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 1090, Resolve, To Equitably Fund Legal Fees for Progressive Treatment Programs.

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.

LD 1090 is not perfect, but it seeks to correct a failure with our current Progressive Treatment Program (PTP) mechanism. That specific failure is the lack of financial support for private hospitals and Assertive Community Treatment (ACT) teams to pursue PTPs for individuals who desperately need them. Legal support is not free, and it is necessary for the successful application for a PTP. Without financial support, the PTP mechanism goes unused in cases where lives could be saved, and devastation avoided. For this reason, I ask that you vote that LD 1090 ought to pass.

I say that LD 1090 is not perfect for a few reasons. First, the definition of who can apply for a PTP in Maine Revised Statute 3873, which defines the Progressive Treatment Program in Maine Law, includes "a medical practitioner, a law enforcement officer or the legal guardian of the patient". LD 1090 offers no financial support to these additional, yet legally eligible, parties.

Secondly, there are more aspects of the PTP mechanism that need attention and support. As I stated in my testimony related to LD 869, the community providers who implement, monitor, and administer the PTPs need financial support as well. Section 65 of the MaineCare Benefits Manual, which often funds the medication management services were PTPs are administered, offers no additional financial support to the organizations and/or practitioners who have taken on the responsibilities of PTP administration. As a result, few community providers are knowledgeable about or willing to administer PTPs. This limits the number of PTPs that can be supported in the community and leaves individuals who would otherwise qualify for PTPs in

dangerous cycles of decompensation, rehospitalization, and/or incarceration. In the worst-case scenarios these individuals die, all while a mechanism that could have helped has gone unused.

There are concerns about the capacity of Maine's psychiatric hospitals to accommodate readmissions under PTPs. This concern has led some to posit that our system of care cannot accommodate an increased number of PTPs. My observations of well executed PTPs are that they are very successful in keeping people out of long-term hospitalizations, thereby lowering the pressures on psychiatric hospital beds, and lowering overall costs of care.

I thank the members of this Joint Standing Committee for their time today and would be happy to answer any questions.

Respectfully submitted,

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