

# MAINE STATE LEGISLATURE

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**REPORT TO THE JOINT STANDING COMMITTEE ON  
HEALTH AND HUMAN SERVICES**

**ON THE**

**THE PROGRESSIVE TREATMENT PROGRAM**

**January, 2012**

**Prepared and Submitted by:**

**Department of Health and Human Services**

## **Introduction**

The Department of Health and Human Services (DHHS) is submitting this report to the Joint Standing Committee on Health and Human Services documenting the implementation and progress of the legislatively mandated Progressive Treatment Program (PTP). The Progressive Treatment Program (PTP) was made possible through the passage of Chapter 519, BBBB 1-19, during the 2<sup>nd</sup> Session of the 122<sup>nd</sup> Legislature. A statutory change was made to the PTP during the first session of the 124<sup>th</sup> Legislature which reduced the age of eligibility from 21 to 18 and provided for an extension of the period of participation from 6 months to a possible 12 months. A second statutory change was made to PTP and enacted on April 14, 2010 as part of 2009 P.L. c.651. It appears in statute at 34-B M.R.S.A. §3873-A. The new law expanded the previous program to allow community service providers to initiate petitions for admission of clients to PTP. It required development of standards for certain ACT teams that participate in PTP. It made some changes to the application process and the hearing process. It also revised the process for termination of client participation, extension of participation, and re-hospitalization. The guidelines that address these changes as well as the appropriate statutes are included in a [separate document](#).

The development of the PTP came about through the work of many stakeholders over a period of many months. Numerous concerns, issues, and strong feelings arose during this period, as stakeholders struggled with the complex issues of mandated community treatment. The PTP program design was reached through consensus of this stakeholder group.

The original legislation establishing the Progressive Treatment Program authorized the two public hospitals, Dorothea Dix Psychiatric Center (DDPC) in Bangor and Riverview Psychiatric Center (RPC) in Augusta, to apply to district court to request a judge to order a commitment of six months of court ordered community-based treatment using the Assertive Community Treatment (ACT) program to provide the service. Moreover, the legislation authorized the creation of ACT programs to provide the services, one to be associated with RPC organized through reallocation of State positions, and the other to be associated with DDPC. The change in the statute in 2010 authorized any psychiatric hospital or ACT team that was certified at the time of the statute change to apply to the Court to admit a client to a progressive treatment program.

At the time of this report, there are only two ACT teams in the state that are accepting PTP clients; the ACT team under the operation of RPC and the other operated by Community Health and Counseling Services (CHCS) in Bangor. The RPC ACT Team accepts both PTP clients and RPC forensic clients. The ACT Team at CHCS accepts PTP clients as well as ACT clients from DDPC and the community.

This report provides information on the two existing ACT teams that accept PTP clients and data about the clients that have used PTP since the time of inception. It discusses the activities of the Office of Adult Mental Health in working with other ACT teams and psychiatric hospitals in the state.

## **Riverview Psychiatric Center – Riverview ACT Team**

In November, 2006 the Riverview ACT team was licensed and ready to accept PTP referrals from RPC.

Beginning with the effective date the legislation, July 1, 2006, the Department reassigned personnel from within RPC and the DHHS Office of Adult Mental Health Services Region II Office to staff the new Riverview ACT Team which would operate as a community based outpatient program of RPC. These changes were made in accordance with Chapter 519, BBBB-19. The ACT Team is designed, as its mission statement reads, to provide “a broad array of community-based, individualized rehabilitative services delivered by a multi-disciplinary team of medical, mental health, administrative and social and human services professionals.”

The Riverview ACT Team was created to serve two populations:

- (1) RPC civil clients who are committed to the PTP
- (2) RPC forensic clients on Non Criminally Responsible (NCR) status who are returning to the community

### **Staffing**

The Riverview ACT Team serving RPC consists of State employees and contract employees and is overseen by RPC. This Team not only serves PTP clients as noted above but also forensic clients who are in the custody of the DHHS Commissioner and have been discharged from RPC. The current total staffing is 11.5 direct service full time equivalents (FTEs) and consists of the following positions:

- 1.0 Psychiatrist
- 1.0 Program Director
- 1.0 Team Leader
- 1.0 Registered Nurse
- 1.0 Co-Occurring Specialist
- 1.0 Vocational/Employment Specialist
- 1.0 Job Coach
- 1.0 Case Manager
- 1.0 Peer Support Specialist
- 2.0 Psychologist
- 0.5 Program Specialist

### **Clients**

While the ACT Team was fully operational in November, 2006 to take on PTP clients the first referral from RPC did not come until January, 2007. At the District Court hearing, the District Court Judge allowed the case to be dismissed. The first case was then admitted to the ACT Team on March 28, 2007. During this time period the team admitted forensic cases. This delay was the result of a lack of initial clients who met the eligibility criteria and, if they met the criteria, were willing to accept PTP as an alternative to continued hospitalization.

For the five years of operation from January 2007 through December, 2011, there were:

- Twenty-one admissions involving fifteen individuals; one individual was admitted three times and two were admitted twice;
- Of the twenty-one admissions, nine fully completed the PTP.
- There are currently four clients enrolled in the program.

### **Dorothea Dix Psychiatric Center- Community Health and Counseling Services ACT Team**

CHCS was the existing provider of ACT services in the area and their contract was amended to provide the PTP and a revised rate was established for the CHCS ACT Team in May, 2007 to accommodate a maximum of 5 PTP clients at any one time. Should the number of clients increase, the ACT Team staffing could be further increased to accommodate additional clients. Since CHCS is only reimbursed based upon clients actually receiving services, it was not financially feasible for CHCS to staff for more clients that would likely be referred.

#### Staffing

CHCS overall direct service ACT team staffing is 11.55 FTEs. The overall specific positions are as follows:

- 0.1 Psychiatrist
- 0.45 Nurse Practitioner
- 1.0 Team Leader
- 1.0 Psychiatrist Nurse
- 6.0 Case Managers
- 1.0 Vocational/Employment Specialist
- 1.0 Substance Abuse Specialist
- 1.0 Peer Specialists

Additionally, CHCS uses hourly staff for medication management administration specifically for the new PTP clients.

#### Clients

The first client entered the PTP program from Dorothea Dix Psychiatric Center in August, 2007.

For the four and a half years of operation from August 2007 through December 2011, there were;

- Forty-five admissions involving forty-two unique clients; three clients had two admissions;
- Of the forty-five admissions, twenty-seven fully completed PTP.
- There are currently five clients enrolled in PTP.

## **Evaluation**

The program at RPC has been in operation for five years and the program at DDPC has been in operation for four and a half year. OAMHS has not mounted a full evaluation of either the efficacy or the cost of the program given the low numbers for completion and the costs associated with a full evaluation. Overall the PTP program continues to be viewed as a viable option for participants needing structure, close supervision, and consistent treatment to develop insight into their illness. The opportunity to continue PTP and additional six months is seen as an advantage in terms of offering additional time to stabilize in the community.

As of today, we do not know if the PTP is an effective option for people with severe and persistent mental illness at risk of relapse or deterioration absent mandated compliance with prescribed treatment. The numbers who have participated have been small and the national research on the efficacy of this option is inconclusive.

## **Activities of the Office of Adult Mental Health Services**

Once the statute was changed in April, 2010 to allow other psychiatric hospitals and ACT teams to petition the court, the Office of Adult Mental Health (OAMHS) began educating stakeholders of the change. OAMHS developed rules governing the procedure for becoming certified to provide ACT services based on petitions from community ACT teams or hospitals. OAMHS, in conjunction with the Office of the Attorney General developed guidelines and court forms to enable community providers to petition to provide PTP to clients. The PTP process was reviewed at multiple meetings of Community Service Networks, as well as through written correspondence to stakeholders. Meetings were held with individual ACT teams to answer any questions they might have about implementing PTP. Despite OAMHS interventions, there have not been any other ACT teams or psychiatric hospital in the state that have petitioned the court on behalf of a client for PTP to date. Efforts will continue in this regard.