

**LD2214- Darlene Patrick 133 Prescott St Farmington ME 04938 DarleneBPatrick@Gmail.com**

**The impact:** Since 2006 my 36-year-old son P has been in the revolving door of jail, hospitalization, and release. Serious and persistent Paranoid Schizophrenia with lack of insight has made his ability to identify his mental decline impossible. There has never been a time medication was sought out or taken voluntarily without a court order. A Walk In Center would be avoided at all costs by my son P, as his lack of insight prevents him from acknowledging he has anything other than clarity and psychic abilities.

**He has been homeless, beaten, kicked out of shelters for his symptoms, and removed from mental health care outpatient because of his 'intense symptoms'. His inability to care for himself is left to the discretion of the Police, if he does not say he is imminently about to harm himself or others he is released to the street.** He can mask for hours, showing no symptoms. He has been through 20 to 25 short-term hospitalizations with no breakthrough on insight. There has been 10+ long-term hospitalizations with **no** breakthrough on insight. *He* is not the issue, everyone else is. *He* is in the right for breaking every bit of glass in an ER to release the corpses so they won't eat him, *he* is in the right to beat the officer so badly that they retired because they were trying to suck Ps soul from his eyes, *he* was in the right to throw his TV down the stairs when the red-haired woman crawled out of it. The following is a summarized conversation I have had numerous times:

"He's here again, he was fine when he got out. He said the meds make him feel funny, I think he stopped them. He ripped the liner out of his car to look for cameras. Just tell him to take his meds, just make him take his meds, he needs to grow up, he chooses to live in his car let him. He needs to be in the hospital, why don't *you* just admit him? Can't you get a social worker or something for him? The state will pay his rent on a place, oh, the waiting list is 3-5 years long? Doesn't he know he needs his meds? Why would he DO that stuff? He's freaking us out, he was fine when he got out of the hospital, tell him to stop banging on our door, the kids are scared, I don't want to call the police but they will get him in the hospital, oh no! They tazed him! He's crying, he's yelling about being stuck in a wall, he was fine before! Why doesn't he just take his meds!" He's crazy!

**The cost:** The financial burden on the state due to short-term interventions is massive. The costs related to public defenders, jail services, ambulances, hospitalizations, and social workers for just one human are already in the 10's of thousands.

**LD2214 as the solution:** If passed, this could allocate resources for more effective, long-term solutions like:

**Supported housing:** Reduces reliance on hospitalization and provides stability. Three times he has been released from supportive housing because he was 'stable' and immediately stopped medication causing his spiral to start again.

**ACT teams:** Offer intensive community-based support for medication management, counseling, and social integration. His most successful experiences were when the ACT team came and helped with is daily life, needs, talking and medication monitoring.

**Supported employment:** Improves self-sufficiency and quality of life. P wants desperately to work and has secured positions that he then loses due to going off his medication and becoming symptomatic

In your hands is the potential to improve lives, reduce costs, and create a more sustainable approach to mental health care. Listen to those who can speak for what is REALLY needed.

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