

To: Senator Ned Claxton and Representative Michele Meyer

Re: Support for LD 674: An act to support Early Intervention and treatment of psychotic disorders.

From: Joyce Nadeau, LSCW, LADC Cape Elizabeth High School Social Worker and private practice provider.

This is the story of two students. One with access to a coordinated special care model program and one without access.

The PIER program is referenced in these stories because it is the only program of its kind. They provide all necessary components of early psychosis treatment in order to provide the client with the greatest chance of a positive prognosis and productive life. This bill will support the work that the PIER program is doing and make it possible for other agencies to do this work in underserved areas of the state.

Student one develops symptoms her senior year in high school that include hallucinations both visual and auditory. She is diagnosed with schizophrenia. Through PIER (Portland Identification and Early Referral) she receives individual counseling, her family receives family support and psycho-education about her illness, she receives case management services, and medication management. She completes senior year without any changes to her program of study, continues services and enters college. One year afterwards she is still receiving all the services of a coordinated special care model, and she is completing her freshman year of college. No life milestone is missed, she is progressing along with her same age peers.

Student two develops psychotic symptoms junior year in high school. His family is alerted to his condition and they are referred to PIER. The student decides not to use the services because he does not recognize his illness. He exhibits paranoid symptoms at times and expresses frustration with any attempt to provide therapy. He is resistant. He begins to rely heavily on marijuana for his symptom management. When his girlfriend breaks up with him, he becomes confuse and will not leave her apartment. He is arrested. His family asks him to leave their home because his behavior is unpredictable and sometimes threatening. He moves to the woods and continues to go to school; however, drastic changes are made to his academic programming in order to aid him in graduating. When he is not sleeping in the woods he is couch surfing. On multiple occasions he ends up in the emergency room and is hospitalized for psychiatric care, but, as soon as he can, he gets discharged. He refuses therapy. His association to services is based primarily on my ability to provide case management services – housing, food and academic support. Although he has finished high school, and has taken placement test at SMCC, he is unemployed, not attending school, and when not couch surfing, he is homeless. He has been arrested more than once. He is behind his peers in education and employment, he is developing a negative relationship to the community. Many see him as dangerous.

Clients with significant mental health issues that cloud, or distorts judgement, do not generally seek therapy and medication management. A mental health provider must build an alliance with these clients to prove things can get better. **Symptoms of psychosis only improve by securing the client's basic needs: housing, food, employment/education. Securing these require case management and sustaining them requires counseling and medication management at the very least.** PIER is the only place to send these students, but PIER gets paid for a fraction of what they must provide in order to be successful. By not covering these services, MaineCare is effectively preventing these services from growing in the rural communities where they are most needed.

These examples are the hopeful ones because at least treatment is available. There is large portion of this state where such treatment cannot be offered – no small agency can cover the additional services these clients need. Most of these clients are without services. I work as a social worker in Cape Elizabeth. The students here can access PIER and, if they accept services, they can get better. However, there are young people all over this state who cannot get better because no one in their neck of the woods can afford to provide the Coordinated Care model without reimbursement for case management, supportive education/employment, family education and peer support.