

MaineHealth

Testimony of Robert McCarley, M.D.

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In Support of LD 232

**"An Act To Change the Process by Which Designated Nonstate
Mental Health Institutions Petition the District Court To Admit
Certain Patients to a Progressive Treatment Program"**

Wednesday, April 24, 2019

**MaineHealth Member
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Senator Gratwick, Representative Hymanson and distinguished members of the Joint Standing Committee on Health and Human Services, I am Dr. Rob McCarley, Vice President of Medical Affairs for Maine Behavioral Healthcare Intensive Services, and I am here to testify in support of LD 232, "An Act To Change the Process by Which Designated Nonstate Mental Health Institutions Petition the District Court To Admit Certain Patients to a Progressive Treatment Program."

MaineHealth is Maine's largest 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 mission of "Working Together So Maine's Communities are the Healthiest in America," MaineHealth, which includes Maine Behavioral Healthcare, is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and better access to behavioral healthcare through integration with primary care services.

Court-ordered outpatient treatment, also known as a Progressive Treatment Program (PTP), has traditionally been initiated when a patient is treated at Riverview Psychiatric Center or Dorothea Dix Psychiatric Center. The legislation before you today seeks to create a standardized process for bringing forth a PTP to the Court from a non-State mental health institution.

A PTP is a court order that essentially establishes a contract between the patient and an outpatient psychiatric treatment team. It states that the patient will agree to remain on their medications (the most common reason for re-hospitalization and patient deterioration in psychiatric health) and to regularly meet with their therapist, psychiatrist, case manager, and generally participate in their treatment program laid out in the PTP. This is ordered by a judge during a legal proceeding, and is time limited (typically for a year).

The "teeth" to the PTP is that the patient can be re-hospitalized if they are not meeting the expectations of the PTP as determined by the outpatient psychiatric

team. A judge would then be asked to issue a "Green Paper," which would result in the hospitalization of the patient to facilitate treatment **before** they deteriorate to the point of becoming a danger to themselves or others.

A 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. This 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).

Oftentimes, to initiate a PTP for a patient at a non-State mental health institution, a "White Paper," or court ordered hospitalization, is filed by the hospital and the patient is then transferred to either Dorothea Dix or Riverview. This can result in an increased length of stay as a patient is forced to wait for availability of a bed at either Riverview or Dorothea Dix, ultimately causing a delay in the patient's discharge. This process likely decreases the use of the PTP process, which can increase readmission rates and healthcare costs to care for a psychiatric patient who has decompensated and requires acute intervention. For a patient who has relapsed due to medication noncompliance, the recovery time also takes longer as they are acutely more ill by the time they reach an acute care hospital for treatment.

LD 232 would allow a non-State mental health institution to seek representation from the Department of Health and Human Services to bring forth a PTP to the Court. This would be identical to the process used for court ordered hospitalization, or a "White Paper." Additionally, this could result in less patients transferred to either Riverview or Dorothea Dix and should not require additional resources from the Department as court proceedings for involuntary hospitalization (which the Department would normally be involved in) could be avoided with passage of LD 232.

For those reasons, I urge the Committee to vote Ought to Pass on the amended version of LD 232, "An Act To Change the Process by Which Designated Nonstate Mental Health Institutions Petition the District Court To Admit Certain Patients to a Progressive Treatment Program." Thank you and I would be happy to answer any questions you may have.