Testimony of Douglas Robbins, M.D.
Maine Behavioral Healthcare
In Support of LD 1461
“Act to Support Early Intervention and Treatment in Mental Health Disorders”
Wednesday, April 24, 2019

Senator Gratwick, Representative Hymanson and distinguished members of the Joint Standing Committee on Health and Human Services, I am Dr. Doug Robbins, child psychiatrist at Maine Behavioral Healthcare, and I am here to testify in support of LD 1461, “Act to Support Early Intervention and Treatment in Mental Health Disorders.”

Until now, psychotic disorders, including Schizophrenia, severe Bipolar Disorder, and severe Depression, have been only partially treatable. Despite medication, many patients go on to recurrent hospitalization, inability to complete education or to work, high risks of homelessness and substance abuse, and 25 year shortened life spans.

Schizophrenia alone costs Maine an estimated $573 Million annually - in healthcare costs, unemployment, and caregivers’ lost productivity. Additional costs are incurred in education, law enforcement and incarceration, family welfare, and other domains.

Over the past two decades, however, we have learned that these illnesses can be treated effectively.

The Portland Identification and Early Referral (PIER) Program focuses on the First Episode of Psychosis, a critical point. The program has treated 85 young people, ages 15 to 26, with an evidence-based model called Coordinated Specialty Care (CSC). This includes family support and education, individual psychotherapy, supported education and employment, intensive case management, support by peers, and evidence-based medication.

The program has resulted in markedly decreased need for hospitalization, continuing support by families, return to education or work, and decreased overall disability.

This treatment remains unavailable, however, to much of Maine, primarily because of insufficient funding. This bill, along with our work with commercial insurance, will enable statewide access.
Treatment for early psychosis is cost effective.

The cost of Coordinated Specialty Care is comparable to other collaborative, team-based treatment models for severe mental illness, such as Assertive Community Treatment (ACT), a widely used effective intervention for severely ill psychiatric patients. Studies show that Coordinated Specialty Care results in a net savings of $3,000 or more per year in direct treatment costs alone, which could translate into a net savings of approximately $210,000 MaineCare costs annually. An estimated 70 individuals on MaineCare have a first onset of psychosis in a year.

Early and effective treatment of this severe form of mental illness is a cost-effective way to markedly improve the productivity and quality of life for thousands of Mainers in the decades ahead, and to use our limited healthcare resources more wisely. It requires a major change in how we approach treatment for mental illness, targeting those likely to benefit, with early, comprehensive treatment.

For those reasons, I urge the Committee to vote Ought to Pass on LD 1461, “Act to Support Early Intervention and Treatment in Mental Health Disorders.” Thank you and I would be happy to answer any questions you may have.