



**Testimony of Sarah Calder, MaineHealth  
In Support of  
LD 1799, “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-ordered Community Treatment”  
May 9, 2025**

Senator Ingwersen, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sarah Calder, Senior Government Affairs Director for MaineHealth, and I am here to testify in support of LD 1799, “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-ordered Community Treatment.”

MaineHealth is an integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our vision of “Working Together So Maine’s Communities are the Healthiest in America,” MaineHealth, which includes MaineHealth Behavioral Health, is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and providing better access to behavioral healthcare through integration with primary care.

### **Background**

Court-ordered outpatient treatment, also known as a Progressive Treatment Program (PTP), allows a patient to remain out of the hospital by helping to avoid the cycle of medication or treatment non-compliance leading to deterioration to the point of the patient being a danger to themselves or others. This precipitous psychiatric decline usually leads to a loss of employment, housing, and severe damage to important supportive relationships. The patient cycling through periods of non-compliance with treatment recommendations makes recovery that much more difficult. A PTP works to break this negative cycle. It has the additional benefit of keeping the patient out of the hospital (typically involuntarily).

I had the pleasure of participating in the PTP stakeholder group that met during the fall and winter of 2021. Our robust conversations illuminated the fact that PTPs are underutilized across the state for a variety of reasons, and that the interpretation of the existing PTP statute by stakeholders varies significantly. Only one of the consensus recommendations of the stakeholder group became law (LD 1994), but several other areas of agreement were not brought forward – and even more issues were not given adequate time to reach consensus.

MaineHealth hospitals, ACT teams and outpatient providers are seeing increased use of PTPs in the past couple of years, but significant problems continue with this program. PTPs are occupying increasing time and energy of the Courts, providers, independent medical examiners, appointed counsel and PTP administrators. Yet the process is not functioning well. Arguably, only a small subset of patients are being well served by PTPs at present.

Convening stakeholders to examine these topics will ensure that there is a standard interpretation of existing statute, as well as identify barriers and potential solutions to ensure that the needs of our most vulnerable are met. We believe that it is critical to reconvene this stakeholder group to consider many issues including the following:

- How can we create more effective enforcement mechanisms to assist patients comply with PTPs?
- Does a patient hospitalized on a “green paper” require a hospital commitment hearing and treatment over objection hearing before PTP ordered medications (previously ordered by the court) can be administered over objection?
- How long can hospital emergency departments “hold” a patient on a Green Paper until a bed is available?
- Is the institution who issued the PTP committed to take the patient as the next admission?
- Does there need to be an option for longer-term PTPs or easier renewal or extension of PTPs for patients who may need this support long term?

As this Committee grapples with addressing the behavioral health crisis, it has never been more evident that we must utilize every tool available, including the Progressive Treatment Program, to ensure that people receive the care they need in the community and in the least restrictive and appropriate setting.

We urge you to support LD 1799 and I would be happy to answer questions.