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In Support of LD 210 "An Act Making Unified Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2025, June 30, 2026 and June 30, 2027"

February 14, 2025

Senators Rotundo and Ingwersen, Representatives Gattine and Meyer, and Members of the Joint Standing Committees on Appropriations and Financial Affairs (AFA) and Health and Human Services (HHS). My name is Emily Horton, I am a resident of Belfast, Maine, and I am speaking in support of LD 210 "An Act Making Unified Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2025, June 30, 2026 and June 30, 2027".

I am here to address the programs that fall under adult mental health specifically and to share a personal story in an effort to provide first-hand experience as you continue to address these issues in the 132nd Legislature.

My brother, Nathan, died by suicide this past August after struggling with schizophrenia for more than 20 years and losing hope that he would ever find peace. He was 41 years old. There are many misconceptions about schizophrenia, and it's important to remember that not all mental illnesses are created equally. My brother didn't have a substance abuse problem or a record with law enforcement, wasn't homeless, and — most importantly — was nonviolent. In fact, he was quite the opposite. He operated one of the state's most renowned organic dairy farms, had a wife and three children, and was an avid outdoorsman. He was known for his charm, wit, and contagious smile.

A few years ago, Nathan started having side effects from his anti-psychotic medication. This is fairly common, as all medications need monitoring and adjustments. While he had a primary care doctor, he needed a specialized psychiatrist to safely adjust his medications. We quickly realized that these specialists are essentially nonexistent for low-income Mainers on MaineCare.

As Nathan's mental health began to spiral, my entire family stepped in as his advocates, working the phones and using all our resources to find the help he needed. When we called the state looking for outpatient services, we were told there was a **two-year waitlist for those on MaineCare**. The quickest option was for Nathan to admit himself to one of the state's inpatient psychiatric hospitals.

My brother, struggling with fear and paranoia, had to voluntarily commit himself to a busy Emergency Room (ER). There, they put him in a locked, padded room with no windows, personal items, or access to the outside. He had to wait for a hospital bed to open up — sometimes for days

— before being transported to another locked facility. This was not the right place for my brother, nor would I wish this standard of care on anyone.

I remember my brother waiting in the ER on the Friday before Christmas. That evening, after putting my 3-year-old and 5-year-old to bed, I grabbed my sleeping bag and pillow and slept on the floor of his room. If he could muster the strength to navigate these unimaginable conditions, so could I. I considered it a Christmas miracle when a bed opened up at Northern Light Acadia two days later.

Over the course of three months, Nathan was voluntarily admitted three different times. He was sent home with a stack of discharge papers, little follow-up, and a 1-800 crisis line to call each time. After multiple denied applications from three different agencies, he was finally granted a case worker, who left a few voicemails but never made contact with him. Nathan, along with his supportive family, felt hopeless and alone.

I am encouraged that the legislature has supported establishing both the Crisis Receiving Centers and the Certified Behavioral Health Clinics (CBHC). The Crisis Receiving Centers will serve as a short-term alternative to Emergency Room Care for those in immediate crisis. The CBHC's will provide more holistic, long-term care, such as essential outpatient services, treatment planning, care management, and rehabilitation services.

While these services cannot change my brother's outcome, I am hopeful they will help serve the more than 200,000 adults in Maine that have mental health conditions¹, but only if these programs are fully funded.

The support we are offering people living with mental illness and the people who love them is devastating. I understand the state's biennial budget is tight, but consider this:

How much money would the state have saved if my brother didn't need two ambulance rides, multiple days in emergency rooms, three psychiatric hospital admissions, and a Maine Game Warden rescue mission during his first suicide attempt? What is the cost that my family and his loved ones now pay because he is gone?

Please support funding for the Crisis Receiving Centers and the Certified Behavioral Health Clinics. Mainers who need mental health services deserve better.

Thank you for this opportunity to share, and thank you for your public service.

¹ <https://namimaine.org/mental-health-in-maine/>