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April 6, 2021

Re: LD 1059, An Act to Address the Complexity of Substance Use Disorder in Youth

Senator Claxton, Representative Meyer, and members of the Health and Human Services Committee, my name is Cullen Ryan, and I am the Executive Director of Community Housing of Maine or CHOM, the largest supportive housing provider for homeless populations in Maine. Our staff of 11 works collaboratively with more than 50 different service provider organizations to effectively and efficiently house some 1100 of Maine's most vulnerable people. I am also a member of the Statewide Homeless Council and serve as President of the Maine Continuum of Care Board of Directors.

I am testifying today on behalf of CHOM in support of LD 1059, which would require the Department of Health and Human Services to work with stakeholders to develop and fund a continuum of evidence-based treatment services for adolescents affected by substance use disorder. Services would include, but not be limited to, detoxification beds in hospitals or residential settings, and intensive outpatient treatment services.

Some background information on SUD/ODU:

- > Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) can be an underlying cause of (or prolong) homelessness and engaging in recovery is far more difficult while experiencing homelessness<sup>1</sup>.
- > People experiencing homelessness are more prone to SUD/OUD, health issues, and fatal opioid overdoses than the general population<sup>2</sup>.
- > One 2013 study in Boston found that overdoses account for 17% of deaths of people experiencing homelessness – of which 81% were due to opioids<sup>2</sup>. *\*This data pre-dates the opioid crisis – these figures are likely higher today.*
- > Maine was the 6<sup>th</sup> worst state in the country for the increase in overdose deaths between 2016 and 2017.
- > The number of overdose deaths in Maine in 2020 was just more than 500, a record high far surpassing the previous record of 417 in 2017. This increase, according to the Maine attorney general's office, is likely in part due to the pandemic making it more difficult for people with substance use disorder to seek treatment and recovery options.

Adolescents' struggling with substance use disorder (SUD) is not a new problem, however the landscape is changing. Maine is seeing a substantial increase in heavy polysubstance use as well as significant medical and mental health complications. As the opioid crisis continues, children have been growing up amid the crisis, experiencing increased exposure to and experience with trauma and the breakdown of their natural support systems. Youth experiencing homelessness are even more likely to engage in substance use/opioid use, further exacerbating their homelessness and adversely affecting their health, well-being, and safety. The current and future repercussions of the COVID pandemic and the movement to treat substance use disorder among adolescents in the community presents additional challenges, especially for adolescents experiencing homelessness. Youth who have had the scarce opportunity to receive treatment in Maine's residential facilities are often using a significant amount of substances up to the time of admission. There is no medically monitored adolescent detox facility in Maine, and there is limited capacity and knowledge in our psychiatric hospitals to address this need of this specific population. In some instances, the goal of keeping adolescents in the community has created an unintended consequence of not having supportive and safe spaces for adolescents to enter into substance use treatment. These youth, especially those who have experienced or are experiencing homelessness are more vulnerable to being preyed upon, and more likely to experience frequent interactions with law enforcement and/or Emergency Department use, none of which is an appropriate response or intervention for substance using adolescents.



Immediate access to detox (24-72 hours) followed by several weeks of supported stabilization for adolescents are important steps to ensure the recovery work can begin and gain momentum. Success in these early weeks of recovery is essential to build strong engagement with these youth so long-term treatment and recovery can commence, and stability can be achieved.

Funding a continuum of evidence-based treatment services for adolescents affected by substance use disorder, including dedicated detox beds in hospitals and/or residential settings and intensive outpatient treatment services, is critical. An effective continuum is especially critical for youth using substances while experiencing homelessness. However, no one – especially youth – is in a good position to solve their SUD/opioid use disorder (OUD) and move into recovery if they lack stable housing. Homelessness dramatically complicates OUD recovery. What can be done? Communities which have had success have done so by treating the whole person and addressing the issues underlying both homelessness and OUD, through an effective and accessible continuum of care from homelessness to stable housing. An uninterrupted pathway from use, to detox, to treatment, to recovery in housing is critical. It's important to consider that housing is foundational – it is the only way to end homelessness and allow for actual recovery. For adolescents experiencing homelessness in the throes of substance use, their chances of success in their treatment and recovery without housing are very slim.

LD 1059 would assist in filling a large gap in the continuum of care for adolescents with SUD/OUD, especially so for youth using substances and experiencing homelessness. I urge you to support this legislation.

Thank you for the opportunity to comment.