

TREAT ME Now

FAQs



What is TREAT ME Now?

TREAT ME Now, a rapid response treatment program for youth 13–19 with SUD, was developed following a year-long learning collaborative that trained primary care physicians to recognize and assess substance use disorders (SUD) and related challenges in their patients. TREAT ME Now addressed a critical gap and lack of accessible, low-barrier SUD treatment options for adolescents in Maine. A growing number of youth face co-occurring mental health and substance use challenges, yet encounter significant barriers to care, including stigma, a shortage of trained providers, long intake processes, waitlists, and unstable home environments. Without timely intervention, these factors increase the risk of continued substance use, overdose, and long-term health consequences.

Who Can Refer?

Referrals can come from a youth's primary care provider (PCP) or mental health clinician; however, they could also come from school personnel, a parent, a law enforcement representative, or an individual themselves. An existing or new PCP will be included in communications if they are not the original referrer.

What info is necessary to make a referral?

Complete contact information for the patient/client is necessary, along with any additional known family and clinical providers or details to support treatment. Depending on who is making the referral, authorization may be required from patient/client and family member or caregiver.

How does one make a referral?

Call: 207-893-0386

Go to [DayOne's Website](https://www.day-one.org): to drop down for "what service are you seeking" and select TREAT ME Now

Who is eligible and what are the insurance requirements?

Any youth between 13 and 19 years of age is eligible if there is a concern of significant substance misuse or substance use disorder. Services will be billed as appropriate if patient/client has Mainecare or commercial insurance, however treatment is not dependent on insurance coverage.

What happens when a referral is made?

Referrals are responded to promptly. Within 24 business hours a member of the team will respond and is available Monday through Saturday. If it is deemed an urgent or immediately life-threatening issue, the patient/client may be referred to an emergency department. When possible, ST. Mary's will be the hospital-based program as they are one of our partner organizations, however each situation will be handled based on location and urgency.

Initial triage will be done, and an assessment will be scheduled, preferably within 72 hours. The patient/client's scheduling needs are always considered. Once assessment is complete, it is reviewed by our team and a meeting is scheduled with the patient/client and any additional family and support system individuals. A treatment plan is recommended and initiated.

Who is on the team?

We have an interdisciplinary team which includes a Licensed Counselor and/or a Licensed Alcohol and Drug Counselor (LADC), a Case Manager, Medical Doctor (MD) Psychiatric Nurse Practitioner (Psych NP) and Program Administrators to provide assessment, case management, counseling for youth and family, oversight and compliance, treatment and referrals.

Who does the assessment and what is involved?

The assessment is completed by a Licensed Counselor and/or a Licensed Alcohol and Drug Counselor (LADC). There is a Comprehensive Intake covering Medical/Academic/Social/Vocational/Past treatments, along with testing, typically including the GAD/PHQ/CSSR/ASAM.

Releases of Information are obtained to contact collaterals including the Primary Care Provider, School, any current or recent Counselors/Psychiatrists, and additional records that may be available per the family.

What happens after the assessment?

The patient/client may be triaged several ways:

- If they do not need the extensive services of the program they will be referred to primary care with resources and/or offered outpatient counseling.
- If appropriate, the patient may be referred to residential care. If there is a wait for residential placement, our team will work closely with them until a bed is available. Virtual IOP options are available, and the team will help families access these programs and provide additional resources.

Patient/client is then triaged to TREAT ME Now and Then What?

- The team meets with the patient/client and appropriate family members and additional involved parties as appropriate, and a support and treatment plan is created.
- The patient/client begins SUD counseling (CBT/MET), typically on a weekly basis.
- The Family Meets with Case Management.
- Supports/ Guardian/ Parents meet for psychoeducation and are enrolled to begin Parent CRAFT online.
- Patient/client meets with one of the team physicians (MD) for additional psycho education counseling.
- Patient/client cases are carefully reviewed at weekly/biweekly team meetings and treatment plans adjusted as necessary based on new information or initial treatment discovery.
- Additional evaluations are initiated as needed and communication with the primary care provider is ongoing and updated as needed. If no PCP is in place, the team will try to help secure a practice.

What happens when a patient leaves the program?

A discharge plan is given to the patient and/or family, as appropriate. Existing or chosen PCP is notified of plan and given supports to manage agreed upon treatment. Patient/client is always welcome back – SUD is often a chronic illness with relapsing a part of the process.