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Testimony of Dalene Sinskie
Evergreen Behavioral Services
In Support of LD 605

“An Act to Support Evidence-Based Treatment for Opioid Use Disorder”
Before the Joint Standing Committee on Health and Human Services
April 28, 2017

Senator Brakey, Representative Hymanson and distinguished Members of the Joint Standing Committee on Health and Human Services, I am Dalene Sinskie, Executive Director, Evergreen Behavioral Services. I live in New Sharon and I am here to testify in support of LD 605.

Evergreen Behavioral Services is an affiliate organization of Franklin Health Community Network, which is a Member organization of MaineHealth. In late 2015, as news reports were increasingly focused on the rising number of overdoses occurring in Maine, Evergreen and Franklin Community Health Network began discussions regarding the need for additional substance use disorder services in the Franklin County area. After many months of research and investigation, Evergreen and Franklin Community Health Network respective Boards of Directors approved a 6-month pilot project for an Intensive Outpatient Program (IOP) for Substance Use Disorders, which opened in July 2016.

We quickly discovered that we were facing challenges around the number of referrals coming in for those without the ability to pay. In order to sustain financially we found ourselves “managing” referrals. This means we could not immediately serve all patients in need, but had to carefully manage the number of uninsured patients we serve at any given time to maintain our program. So far, we have estimated the percentage of the uninsured to hover around 35-40%. Our agency is small enough that not only was I involved in the development and implementation of IOP, I also filled in as the referral coordinator for a few weeks. I can share with you firsthand some of the things I have heard over the past few months when turning people away.

“What am I going to do then?” accompanied by tearfulness.....

“I will have no choice but to continue to use”

“I thought you people were supposed to help”

And many more comments too inappropriate to mention here.

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Another challenge soon identified was the availability of primary care physicians or others who can continue to provide an appropriately lower level of treatment when patients are discharged from the IOP. IOP usually runs for about 8-12 weeks depending on the individual's ability to work the program and become stable. Once they leave our IOP, they need someone to take over the medication component. At this time, Franklin has had one physician come out of retirement to assist with this population; however, the one scheduled day has quickly been filled.

When individuals get turned away when seeking help, they often feel helpless, hopeless and unimportant. Is this the message we want to give them? That they essentially are out of luck? That there is no help for them? That they are not important enough for us to want to help? That their children, spouse, parents, aren't important enough? Because that is exactly the message they receive.

Other things that I have heard over the past few months, and these statements are in no way designed to shed negative light on individuals with substance use disorders, but these are the facts; taking advantage of other people happens, stealing happens, using all kinds of substances (regardless of intended use) to feel better happens, taking children's' Christmas presents back to the store for money happens, selling their bodies happens, and worse; selling their children's bodies..... happens.

If this bill doesn't get passed, there are multiple risk factors involved. Entire communities will be negatively impacted. Some individuals will continue down the road of using whatever they can get their hands on, some will struggle day in and day out to make the right choices for that day, some will end up in jail, (which will cost communities money); some will die. The Opiate crisis, as it has come to be known, has a very long reach and won't go down easily.

There are enough barriers to accessing treatment with stigma being a primary and insidious one. Engaging in treatment isn't easy. Its hard work. You can ease some of that by helping them with one less worry— how they will pay for treatment.

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I would like to close by saying that in October 2016, Evergreen received a small amount of funds from the Department of Health and Human Services to provide substance treatment for the uninsured and we are thankful that we have been able to say “yes” to a small number of individuals. Passage of this bill would expand that opportunity and allow us to grow our program to meet the needs of our entire community.

Thank you for the opportunity to testify, and I would be happy to answer questions.