



Brighter Futures for Youth and Families

**Testimony in Support of LD 1059  
An Act to Provide Substance Use Disorder Treatment to Adolescents**

**April 6, 2021**

Good morning Senator Claxton, Representative Meyer, and members of the Health and Human Services Committee. My name is Greg Bowers and I am the Chief Executive Officer for Day One. Please accept this testimony in support of LD 1059, An Act to Provide Substance Use Disorder Treatment to Adolescents.

Day One is a leading provider of substance use and mental health treatment services for adolescents and their families who struggle with addiction and the underlying effects of trauma, mental illness and a multitude of socio-economic challenges. Importantly to the consideration of this legislation is that Day One is this State's only provider of residential substance use treatment for adolescent boys and girls. We've been doing this work for well over 40 years and we represent a critical line of defense in the fight against the seemingly endless cycle of generational trauma and addiction.

Never in our Organization's history have we seen a greater need for timely access to youth and family centered substance use treatment. The isolation and stress of the COVID19 pandemic as well as the scourge of Maine's ongoing opioid epidemic have had a devastating impact on Maine families – an impact that will surely be felt for years to come. Our wait lists for clinical assessments, outpatient therapy, home and community treatment, psychiatric medication management, case management and residential care have all been steadily increasing throughout the past year. I can also report that without a doubt, the kids are getting younger (as young as 13 or 14) and they are presenting with very complex polysubstance use. To illustrate the seriousness of the cases we are now seeing, I have attached to this testimony two individual case studies taken from recent experience in our residential programs.

At the same time, we are seeing important reforms in the way our State cares for youth and families in need. Most visible are the efforts to decrease the size of or even close the Long Creek Developmental Center and to bring youth back to their communities. Day One supports these efforts – evidence shows better outcomes when youth can be reunited with their families and cared for within their own communities. We are however, concerned with what we are seeing on the ground in terms of volume and acuity of need. If we are to reunite families, keep kids in their community and work to ensure that they have the tools necessary to break that cycle of



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generational addiction, then we need to ensure that access to appropriate community-based services are available when needed. This is especially challenging given the rural nature of the state, the current shortage of qualified clinical staff and the many competing demands on our state budget. However, failure to do so will only work to perpetuate the human and economic cost associated with this challenge.

While there are capacity issues across the entire system of adolescent care as evidenced by our own waitlists, the most significant and concerning is the lack of intensive outpatient services within our communities. These intensive services, whether delivered at home, in an office, or at school are often needed to ensure that youth can continue in their recovery amid the stressors they encounter on a daily basis. These intensive services, coupled with medication management when needed, peer support and case management, will give kids the greatest chance for long-term recovery.

The good news is that there is a strong will to make the changes necessary on the part of the administration and provider community. Day One is aware of and often included in many efforts by the Office of Child and Family Services, Department of Corrections and Office of Behavioral Health to reform the system where needed and to fill critical gaps where they still exist. Much work is needed but efforts are underway, and the process seems very collaborative. I am not sure whether this Bill will ultimately be needed or in what form it may take, but I appreciate what it is trying to do and gladly support any help it may provide

Thank you for your attention to this matter and I would be happy to answer any of your questions.

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## Day One Residential Program Case Review - "Sarah"

### **Background:**

Sarah is a 15 year old female from a rural town in Maine. She was removed from her biological mother by Child Protective Services at age 5 and placed in the custody of her maternal great grandmother (currently age 79). Sarah continued to have contact with her mother throughout her childhood. Her biological father struggled with opioid dependence and died from an opioid overdose prior to Sarah's birth. Sarah's mother also has a substance use disorder, with the primary substances being opioids and alcohol. It was also reported that Sarah's maternal grandmother struggles with opioids and alcohol as well.

Sarah reports a history of abuse, primarily from her mother's boyfriend. Her living situation has been variable from age 5 with semi-homelessness during the last 2 years and substantial time in her boyfriend's home. Sarah reports her boyfriend uses and sells opioids, and has been recently incarcerated for the sale of controlled substances. Sarah reported that he use to supply her with her substances.

Sarah's great grandmother has attempted to offer her stable housing, however Sarah often chose to be with her boyfriend. She has not been to school in 2 years.

Sarah reported that she began using cannabis in the 3<sup>rd</sup> grade and reported this use became heavy quickly. She primarily used with her biological mother and other adults. Her substance use progressed to opioid and alcohol use at a young age. Methamphetamine and crack cocaine were also used for an extended period of time. Sarah reported a suicide attempt at age 13 and engaging in self harm by cutting her wrists while intoxicated at age 14. She was also hospitalized for alcohol poisoning at age 14.

Sarah has engaged in outpatient mental health counselling services since age 4 and psychiatric medication management since age 10. Psychiatric diagnoses include Complex Post Traumatic Stress Disorder, Opioid Use Disorder, Severe, Unspecified Stimulant Use Disorder, and a possible mood disorder. Sarah has tried and discontinued at least three mood stabilizing meds (SSRIs).

### **Referral and Assessment Process:**

Sarah was referred to Day One by her maternal great grandmother with encouragement from her outpatient counselor. It was reported by Sarah and confirmed by her great grandmother that Sarah's current use was to keep her from having withdrawal symptoms. Sarah's wish was to stay in the care of her great grandmothers and had significant fear of the withdrawal process. Sarah also stated that her wish was to get "sober".

Based on referral information, Sarah appeared to be an appropriate candidate for Day One residential recovery program. However, it appeared that she would require medical detox, close observation, possibly suboxone induction prior to her admission to the program. Day One would need to partner with a medical provider in order to coordinate this level of care.

## **Day One Residential Program Case Review - "Sarah"**

Sarah's assessment, medical clearance, and admission date were coordinated through Day One's care manager. The goal for this process was that Sarah would be assessed by a clinician at our Main Street office, then immediately transported Northern Light Emergency Department in Portland Maine to begin the detox process. Admission into our residential program was tentatively scheduled for 48 hours after the assessment and detox process started.

Sarah was transported by her great grandmother approximately 3 hours to Day One's outpatient office and completed the assessment. Sarah reported using opioids on the car ride to the assessment. She met criteria for admission and was immediately transported by her great grandmother to Northern Light emergency department (which was pre-arranged by the Day One case manager) on a Friday. It was the understanding that once detoxed and stable Sarah would be admitted to Day One on the following Monday morning.

Day One's BHH Case Manager arranged and supported, in person, the transition to the Emergency department. Unexpectedly, the emergency department wished to release the client to Day One after medical detox, with pressure to admit Sarah within 24 hours or less. This posed a huge challenge to Day One as we were not equipped to start Suboxone induction and maintain detox observation. Our Case Manager worked closely with child protective services to allow Sarah to remain in the hospital until Monday. During this process Maine Medical Center Emergency Department was contacted and offered to be a backup if needed.

With skilled help from and expanded care team, Sarah was able to maintain at the hospital for the weekend and was admitted as planned on Monday morning to Day One. The hospital discharge plan included:

- Addiction Specialist from Smart Family Services to monitor induction and maintenance of suboxone and perform continuing consultation
- Case Manager from our BHH to perform and monitor all needs of the client
- Day One's Residential Clinical Manager and Operations Manager who prepared all needs at the residence
- Substance Use Counselor and Mental Health Counselor immediately assigned and begun treatment at arrival
- Medical Director who monitored continued detox progress, needs and prescriptions.
- Psychiatric Nurse Practitioner for ongoing psychiatric assessment and medication management.

Note that the above team huddled frequently prior to and during the first week after admission to make sure all areas of care were being addressed.

### **Progress while at DayOne:**

Sarah stayed at the Day One Residential Program for over 3 weeks, has successfully detoxed, transitioned through a short course of suboxone, and began to embrace the need to stay in residential care. Current care includes 13 hours of group substance use counselling per week, weekly individual counseling for substance use and mental health, daily school attendance, and



## Day One Residential Program Case Review - "Sarah"

participation in age appropriate activities, self-care, housing upkeep, and cooking. Case management services are also continuing to happen for Sarah. As Sarah continued to detox, she became more unstable emotionally. She started to need crisis services and ended up at the emergency room due to self-harm/suicidal thoughts and actions. While at the hospital, Sarah convinced her great grandmother to come pick her up. Her great grandmother did pick her up at the hospital. After a few days, Sarah ran from her grandmother's house and her location was unknown for many months. It was believed that she returned to live with her older boyfriend who was on the run due to drug charges.

### Challenges for Discussion:

- Early treatment for Sarah in need of supportive detox was challenging
- First month of treatment critical indicator of success
- No DOC involvement and minimal DHHS involvement for this family.
- Break down of family unit due to Opioid crisis. Multigenerational impact.

## DayOne Residential Program Case Review "Amy"

### **Background**

Amy is a 15-year-old female from a rural town in Maine. She was raised by her maternal grandparents after her mother unexpectedly died when Amy was 4 months old. Amy reports her relationship with her grandparents as supportive but acknowledges that her Grandmother unintentionally enables her substance use. Amy's grandmother is a recovering alcoholic, and her Grandfather is struggling with recent health issues. As a child, Amy's father was in the Army and they did not have contact until recently. Amy reports that her relationship with her father is strained and they have little contact.

Amy endorses a history of physical and emotional abuse primarily from an ex-boyfriend. She also reports a history of sexual abuse from her uncle at the age of 12. Amy has been in past relationships with older men and reports drug use in all those relationships.

Amy began using substances at the age of 14 and reports using cannabis and heroin daily for 2-3 years. She then stopped using heroin and began using Suboxone which she got "off the streets" so that she would not get sick. This past year, Amy primarily smoked crack, but had built a high tolerance so she began using it intravenously.

Amy has engaged in court-ordered mental health counseling services in the past year and reports that it was helpful. When sessions started over the phone due to the pandemic, her interest faded, and she admits they were no longer helpful. Amy has no previous hospitalizations and recently received a diagnosis of depression.

### **Referral and Assessment Process:**

Amy was referred to DayOne by her JCCO after violating her probation for a previous charge of aggravated trafficking of heroin. When she failed a routine UDS, Amy was given the option of completing 6 months of treatment at DayOne or going to Long Creek Youth Detention Center.

Based on referral information, Amy appeared to be an appropriate candidate for DayOne residential recovery program. Amy was admitted to the program from the community. She was transported by her grandmother. Once admitted into the program, Amy experienced a significant medical event on her first day. She appeared lethargic and unsteady on her feet during the first few hours at the house. She unexpectedly slumped over at the dinner table and was unable to be immediately woken. Amy initially denied any substance use. A UA was done, however results were not back until the next day. Per residential policy, Amy would receive a physical from a doctor within 72 hours of admission to the program; however it is extremely rare that this physical can be coordinated for the day of admission. Once awake and able to talk, Amy confessed that she had used IV cocaine before arriving at DayOne.

### **Current Progress**

## DayOne Residential Program Case Review "Amy"

Amy has been at the DayOne residential program for over 2 months and has successfully integrated into the program. The first few days were challenging as Amy detoxed and it was challenging for her to participate in programming. Current care includes 13 hours of group substance use counseling per week, weekly individual counseling for substance use and mental health, daily school attendance, and participation in age appropriate activities, self-care, and life skills.

### **Challenges for Discussion:**

- Safety concerns and risks of direct admissions
- Detox options for IV cocaine? Polysubstances?
- Appropriate detox/stabilization programs in the state for Adolescents? Community based programs? Unintended consequences of not going to Long Creek Youth Development Center as detention/stabilization facility?