

# TESTIMONY IN SUPPORT OF L.D 1090, Resolve, To Equitably Fund Legal Fees for Progressive Treatment Programs

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Joint Standing Committee on Health and Human Services Cross Building 209 via Zoom Monday, May 3, 2021

Representative Meyer, Senator Claxton and distinguished members of the Health and Human Services Committee, my name is Henry Skinner, MD. On behalf of the Maine Association of Psychiatric Physicians (of which I am immediate past President) and the Maine Council of Child and Adolescent Psychiatry (Secretary) and Tri-County Mental Health Services (Medical Director), I offer the following testimony.

Maine has been fortunate to have implemented a Progressive Treatment Program that enables some of our most severely mentally ill citizens to reside with stability in the community instead of having frequent lengthy stays in our State Hospitals. Tri-County Mental Health Services serves some of these clients through its Assertive Community Treatment Program. When the clients "fall off" their plan, the "Green Paper" is filed and the patient is readmitted to a State Hospital. Due to current funding limitations, PTP's are almost never initiated at non-State hospitals. This means that many patient bed-days in both the non-State and State hospitals are occupied by patients waiting their turn to be admitted to a State hospital and then residing there for 4-6 weeks while their PTP hearing is arranged.

This Resolve to fund PTP hearings at non-State hospitals will benefit psychiatric patients (less time in hospitals), improve access to all the psychiatric hospitals, and at the same time save Mainecare millions of dollars.

Psychiatric patients in need of PTP will not have wait at the non-State hospital for a bed to open in a State hospital, and then wait there for the typical 4-6 weeks for the PTP process to unfold. Instead, they will get a PTP hearing at the non-state hospital, where the process unfolds more quickly. The Resolve will *increase the liberty* of people living with serious mental illnesses to reside in the community.

Access at the non-State hospitals will improve because beds will not be taken up by patients who are simply awaiting a transfer to a State hospital for an administrative process. Access at State hospitals will improve because they will not have to admit patients just for a PTP process.

Because funding the hearing at the non-State hospital would cost only \$800, and a single hospital day costs almost *twice* that much, the estimated net payback on this investment conservatively will be 50-fold (5000% !!!!!!!) per patient. Is there anywhere else in the entire DHHS budget where such a return on investment could be obtained?!?

Thank you for considering an "ought to pass" recommendation for LD 1090.

Henry C. Skinner, MD, DFAPA, Yarmouth, ME