

**Testimony in support of LD 1799, a Resolve, Directing the Department of Health and Human Services to Review the Progressive Treatment Program and Processes by Which a Person May Be Involuntarily Admitted to a Psychiatric Hospital or Receive Court-order Community Treatment.**

May 7<sup>th</sup>, 2025

Thank you, Senator Ingwersen, Representative Meyer, and distinguished Committee Members for this opportunity to submit testimony in support of LD 1799. My name is Ben Strick. I am a licensed clinical social worker living in Portland, Maine, and I am here on behalf of Spurwink Services, where I serve as the Vice President of Outpatient and Community Services.



The Progressive Treatment Program (PTP) was created to help high-needs individuals with serious mental illness, and history of psychiatric hospitalization, receive care in the community before they reach a point of crisis. When used effectively, it can prevent unnecessary hospitalization, reduce involvement with the criminal justice system, and connect people with life-saving treatment. Unfortunately, the current PTP process can be hard to access, is confusing, and is applied inconsistently.

LD 1799 proposes a timely and necessary review of these processes. It brings together the right voices—clinicians, hospitals, advocates, family members, law enforcement, and those with lived experience—to examine how the system is working and recommend improvements. We've seen this approach work before. The passage of LD 869 in 2021 created a similar stakeholder group that led to two successful pieces of legislation and meaningful system changes. It was an example of how inclusive, informed collaboration can lead to smarter policy and better outcomes.

As a member of the previous stakeholder workgroup, I am most proud of the increased collaboration it created between Spurwink's Portland Assertive Community Treatment Team and Maine Health's Spring Harbor Hospital (SHH). The majority of the PTPs administered by Spurwink's Portland ACT team now originate from SHH rather than a state hospital. Together we have strengthened the social safety net, helping keep our highest needs clients in their home communities. When psychiatric hospitalization becomes necessary, there is now a seamless transition between outpatient and inpatient providers, allowing us to prevent more serious psychiatric decompensation that would have historically resulted in longer, more restrictive, stays in a state hospital.

Unfortunately, this success has not expanded to include Spurwink's ACT teams in Lewiston or Bridgton, or other community providers across the state. It is limited to the good work of two agencies in one catchment area rather than a systemic process embedded across the state. Our work is not done. The language in the PTP statute does not match the existing process. This leads to confusion for providers and frustration for consumers, advocacy groups, community and family members. LD 1799 would build on the success of LD 869, continuing to improve the PTP process. It would ensure we're continuing to learn from those on the ground and make the system more ethical, responsive, and effective.

Spurwink respectfully requests you help us improve the PTP process by voting in support of LD 1799. We are available if you have any questions.

Thank you for your time and consideration,

A handwritten signature in black ink, appearing to read "Ben Strick", followed by the text "LCSW" in a smaller, handwritten font.

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