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Introducing LD 1090, “Resolve, To Equitably Fund Legal Fees for Progressive Treatment Programs”
Joint Standing Committee on Health and Human Services
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Good afternoon Representative Meyer and distinguished fellow members of the Committee on Health and Human Services. My name is Ned Claxton and I am honored to represent the people of Senate District 20, consisting of Auburn, where I live, Minot, Mechanic Falls, Poland and New Gloucester. I am here to introduce LD 1090 - *Resolve, To Equitably Fund Legal Fees for Progressive Treatment Programs*.

As we have heard in testimony this legislative session and as our predecessors have in many others, some individuals cannot stick with the treatment programs that have helped stabilize their severe mental illness, gotten them out of the hospital and back into productive, happier lives. For some, not adhering to the treatment plan is willful and done with informed intent. For many, they are handicapped in being self-aware by anosognosia – *the lack of ability to perceive the realities of one’s own condition*. They are unable to understand that their mental health depends on sticking with their treatment. Why? They don’t believe or accept that they are ill.

Taking some language from a wonderful psychiatrist with whom I worked for years: The Progressive Treatment Program was designed to help prevent the cycle of hospitalization, discharge, stopping therapy and readmission, self-injury or death. Ultimately, it keeps these patients safe and allows them to have much happier, productive lives by allowing intervention when they are found to be deteriorating, but before they actually become dangerous. (M. Ed Kelly, MD - Chief Medical Officer for Behavioral Health)

The Progressive Treatment Program or “PTP” is well-established in Maine law. It gives the district courts the authority to order an individual to participate in a community mental health treatment plan. The court may order that the person be committed to the care and supervision of an assertive community treatment team or “ACT” team. The law requires that all ACT teams must include a psychiatrist and registered nurse. (DRM, 9/10/19)

The Covid pandemic has aggravated a problem that already existed before it struck: too many people in community hospitals or jails waiting for too few beds in state psychiatric hospitals. With the improvements and expansion at Riverview and Dorothy Dix, much of the problem now

is getting done the evaluations that would allow transfer to a better treatment setting and for enforced treatment. The steps and content of those evaluations are established law in Maine, with clear requirements for protecting the rights of the individuals involved. As it is, these extensive evaluations, if found to be an appropriate step in better understanding an individual's mental health, require district court funding. Since the courts don't have the money to fund these evaluations, patients often spend extra months in community hospitals while awaiting placement in a state hospital or in not receiving the outpatient care they need and being lost to follow-up. The mental health of these individuals is aggravated by these delays, so if they are outpatients, they often require readmission. These unfortunate people often find themselves quickly returning to the hospital when their medications run out, only to repeat the cycle. In the most severe cases, they often become a danger to themselves or others when the illness strikes again. The cycle continues. It also limits access to psychiatric beds at a time when we need more access.

This bill establishes a 2-year pilot program to provide funds to the court system to allow for more of these evaluations at a local level. With the information from those psychiatric evaluations, better treatment plans can be established and patients who would benefit can be moved into a Progressive Treatment Program Funding would come from the Medical Use of Marijuana Fund at a cost not to exceed \$800 per evaluation and \$250,000 in total. The goal of the pilot is to understand if this should be an ongoing cost to the state and at what level. Did it decrease hospitalizations? Did it improve adherence to treatment plans? And, most importantly, did it improve the lives of those with severe mental illness?

I ask your indulgence for the subject matter experts whose testimony will follow. This is an important issue to so many individuals and families. Because of the complexity of this issue, they may run over the 3-minute limit.

Thank you for your consideration and time. I welcome any questions you might have and, on many of the details, will defer to those involved with the process.