



A better tomorrow starts **today.**

SUBSTANCE USE	MENTAL HEALTH
OUTPATIENT	RESIDENTIAL

To: Committee on Transportation

From: Dan Morin, Director of Community Engagement

Date: April 23, 2025

Subject: LD 1451 – An Act to Strengthen Coordination of Community Transportation

Chairpersons Nangle, Crafts, members of the Committee, thank you for the opportunity to provide testimony on LD 1451, establishing the Maine Coordinating Council on Access and Mobility Management to issue policy recommendations and undertake activities that improve efficiency, accessibility and availability of transportation for Mainers.

AGENCY BACKGROUND

[Day One](#) has been a leading provider of substance use and mental health treatment services for adolescents and families for over 50 years. We are best known for operating the **ONLY** residential substance use disorder treatment programs in Maine for teenagers 13 to 18 years old. Other services we offer through our agency, include:

- **School-based programs:** We provide low barrier, easily accessible and integrated treatment at several middle and high schools, helping students overcome and manage behavioral, emotional, and social problems that have been impacting home or school.
- **Case management services,** that directly help people with increasingly complex health problems navigate challenges of medical care coordination, employment, housing, financial assistance, and transportation.
- **Outpatient services** along the full continuum of substance use treatment and mental health treatment, including psychiatric medication management, and an unhoused program at locations in both Lewiston-Auburn, and Portland

ISSUE BACKGROUND & DATA

The consequences of substance use are staggering in both financial and human terms. For example, youth are more likely to become dependent than those who start as adults, and the costs often follow them for a lifetime – adding each year to the taxpayer bill for health care, developmental disabilities and delays, criminal and family courts, prisons and jails, unemployment, and other social services.

- [Maine ranks second nationwide](#) in the percentage of children ages 12-17 who reported using illicit drugs, including marijuana, in the past month and [Maine teenagers](#) are 47% more likely to have used drugs in the last month than the average American teen.
- Developing brains are more vulnerable to the harmful effects of substances and youths with substance use issues experience higher rates of physical and mental illness.
- Some teens are at even greater risk because of genetics, family history, trauma, and

behavioral health problems.

Unfortunately, research illustrates that there is a general trend of high rates of return to use and subsequent treatment readmission among adolescents AND ADULTS.

- Most adolescents who completed an inpatient treatment program return to pretreatment usage levels within 12 months of treatment and,
- Two out of three youth who completed outpatient treatment returned to use within the first six months following their treatment.
- Research shows that “continuing care, or aftercare, for adolescents also has been repeatedly shown to reduce the likelihood of a return to use and enhance the maintenance of treatment gains”.

It is important to realize sustained recovery is possible and a return to use **does not equal failure**. Addiction is defined as a chronic, oftentimes **recurring** disorder characterized by compulsive drug seeking and use despite adverse consequences.

Benefits of LD 1451

Day One has been concerned for years about the persistent gap between the availability of effective care for opioid use disorder and individuals’ ability to access it. LD 1451 is an excellent step toward closing gaps in access to care by tackling one of the most significant barriers to accessing care: transportation.

Available and reliable transit can positively influence recovery at any point in an individual’s journey from the time that individual receives a treatment referral, decides to seek care for the first time, or attends ongoing appointments.

For example, we see all too often a client that excels within the confines of our residential program and quickly returns to using following discharge once all the same pressures and temptations are once again at their door. It is no exaggeration to say that the value of access to community-based services while in recovery can separate success from failure and literally be a matter of life and death.

In the beginning stage of recovery, transportation can facilitate immediate and safe access to treatment or a crisis response advocate. Once in a treatment program, transportation reduces missed or late appointments, which improves positive outcomes. Finally, transportation is also critical for transitions to long-term recovery, a phase in which over 80% of individuals return to use, by providing access to jobs, support groups, and other components of independent living.

In closing, we urge the Committee’s support of LD 1451. Thank you.

12-4-24

My son, Christopher was 17 years old when he was ordered by the court to go to Day One. He was in and out of jail for doing crazy kid things. But he was on a bad road to worse.

Day One saved his life. They let my son cook. Yes cook. Cook for the staff and kids. He put on banquets for kids leaving Day One. Staff bought ingredients for my son to cook.

My son is now 30 years old. He graduated from the Culinary Institute of America in N.Y. He's an Executive Chef, and I am so proud of him. He is married to a chef he met at CIA and they own a house in Maine.

This would not have been possible if not for Day One. Thank you,

You have my permission to use our success story for your organization

Brenda Reczek