

February 27, 2024

Good afternoon Senator Baldacci, Representative Meyer, and members of the Health and Human Services Committee, Senator Rotundo, Representative Sachs and distinguished members of the Committee on Appropriations and Financial Affairs.

My name is Chip Angell. I am before you today to speak against the funding of Community Social Clubs for the mentally ill. Instead, Maine needs a stronger PTP and their ACT teams to provide outpatient treatment and support to the Seriously Mentally Ill. We don't need social clubs for the other half of the mentally ill who understand and are able to live with their illness.

Our son, Carl Christopher Angell took his own life at age 38. He had been a scholarship athlete at Indiana University and named to the all Big Ten tennis team at #1 Singles. Intelligent and hardworking with a captivating personality, Chris suffered with Paranoid Schizophrenia. He would not go near the 'Living Room' or anything similar. In his diseased mind, he did not belong there. Correspondingly, should he show up at one, his acting out, obnoxious, maybe even threatening behavior would result in him being asked to leave. His was the classic profile of someone suffering from that biological brain disease.

After graduation and fifteen troubled years later, he joined us in Maine, teaching tennis and working at our Inn. He was Maine's top Open tennis player two years running. Then, overcome by depression, he took his life.

It took a lot to kill our son.

In-different, incompetent, under-trained, misguided hospital administrators, medical directors, Nurse Practitioners, Psychiatrists, and Doctors, I can put names to all of them. Police, jailors, judges almost all I found to be competent and helpful but restrained by lack of authority, uncertain and conflicting guidance, and lack of support alternatives. The closest ACT team was over 50 miles away.

Living with someone with this disease is a nightmare. Finding a hospital bed was the major difficulty we faced when his disease caused a crisis that required hospitalization. Today, and on any given day, a little over 400 beds are available and most are full. Hospital beds that are licensed are not available due primarily to lack of staff. The Treatment Advocacy Center says that a state needs 50 beds for every 100,000 population. For Maine, that means 650 beds. We are short about 250 beds every night!

The lawyer for Disability Rights stated at a previous hearing on LD445 that 500 beds in Maine were enough. There is no evidence anywhere to support such a statement. Just their own misguided and dangerous philosophy that everyone should be free to decide for themselves if they need treatment.

Let's put our money (and the federal money) where it does the most good...Outpatient treatment. First...more ACT teams, stronger PTP, then and only if needed, more hospital beds. What value now would an intake center have when there is no place to send someone in need of treatment?

Thank you for your attention and work on this important subject.

Attached is a one page synopsis of the Federal Government's assessment of current mental health hospital beds. A discouraging read for a parent of a child who needs a bed. There are too many of us, and the number is increasing daily!!

https://www.treatmentadvocacycenter.org/map_directory/Maine/#state-psychiatric-hospital-beds-in-maine

FOAarequests@DHHS.gov for Div of Licensing and Certification, for list of hospital beds in Maine

IMD Waiver Could increase the use of AOT-PTP in Maine

- 1) One federally funded advocacy organization said, "we oppose these type of forced community mental health treatment laws because for one thing, we know of no, like, peer review, randomized studies suggesting that a court-ordered commitment — committing individuals to an assertive community treatment or ACT team — for mental health treatment alone improves treatment outcomes..."
 - a) The fact is, SAMHSA added assisted outpatient commitment to the National Registry of Evidence-based Programs and Practices (NREPP) back in 2015, after an independent assessment concluded the program met its requirements for demonstrating positive outcomes in multiple, rigorous peer-reviewed studies. The value of the intervention for qualifying individuals is also recognized by the American Psychiatric Association, the National Sheriffs' Association and the International Association of Chiefs of Police.
 - b) The NREPP was a publicly available online database of mental health and substance abuse interventions. To be recognized as evidence-based, interventions had to meet NREPP's requirements for review and be independently assessed and rated for quality of research and readiness for dissemination.
 - c) SAMHSA's designation also followed recognition of AOT by the US Department of Justice, whose Office of Justice Programs deemed it to be an effective and evidence-based practice for reducing crime and violence in 2012. Forty-seven states and the District of Columbia currently authorize the use of some form of court-ordered outpatient treatment for individuals with the most severe psychiatric illnesses.
 - d) As stated by Jeanne Gore at the press conference, "This type of early intervention has been found to be highly successful in states where it is utilized resulting in 77% fewer psychiatric hospitalizations. In addition, 74% fewer experienced homelessness, 83% fewer arrests, and 87% fewer incarcerations."
- 2) This statement has been made repeatedly by our opponents: "The IMD waiver would go against the 1990 settlement agreement in a class action lawsuit brought against the state on behalf of residents of the now-defunct Augusta Mental Health Institute."
 - a) As was already stated in our response to the news media on December 6th, "From our IMD Position Statement: "The state of Maine did not apply for the SMI/SED waiver based on Disability Rights of Maine's argument claiming it was "in violation of the ADA, Olmstead, and the Settlement Agreement." Their arguments are misguided as proven elsewhere in this position statement. It's time to end this layer of bureaucracy and eliminate the IMD exclusion." I hope our opponents and the public will read our position statement carefully and finally