Testimony to the
Senate Committee on Health and Human Services
Bill Title: ME LD 674:

An Act to Support Early Intervention and Treatment of Mental Health Disorders

Thursday, March 25, 2021

My name is William R. McFarlane, M.D. I am a Professor of Psychiatry at Tufts University School of Medicine, the former Chief Psychiatrist and Director of the Center for Psychiatric Research at Maine Medical Center and Past President, Maine Association of Psychiatric Physicians. I founded and developed the Portland Identification and Early Referral (PIER) Program, in 2000. I appreciate the opportunity to testify in support of this important initiative by the Legislature.

This bill can expand from the Greater Portland area to the whole of Maine effective services that will prevent or at least delay the onset of psychosis in at-risk young people age 12-25. The PIER Program has demonstrated that it is possible to stop severe mental illness in its tracks and put young people on a path to productive, healthy lives. This Committee does not need to hear from me the devastation, costs and burden to society that the severe mental illnesses impose on young people, their families and the citizens of Maine.

The goal of PIER is to educate families and those who routinely interact with at-risk youth – teachers, college and military health services, mental health professionals, doctors – about key signs to look for in young people to identify psychosis onset very early , and even prevent, it before it starts. Once a person is identified, the program provides a careful evaluation of an individual's risk for psychosis and disability. Those who meet the criteria for the program are engaged in treatment, which includes ongoing family involvement and support and education about the signs of psychosis. They also learn new skills – to complement professional support – that help prevent full-blown psychosis and address the full spectrum of needs, if the illness has already started. All treatment is based on an individual treatment plan, which includes guidance on education and employment, improving physical wellness and, only if necessary, medication.

Here are included a summary of preliminary outcomes that we think support the efficacy of the program.

- Beginning in 2000, PIER, as a community-wide program, was initiated with the program goal the reduction of incidence of psychotic disorders in a defined area—Greater Portland. Between 2001 and 2007, incidence of hospitalized first episode psychosis in greater Portland was compared to urban control areas in the same period and the preceding three years. **That rate declined by 34%.** The rate of onset of psychosis over two years in intensive family intervention was 10%. Without treatment, the expected rate is about 29%.
- PIER was expanded to six diverse sites around the country in Maine, California, Oregon, New Mexico, New York, and Michigan, supported by the Robert Wood Johnson Foundation, to prove the value and feasibility of early intervention. In this large, nationally representative sample:
    - The rate of conversion to psychosis in the early signs of psychosis/clinical high-risk cohort was 6.3% at two years, compared to the international average of 29% for those not provided treatment;
    - The relapse rate for the early first-episode cohort was 11% at two years;
    - Both cohorts had significantly better clinical and overall outcomes than the low-risk control group receiving no or self-selected community treatment;
    - Remarkable for its implications for the longer-term health of these youth, in both the Portland study and EDIPPP, at two years 80-90% were in school or working. The

treatment cohort was more than 5 times more likely to increase its level of participation in work or school than the control group.

This is, of course, dramatically better functional outcomes than after first or second episodes of psychosis, compared with the usual treatment. Social and academic skills appear to be preserved for the vast majority of those at risk or in an early first episode.

To illustrate the cost savings that follow prevention of the most severe aspects of these disorders, we compared rates of hospitalizations for first episode psychosis in Greater Portland to those in three urban areas of
Maine. The table extrapolates the rates to estimated saved costs of hospitalizations early in the program, six years later and the average across the six years. Since few treated youth were ever hospitalized and none were ever admitted to state hospitals, the savings increase through accumulation over the years.

Hospitalization costs avoided*

Portland vs. 3 other Maine cities

	Cases not admitted	Days in hospital	Hospital daily rate	Annual costs avoided
2002	36.8	10	$900**	$331,200
	36.8	13	$1,630***	$779,792
Average: 2001-2007	62.7	10	$900**	$564,300
	62.7	13	$1,630***	$1,328,613
2007	89.5	10	$900**	$805,500
	89.5	13	$1,630***	$1,896,505

*Savings from avoided initial hospitalizations in Greater Portland.(~25% of Maine population). Cost estimates based on incidence rate differences (i.e., resulting fewer cases) between greater Portland and 3 Maine urban areas: Lewiston -Auburn, Augusta, Bangor. Amounts are based on time period—2002, 2007 or the average for 2001-2007—days in hospital for first admission and daily rate in dollars. Population based on US Census estimates for the respective years. **For State hospital. ***For non -State hospital (Spring Harbor, CMMC, Acadia, etc.)

This data does not include savings from any of the other major expenses facing the State from those who routinely develop chronic mental illnesses after a first episode. Those include costs for outpatient treatment, emergency services, supported housing, unemployment benefits and, ultimately, home relief, Medicare, Social Security Disability and major costs to the family.

The time has come to implement early identification and intervention for psychosis in the entire State of Maine. Given current demographic trends, we simply cannot afford to lose 3% of our youth to severe and usually life-long and debilitating mental illnesses. We now can offer a dramatically promising alternative to our young people and their families and substantial savings to the State. .

Thank you for holding this important hearing. I am happy to answer any questions or provide the Committee with additional information. I can share the final reports for all these studies if that will assist in your deliberations.