

Honorable Members of the Joint Standing Committee Health and Human Services Cross Building, Room 209 Wednesday, April 24, 2019

Senator Gratwick, Representative Hymanson, and distinguished members of the Joint Standing Committee on Health and Human Services:

I am Sarah Lynch, LCSW, Program Manager of the PIER Program, writing in support of LD 1461, "An Act to Support Early Interventions and Treatment of Mental Health Disorders." I have worked with young people with early symptoms of psychosis and their families for 16 years. I was lucky enough to begin working with Dr. William McFarlane in the early days of PIER as a research clinician. I am passionate about the work because of the difference I have seen in the trajectories of young people receiving and benefiting from early intervention. Now the research evidence is established that if treatment is initiated early and is comprehensive, it leads to markedly better outcomes.

With PIER's treatment research history and national training efforts in the areas of community outreach, coordinated specialty care (or CSC), and multifamily group intervention, I was excited that the Mental Health Block Grant funding established in 2015 would allow other sites throughout the state to offer CSC. In contacting agency leadership across the state, I learned that there was strong interest in providing the services and receiving training but a clear barrier to funding the services as a bundle. Our system waits for people to fail lower levels of care, or have a proven level of disability before offering wrap around services. The idea of a public health approach and early intensive services seems obvious but requires a paradigm shift.

In the last nearly 4 years, PIER has been serving people from up to 2 hours away because no other agencies have been able to offer the CSC model with our current funding mechanisms. PIER has at times had a waitlist given this broad catchment area. And obviously, traveling this distance is not possible for most.

The Coordinated Specialty Care (CSC) model allows staff to meet young people as soon as possible after the referral is made -- in the hospital or at their home, school or in the community. It is best practice to have both CSC clinician and peer support specialist make a connection with the young person and offer the program as voluntary and flexible in meeting their needs. Engagement in treatment may be through different pathways for different people -- employment or educational support, peer support, family education or housing assistance may be the path to engagement in therapy or medication.

Targeted community education is critical to reaching young people early but without the early intervention program to receive them, it is discouraging. 2500 providers have attended our community education events and annual conferences in Portland, Augusta and Bangor since 2015. We receive many referral calls from around the state and we try our best to connect people with providers and offer consultation.

Please pass LD 1461 and allow more Mainers to receive the benefit of early intervention and comprehensive treatment. I am proud of our state for being an early leader in early intervention and I hope we can establish our commitment to statewide access to early intervention.

Thank you,
Sarah Lynch, LCSW
PIER Program
Maine Medical Center