

Resolve, Directing the Department of Health and Human Services to Apply for a Waiver from the Federal Government for the Medicaid Limitation on Payment to a Facility with More Than 16 Inpatient Beds for Psychiatric Treatment LD 445

Members of the Health and Human Services Committee, thank you for your time in listening to our Testimony from the Intentional Peer Support Advisory Committee (IPSAC) IN OPPOSITION TO LD 445

The Intentional Peer Support Advisory Committee (IPSAC) is a group of Certified Intentional Peer Support Specialists who advise and support the Department of Health and Human Services in the continued development and fidelity of the Intentional Peer Support (IPS) program in Maine.

My name is Carly Mahaffey. I am an advocate with Disability Rights Maine. I am the chair of IPSAC and I am reading this testimony from IPSAC.

There is still no data that reports how many psychiatric beds in Maine are actually available at a given time.

So how can people say there are not enough beds when we do not know how many available beds there are in the first place?

How can people say more institutions need to be built when there is no data telling us what the daily capacity is of the institutions we do have?

When hospitals report they can't accept patients because they lack staff, then why would we think building another institution would be any different?

Right now, people are struggling just to get their basic needs met. When a person is hospitalized their life is interrupted. All the things they were working on to build support and resources for themselves in the community are put on hold, and will most likely disappear.

In thinking about writing testimony for this bill and for the peer respite bill LD 540, for IPSAC, it's already obvious to us why we would oppose this bill and support that bill.

However, we have to consider that is it not obvious to everyone, and that maybe the supporters of this bill, and maybe the members of this committee, probably don't know what it's like to be hospitalized. Have not had the first hand experience of being taken from your home, told you are dangerous, have your sense of safety ripped away from you,

be locked away, forced into treatment you don't want or agree to, told to talk when you want to be quiet, and silenced when you want to talk.

From our experiences, and from the countless first hand experiences we've heard from others, we know that when people are supported and listened to, not pathologized, or forced or coerced and locked up in a hospital, a person can get the help that actually helps and they won't need Emergency Departments or institutions.

From our knowledge and experience, we know that building additional inpatient units will not alleviate the crisis in the emergency departments. And how investing in the community, like LD 540, will help alleviate

It is difficult for us to read and hear bills like this because it's written and acted on, and policies are made, based on the perspectives of those who have no personal first hand experience of being hospitalized, and who will not be directly impacted by it.

We know behavioral health emergency departments are full and no one wants patients stuck there. We are not condoning or excusing any violence. We are sorry to hear

about the pain these families have experienced. These are personal tragedies being acted out on public center stage. We can understand that pain.

That is why we are saying to bring us into the conversation. Listen to us because we offer a different perspective. Because what you're talking about here, that impacts me and other IPSAC members, and the people in our community personally. It impacts so many people I know who are scared to ask for help for fear of being involuntarily hospitalized and silenced.

Thank you for your time and again we ask you to oppose this bill and vote OUGHT NOT TO PASS.

-Carly Mahaffey Chair of IPSAC Intentional Peer

Support Advisory Committee

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