

Chip Angell
National Shattering the Silence Coalition
LD 563

Good Morning, my name is Chip Angell. I have been working to improve the treatment of the mentally ill since the early 2000's. I often came to these legislative hearings. At one in 2006 or so, I was asked by Richard Malaby to join an ad hoc group set off to hammer out a dispute over PTP before returning to the hearing where the committee could vote on our solution.

In that meeting we opened the application process to PTP from only the administrator of the hospital to Doctors, Judges, and several others. We also made several other modifications to the PTP law that improved access to treatment. While the legislature gave DHHS the responsibility of promoting it through education, notices and some rules and regulations. They haven't done anything. DHHS essentially ignores PTP.

While there are still 2 ½ PTP teams in Maine, we need at least 7. PTP is the robust out-patient treatment program that supports the seriously mentally ill in the least restrictive environment as required by law. It allows the seriously mentally ill to function without hospitalization, safely, in society, and under treatment where necessary.

The IMD Exclusion Waiver, the subject of LD563, and why we are here today, has within it the requirement that states who join will be required to establish and maintain robust out-patient programs. These are vital to an effective treatment effort.

Maine has the legislation and has the rules, but they aren't followed, few people know that this avenue of treatment exists. In fact with only the two teams, too many in Maine remain untreated.

Last month, I visited the Eagle Nest clubhouse in Ellsworth. Their director related to me that one of her employees had a mental health crisis herself and was in the emergency room waiting for a bed to open at a mental health hospital. After two weeks, unable to find her a bed, she was released to home...untreated and still unstable. It happens over and over again in Maine.

Our son died in 2010 at 38yrs old. He had paranoid Schizophrenia. He was a patient at Dorathy Dix, Spring Harbor, Acadia, and finally at Riverview. I had to have him arrested to get him a bed there. Chris also suffered from Anosognosia. He didn't believe he was sick, so of course he would never go for treatment himself.

His college tennis coach believed Chris to be a world class tennis player. As a scholarship athlete at Indiana, he was the best tennis player in the Big Ten as a sophomore when his illness manifested itself. Chris finished college, he had ranked as high as 32 in the NCAA before graduating and then played briefly on the pro tour. But his untreated illness affected his life onward.

15 years later after some 14 hospitalizations in New Jersey, multiple arrests, a broken marriage and a wonderful daughter, we got him to move to Maine. By the way, New Jersey has now applied for this waiver for both substance abuse and mental health.

We bought and were running a restaurant in Brooklin Maine and believed that Maine was a better place for him. He joined us there and began teaching tennis in Ellsworth for a wonderfully patient owner of the club. He was always a good worker, our best dishwasher, a careful and eager prep cook, an entertaining and confident waiter, and once back in tennis he worked hard to become Maine's top ranked men's open player two years running.

But schizophrenia is relentless. It's uncureable, but treatable. Early treatment is key to reducing its effect. Every mental crisis, leads to further deterioration. Treatment is finding the medication that works for that particular individual. It can take a month, even several months by trial and error.

Unfortunately, the IMD Exclusion prevents reimbursement to States for Mental patients in a hospital with more than 16 beds. Chris was never able to stay in a

hospital longer than a few days or maybe two weeks. Until, that is, Riverview, where a judge ordered a minimum of 30 days. The staff there spent his 30 days teaching him what to say to the judge to get released.

He was released without a discharge plan, with a prescription for meds he would never take at a pharmacy 100 miles from his home, and without them informing us. The Invega shot he was given at Riverview which he told us was the best, was not continued as it was falsely stated by the hospital administrator as not on the States approved list. Chris died some 40 days after discharge. He fell into a deep depression caused by a psychiatrist's miss prescribed medication.

I am one of hundred's maybe thousands of parents who can recite to you similar tragedies. And meanwhile there are another thousands of individuals living on the street, incarcerated, or at home untreated. They should not have the freedom to be sick as the Disability Rights group has convinced so many in the DHHS and the Governor to believe. A ludicrous concept that is the cause of so much distress, tragedy and deaths in Maine.

It doesn't happen so much in other places. New Jersey hasn't had a mental illness tragedy since 2004 when a police officer, untrained in CIT shot a mentally ill individual. New Jersey immediately established an arrest diversion program called Arrive Together. Now, all across the state, a trained mental health person is dispatched together with a CIT trained officer for all mental illness calls. Several police chiefs in Maine are trying to set up a similar program in their cities. I hope to talk to our Attorney General about this tomorrow at Chellie Pingree's town meeting where he will be a guest.

In Michigan, their Attorney General set up a similar Arrest Diversion program that defuses crisis and where an arrest is necessary, much less frequently, jail is by passed and treatment is mandated. Their solutions depended on bypassing the DHHS and going through the AG office instead.

Back to the IMD Waiver....with something like 3-4 % of the world's population suffering from serious mental illness, a figure unchanged in human history, treatment is the first step. Taking the waiver with it's matching funds to support that robust out-patient program is unquestionably a logical first step. With mental patients time in treatment being paid by the federal government, the number of beds will increase. The homeless numbers, where it is estimated that 30% are mentally ill, will go down. The inmate population where some 40-50% are mentally ill and untreated will be cut almost in half. The revolving door to treatment will close.

Maine needs to regain its primary position it once held in treatment for the seriously mentally ill. We can't bring back those lost at Lewiston and the so many others whose lives have been destroyed. We can and have a responsibility to help those now with Serious Mental Illness and the others to come in the future.

Please support and forward LD563 to the legislature for passage.

Thank you.