings, including in its residential and outpatient locations. In fact, Day One provides the most complete continuum of youth and family-based services in the State of Maine. Day One's mission is to improve the health of Maine by providing substance use, mental health and wellness services to youth and families. Its vision is that all Maine youth will have opportunities to realize their full potential to live productive, healthy and rewarding lives.

As a long-recognized leader in the prevention and treatment of youth substance use and mental health disorders, Day One has built a culture of excellence in all that it does. Its programs are designed to provide interventions regardless of where the adolescent and family are in their

substance use and/or recovery. Prevention, screening, early intervention, and treatment interventions are essential to give Maine youth the chance to achieve their full potential. Day One's treatment approach is informed by the traumatic histories and complex needs of each client. Day One is successful because of the exceptional quality of its staff and the strength of its collaborations, enabling them to create opportunities for youth to build a brighter future. By providing integrated care for youth and families, they give teens with substance use disorder and mental health needs the tools and skills they need to break the cycle of substance use experienced by generations of Mainers.

The clinical philosophy for the Recovery High School is a harm reduction model. Day One will work to create a recovery community focused on providing support and treatment to students and their families as they learn skills and strategies to maintain a healthy lifestyle. Clinical services will include peer recovery services; case management; mental health and substance use treatment via group, individual, and family therapy; as well as psychiatric services. Day One will collaborate with University of New England's (UNE) health professionals program to integrate other health professions into the clinical and educational framework.

Day One will collaborate with the educational staff to develop psycho-educational components that are integrated through all classes. This would ensure all curricula is trauma-informed and supports the individual needs of students in recovery. All students will be encouraged to work on their social/emotional issues by properly accessing abundant therapeutic resources. For example, treatment and educational goals are interwoven with art, music, physical education, and other activities.

At admission to the program, each student will be assessed by clinical staff. Clinical and educational staff will work in partnership to create an individual recovery plan. Clinical assessments will include GAD-7, PHQ-9, AC-OK, and ACEs screenings.

Individual recovery plans will include assessments for both the students' needs and family needs. Family needs could include substance use and/or mental health treatment for parents/caregivers, food insecurities, housing instability, and/or vocational/educational needs.

Case management services will be available to all students and their families to help address these needs. During the initial meeting students would also create a contingency plan which would provide them the names and phone numbers of the next referral source at the time of their enrollment, such as crisis, Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and nearby outpatient services. Drug testing will be connected to the student's individual recovery plan. Drug testing will be done on a random basis. Using substances while attending the

Recovery High School does not mean immediate dismissal, however it will initiate a therapeutic conversation on how to best support the student in their recovery.

Based on the individual recovery plan and/or identified needs of students, students will also be able to access individual counseling as part of their school day. Family therapy will be included when appropriate and available during evenings and weekends as needed. Weekend housing for visiting families will be available through Good Will-Hinckley's Alumni House.

Each day, students will attend a psycho-educational group as part of their school curriculum. This group will address substance use, trauma, relationships, accountability, transitions, grief and loss, healthy choices, self-esteem, bullying, stigma, and co-occurring disorders.

Each student will also be connected to a peer recovery support person. Peer support will be able to meet with students and their families and work to assist students in staying engaged in their educational and treatment processes. This will include exposure to AA and NA meetings and peer recovery groups such as Young People in Recovery (YPR).

Students' individual educational and clinical goals will be evaluated on an ongoing basis to determine progress toward their next steps. At the time that it is determined a student will transition, a support plan will be created with his/her clinical and educational team.

Day One is currently considering behavioral health home status, and the agency believes this model, when extended to both students and families, would provide the greatest level of support both pre- and post-graduation. Day One will also ensure the availability of Medication Assisted Treatment (MAT) services to any family member in need, either internally or through partnership with local providers.

It is assumed for purposes of this concept paper that the majority of enrolled students and their families will be MaineCare eligible. We believe the clinical services described above will be delivered and reimbursed under sections 65, 13, and/or 92.

A budget placeholder of \$150,000 is requested for the initial hiring and training of clinical, case management and peer recovery staff as well as for on-going psycho education and clinical supervision resources which may not be readily covered through existing rate structures.

Good Will-Hinckley (GHW) will provide the housing and support services for students. For over 125 years the Good Will idea to provide a home and helping hand to boys and girls in need has stood tall and proud on the beautiful sprawling campus of Good Will-Hinckley, just outside of

Fairfield, Maine. The purposes of this organization are to provide a home for the reception and support of needy boys and girls who are in need of a home and a helping hand, to maintain and operate a school for them and to attend to the physical, industrial, moral and spiritual development of those who shall be placed in its care; its spirit to be evangelical without being sectarian. Their current programs include the Maine Academy of Natural Sciences, the Campus Living Program, the LC Bates Museum, College Step-Up, The Glenn Stratton Learning Center and the Roundel Residential Program.

Additional details of GWH's involvement are noted below:

1. GWH will offer two cottages: Keyes and Winthrop Cottages. Keyes would be set up for boys and Winthrop for girls. Each cottage will be set up for 8 students for a total of 16 students.
2. GWH will provide staff coverage in each cottage with two full-time Family Teachers and a full-time Assistant Family Teacher for a total of 120 hours per week of coverage in the residential setting for all 52 weeks of the year.
3. GWH will offer transportation to and from school and to all appointments as necessary.
4. GWH will provide food and snacks for all students when in the residential setting.
5. GWH will provide life skills classes and opportunities for all students in the program.
6. GWH will provide recreational opportunities on and off campus for all students.
7. GWH will be working to secure work study jobs on campus for students who qualify. In addition, when appropriate, students will transition to jobs in the greater community as they approach discharge from the program.
8. The residential programming will be integrated into the campus life activities on campus.
9. The residential program will have full access to the Kennebec Valley Community College campus and if eligible, attend activities.
10. Access to all of GWH's programming and activities.
11. Access to drivers' education through area providers. Residential staff would work with the students to get the necessary driving time to prepare for driver's tests.

A budget placeholder of \$625,000 is requested for the facility and programming items noted above as well as an allowance for administrative management and support.

COLLABORATOR: The University of New England (UNE) will be a university-based collaborator, providing Day One and Good Will-Hinckley with a range of resources and services. UNE is the primary educator of health professionals in Maine.

The following resources will be offered to help develop programming and implement services for Maine's Recovery High School (RHS):

1. **Workforce/Community training and development:** The UNE School of Social Work has a strong track record of providing workforce training in multiple areas including but not exclusive to: trauma-informed practice; substance use screening; motivational interviewing, team facilitation, cognitive behavioral therapies, and Screening, Brief Intervention, and Referral to Treatment (SBIRT), an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
2. **Clerkships/Internships:** UNE has 15 different health professions as well as students from the fields of psychology and education available to be interns at RHS. Interns provide in-kind service to programs under the supervision of faculty and on-site clinical staff. UNE is committed to making sure that its students graduate with exposure, knowledge, and skills in substance use identification and treatment.
3. **Grant Stewardship, Evaluation, and Partnerships:** UNE's Center for Excellence in Health Innovation (CEHI) collaborates with UNE faculty and community partners in the nexus of health care, public health, and education, creating innovative interprofessional learning opportunities, research, and evaluation opportunities and community engagement. CEHI and The Interprofessional Education Collaborative (IPEC) both have experience and motivation to help RHS seek funding support. In addition, CEHI is well staffed with professional evaluators who can assist in determining instruments and assessing identified program outcomes for RHS.
4. **Pipeline Opportunities:** UNE's 15 health professions provide opportunities for RHS students to be exposed to careers in the health profession and related fields. IPEC and CEHI have collaborated with the Area Health Education Center (AHEC) on a number of pipeline projects with middle and high school students, particularly those from vulnerable and underserved populations. In collaboration with the community colleges, UNE can engage RHS students in thinking about future careers and aspirations.

FUNDING: It is our hope that initial start-up funding for this program will be provided by the Maine Departments of Corrections, Education, and Health and Human Services. Grant funds to help augment the programs and facilities will be sought as well.

After the initial 16 students are enrolled, a process will be implemented that adds additional students as appropriate personnel and housing are found. The ultimate goal would be to build a program that would accommodate 40 to 50 students.

Future sources of funding might include:

- School subsidy
- Maine Academy of Natural Sciences Thresholds Program
- John T. Gorman Foundation
- Josiah Macy Jr. Foundation
- Health Resources and Services Administration (HRSA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Private funding sources such as the Harold Alfond Foundation
- Maine Department of Health and Human Services Funds
 - Section 13 (MaineCare Targeted Case Management Funds)
 - Section 65 (MaineCare Outpatient Services Funds)
 - Section 92 (MaineCare Behavioral Home Health Funds)
- McKenney-Vento Homeless Funds (Maine Department of Education)