

130th Legislature
Senate of Maine
Senate District 25

Senator Cathy Breen
3 State House Station
Augusta, ME 04333-0003
Office: (207) 287-1515
Cell: (207) 329-6142
Cathy.Breen@legislature.maine.gov

*Appropriations & Financial Affairs
Committee, Chair*

**Testimony introducing
LD 674, An Act To Support Early Intervention and Treatment of Psychotic Disorders
Senator Cathy Breen
March 25, 2021**

Senator Claxton, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services, my name is Cathy Breen. I represent Maine Senate District 25, which includes the communities of Chebeague Island, Cumberland, Falmouth, Gray, Long Island, Yarmouth, and about half of the City of Westbrook. I am here to introduce **LD 674, An Act To Support Early Intervention and Treatment of Psychotic Disorders.**

For many decades, research and clinical experience have proven that chronic and serious diseases like diabetes, heart disease, and cancer respond best to prevention, early detection and early intervention. We know that when patients and their families pay attention to early warning signs of these diseases, they should address them promptly, and get to the doctor immediately. Doing so can result in early detection and effective treatment at the beginning stages of such a serious illness. This early detection and intervention, in most cases, will result in better long-term outcomes and lower overall costs to the healthcare system that we all support through insurance and taxes.

For example, gone are the days when a woman experiences shortness of breath, nausea and pain in her arms and thinks, "Hmmm, maybe if I ignore all this, it will go away on its own."

Gone are the days when our response to a loved one who experiences blurry vision, dramatic weight loss and extreme fatigue is "Well, honey, give it some time to work itself out. You're being pretty dramatic."

And when was the last time you heard an oncologist say, "Your cancer is probably at Stage One. Let's wait until it reaches Stage Four until we treat it. Come back in six months."

I think you see my point. This is the old and familiar part of the story. The new and exciting part of the story is this: Can these same prevention and early treatment principles and improved results be applied to chronic and serious mental illnesses? I have good news for you: the answer is "yes." And that's what this bill is about.

We've all heard and maybe used the word "psychotic" in casual conversations, taking it to mean "crazy," "out of control" or "unpredictable." But psychosis is a key symptom of some of the most devastating chronic mental illnesses, like schizophrenia and bipolar disorder. According to the National Institute of Mental Health (NIMH),

The word psychosis is used to describe conditions that affect the mind, where there has been some loss of contact with reality. When someone becomes ill in this way it is called a psychotic episode. During a period of psychosis, a person's thoughts and perceptions are disturbed and the individual may have difficulty understanding what is real and what is not. Symptoms of psychosis include delusions (false beliefs) and hallucinations (seeing or hearing things that others do not see or hear). Other symptoms include incoherent or nonsense speech, and behavior that is inappropriate for the situation. A person in a psychotic episode may also experience depression, anxiety, sleep problems, social withdrawal, lack of motivation, and difficulty functioning overall.

People living with psychosis are some of the most vulnerable among us...the most prone to unemployment, homelessness, persistent hunger, being on the receiving end of abuse and violence, and undergoing repeated hospitalizations and incarceration. Without access to effective treatment, folks with these illnesses may cut ties with their loved ones, misperceiving attempts to help as threats. They are at very high risk for substance use disorder and long-term addiction, along with other co-occurring health problems. They can wander in and out of hospitals, jails and homeless shelters for years, with only local providers, if anyone, knowing their whereabouts. A friend in my district has a young adult son who was missing for close to two years. After enduring this unimaginable heartache, the family got a call from the American Consulate in New Zealand, asking them to come pick up their very sick son. They managed to get him home safely, but the young man had no memory of how or why he'd landed on the other side of the planet.

Even with proper medication that suppresses psychosis, functional impairment can be profound...there is no medication for the deterioration in cognitive and social function that typically accompany these illnesses. Furthermore, almost all of these medications have serious side effects like weight gain, which can lead to obesity and obesity-related disorders.

There are some known factors about the typical onset of these illnesses and their trajectory over time. For instance, typical onset is in late adolescence and early adulthood, precisely the developmental stage when young people are pulling away from all they've known as children, increasing stress and emotional isolation. Next, we know there are strong genetic factors. Lastly, we know that most of these illnesses progress for months and sometimes years before any evaluation or treatment is sought out.

As some of you might know, Maine Medical Center has been in the forefront of cutting edge research, prevention, and early intervention in the arena of psychotic disorders. You will hear more about the specifics of the progress that MaineMed is making from others who follow me. But let me be very clear and direct - this work is a game-changer. Preventing and/or intervening early in psychotic disorder is the single most dramatic step we've seen in many decades to alter the trajectory of people's lives and alter the trajectory of public resources we spend on caring for people with psychotic disorders. Listen closely for the Return on Investment - it's really impressive.¹

In short, LD674 directs the Department of Health and Human Services to develop a funding/reimbursement mechanism for the treatment of Mainers who show signs of psychotic disorder. This work at MaineMed, known as Coordinated Specialty Care (CSC; see attached Fact Sheet) has been partially supported by Medicaid and by a federal grant for the past few years. It's been limited to only this one site in Maine; there is already demand in other areas, and even some training has happened, but only MaineMed has had the federal grant that is critical to support CSC. That grant has now expired.

COVID-19 has underscored the need for additional funding for this program. The PIER program transitioned to delivering care almost exclusively via telehealth at the onset of the pandemic, expanding its reach well beyond the greater Portland area. However, bringing the single CSC program in Maine to the more rural areas of our state has resulted in a long waitlist and exposed how truly inadequate the existing funding is to staff this level of care. **We now need to develop a bundled rate and code that providers can use with private insurers and MaineCare to implement this model all over Maine.**

Someday soon, chronic, often devastating psychotic mental illnesses will be managed like diabetes, heart disease and cancer - where early warning signs are widely recognized and acted on, preventing the onset of psychosis all together or vastly improving the outcomes in patients' lives and resources spent. I hope you can see my excitement about this, and that you will share it after today's public hearing.

Thank you, and I am happy to take any questions.

¹MaineMed's program reports a reduction in hospitalization rate resulting from its CSC model: 68% before the program's implementation; 17% after

LD 674: Supports Funding For Coordinated Specialty Care

Coordinated Specialty Care is the standard of treatment of First Episode Psychosis across the nation and has the evidence for best outcomes.

- Psychosis causes a person to misinterpret or confuse what is going on around them. Psychosis can cause significant changes in a person's perceptions, beliefs, thoughts and behaviors.
- **A first episode of psychosis is the most important time to connect with the right treatment. Doing so can be life-changing and radically alter a person's future.**
- Coordinated Specialty Care (CSC) is a comprehensive, team-based approach to care.
- CSC focuses on engagement with family and supports them as much as the young person experiencing symptoms.
- **Barriers to Expanding Care:**
 - Current funding does not cover the full coordinated model
 - There is only 1 team of trained CSC providers in Maine
 - **Programs around the state interested in CSC cannot implement the model with the current reimbursement**

Coordinated Specialty Care is a cost-effective addition to MaineCare.

- **Hospital bed days are reduced by 54% in the first year.**
- CSC program costs are similar to the cost of ACT teams.
- As clients continue to improve and decrease in acuity of need, their individual utilization decreases, saving costs in the long term.
- Numerous national studies have shown individuals receiving CSC have higher rates of employment and educational enrollment than their peers not treated with CSC.
- CSC has been endorsed by the CMS, NIMH/NIH, and SAMSHA.

SUSTAINABLE FUNDING FOR CSC WOULD ALLOW STATEWIDE IMPLEMENTATION

A bundled rate for the support services of CSC would allow more programs in the state to adopt this cost-effective, sustainable, and evidence-based treatment. Improved access to CSC programs will improve care for those with Severe Mental Illness, while also saving on healthcare costs associated with re-hospitalization and disability. Treated individuals will be much more likely to contribute to Maine's workforce and tax base.

LD 674 seeks a MaineCare bundled rate for CSC Services.

142 Estimated new cases of first-onset psychosis per year in Maine

Coordinated Specialty Care Components:

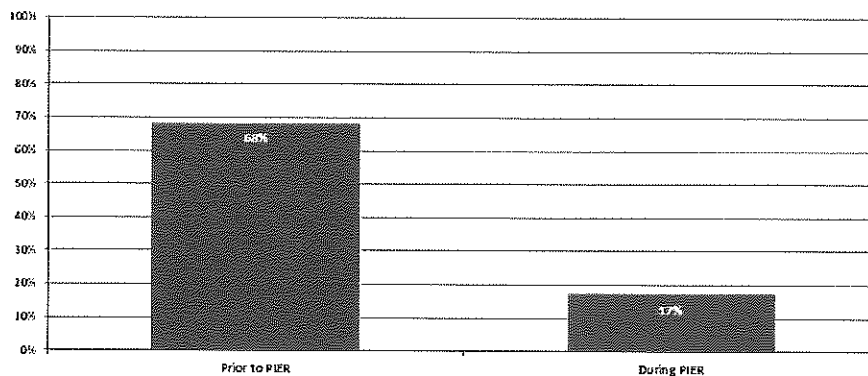
- > Team Based Approach
- > Case Management
- > Supported Education/Employment
- > Family Education and Support
- > Peer Support
- > Individual Psychotherapy
- > Family Therapy
- > Medication Management

With current reimbursement structures, Services in Red are not reimbursable

Outcomes of the CSC Model in the PIER Program

The PIER Program at Maine Medical Center, started by Dr. William McFarlane in 2000, has emerged as a national leader in Early Psychosis research and treatment. PIER uses the CSC model, and has demonstrated a marked reduction in re-hospitalization rates, in addition to providing quality and effective care for the last 20 years.

Percent of Clients with at least One Hospitalization – Prior to and During PIER



"Targeted treatment in the early stages of illness and integrated medical, psychological, and rehabilitation interventions, are an effective means for treating first episode psychosis. Without such interventions during a first episode, the typical course of psychotic disorder involves multiple episodes of acute mental illness, with accumulating disability between periods of active psychosis and increased long-term healthcare costs"

—CMS, NIMH/NIH, and SAMHSA

More Information about Psychosis

Psychosis is a cluster of symptoms including perceptual changes, delusional thoughts, and disorganization of thought processes.

Psychosis is a common and treatable component of Severe Mental Illness.

- Schizophrenia spectrum, Bipolar Disorder, Major Depressive Disorder, Medical Illnesses, and others.
- Psychosis affects approximately 3% of the population, making it more common than type I diabetes.
- Unemployment, homelessness, comorbid substance use disorders and incarceration are common without treatment.
- Standard outpatient treatment doesn't work.
- A diagnosis of Schizophrenia has been shown to limit lifespan by 15-25 years.

Treatment for psychosis works best if:

- Treatment is started quickly, limiting the duration of untreated psychosis.
- Care is comprehensive and coordinated, supporting the client in multiple dimensions.

PIER Program
Hope through early intervention

For More Information Contact:
Katie Harris
SVP Government Affairs, MaineHealth
HARRIK2@mainehealth.org