

Everything is Possible.



May 3, 2021

Senator Claxton, Representative Meyer and Members of the Joint Standing Committee on Health and Human Services:

I am writing regarding LD 869, 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.

My name is Margaret Longsworth and I live in Carmel, Maine. I am the Director of Mental Health and Clinical Services for OHI, a private non-profit organization which has served some of Maine's most vulnerable citizens over the past 41 years. OHI contracts with the Department of Health and Human Services to provide both residential and community based mental health services. In that capacity we have supported numerous citizens who have been the subjects of Progressive Treatment Programs and, in fact, are supporting two such individuals at present.

While I agree that the Progressive Treatment Program (PTP) needs to be reviewed, revised, and improved, and applaud Commissioner Lambrew for her recognition of that fact, I am asking that the members of the Committee vote that the current measure not pass. As LD 869 is currently written, it unfortunately omits significant stakeholder groups.

Providers of Private Non-Medical Institution (PNMI) Services, such as OHI, often receive referrals for those with severe and persistent mental illness who may be appropriate candidates for PTPs or who already have PTPs. The PNMI providers are frequently the component that must implement and monitor the daily compliance with the terms of a PTP. The current measure fails to recognize the critical role PNMI providers hold and the value of their input through the review process.

If the subject of a PTP is not discharged to a PNMI location, they are often supported by an Assertive Community Treatment Team (ACT). LD 869 fails to include a representative from an ACT team as a stakeholder. It also fails to include other community providers who administer PTPs once the individual leaves the hospital. These providers are most often community psychiatrists and psychiatric nurse practitioners funded under Section 65 of the MaineCare benefits manual. This group is glaringly absent from the stakeholder list. There are ongoing financial burdens associated with the administration of the PTP in the community, yet the current

measure appears to only recognize the challenges associated with the hospitals and PTP application process.

For a review of the PTP mechanism to be comprehensive, balanced, and successful, it must involve all elements in the life cycle of the PTP. LD 869 falls short in that it seems to place most of its focus on the beginning of the process.

Respectfully submitted,

Margaret Longsworth

Margaret Longsworth, LCPC

Director of Mental Health and Clinical Services

OHI

203 Maine Avenue

Bangor, Maine 04401

207-848-5804