1	L.D. 440
2	Date: (Filing No. S-)
3	CRIMINAL JUSTICE AND PUBLIC SAFETY
4	Reproduced and distributed under the direction of the Secretary of the Senate.
5	STATE OF MAINE
6	SENATE
7	127TH LEGISLATURE
8	SECOND REGULAR SESSION
9 10	COMMITTEE AMENDMENT " " to S.P. 169, L.D. 440, Bill, "An Act To Create a Secure, Therapeutic Mental Health Unit"
11 12	Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:
13 14	'Sec. 1. 15 MRSA §101-D, sub-§4, as amended by PL 2013, c. 265, §1, is further amended to read:
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	4. Commitment for observation. The court may commit the defendant to the custody of the Commissioner of Health and Human Services for placement in a secure, therapeutic mental health unit established pursuant to Title 34-B, chapter 3, subchapter 6 if placement in the unit is determined by the court to be appropriate for the defendant and for the purpose of observation pursuant to this section. If the Commissioner of Health and Human Services determines that the defendant's placement in that unit is contraindicated, the commissioner shall so advise the court and the court may order that the defendant be placed in a state mental health institute as defined in Title 34-B, section 3801, subsection 9, in an appropriate alternative institution that is appropriate for the care and treatment of people with mental illness or in an appropriate residential program that provides care and treatment for persons who have intellectual disabilities or autism, as set forth in this subsection. If the State Forensic Service determines that observation of the defendant will materially enhance its ability to perform an examination ordered pursuant to subsection 1, 2, 3 or 9 and the defendant is incarcerated, the observation may take place at the correctional facility where the defendant is incarcerated if the State Forensic Service determines that the correctional facility can provide an appropriate setting for the observation. If the observation is to take place in a correctional facility, the court may not commit the defendant to the custody of the Commissioner of Health and Human Services.
33 34 35 36 37	A. If the State Forensic Service determines that observation of the defendant in a secure, therapeutic mental health unit, in a state mental health institute, in an appropriate alternative institution that is appropriate for the care of people with mental illness or in an appropriate residential program that provides care and treatment for persons who have intellectual disabilities or autism will materially

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enhance its ability to perform an examination ordered pursuant to subsection 1, 2, 3 or 9, the State Forensic Service shall so advise the court. The State Forensic Service may make this determination based upon consultation with the defendant's attorney and the attorney for the State and the court and upon such other information as it determines appropriate. In addition, the State Forensic Service may include such a determination in a report to the court that recommends further evaluation of the defendant.

B. Upon a determination by the State Forensic Service under paragraph A, a court having jurisdiction in a criminal case may commit the defendant to the custody of the Commissioner of Health and Human Services for placement in a secure, therapeutic mental health unit, in a state mental health institute, in an appropriate alternative institution that is appropriate for the care and treatment of people with mental illness or in an appropriate residential program that provides care and treatment for persons who have intellectual disabilities or autism for observation for a period not to exceed 60 days. If the State Forensic Service requires additional time for observation, it shall communicate its request and the reasons for that request to the court and to counsel for the parties. The court shall accommodate a party's request to be heard on the issue of whether an extension should be granted and may extend the commitment for up to an additional 90 days. Unless the defendant objects, an order under this paragraph must authorize the secure, therapeutic mental health unit, state mental health institute, institution or residential program where the defendant is placed by the Commissioner of Health and Human Services to provide treatment to the defendant. When further observation of the defendant is determined no longer necessary by the State Forensic Service, the commissioner shall report that determination to the court and the court shall terminate the commitment. If the defendant had been incarcerated prior to the commitment for observation and if, during the period of observation, the defendant presents a substantial risk of causing bodily injury to staff or others that cannot be managed in an appropriate state mental health institute, in an institution for the care and treatment of people with mental illness or in an appropriate residential program that provides care and treatment for persons who have intellectual disabilities or autism, the commissioner may return the defendant to the correctional facility shall commit the defendant to a secure, therapeutic mental health unit. The commissioner shall report the risk management issues to the court. Upon receiving the report, the court shall review the report and may enter any order authorized by this section, including termination of the commitment.

C. If the court has provided for remand to a correctional facility following the commitment under paragraph B, the correctional facility shall execute the remand order upon advice from the Commissioner of Health and Human Services that commitment is determined no longer necessary.

Sec. 2. 15 MRSA §101-D, sub-§5, ¶A, as amended by PL 2013, c. 434, §1 and affected by §15, is further amended to read:

A. Commit the defendant to the custody of the Commissioner of Health and Human Services for placement in <u>a secure</u>, therapeutic mental health unit established in Title 34-B, chapter 3, subchapter 6 if placement in the unit is determined to be appropriate for the defendant by the court. If the Commissioner of Health and Human Services

1 determines the defendant's placement in that unit is contraindicated, the commissioner shall so advise the court and the court may order that the defendant be 2 placed in a state mental health institute as defined in Title 34-B, section 3801, 3 4 subsection 9 or an appropriate alternative program that is appropriate for observation, care and treatment of people with mental illness or persons with intellectual 5 disabilities or autism. An appropriate program may be in an institution for the care 6 7 and treatment of people with mental illness, an intermediate care facility for persons 8 who have intellectual disabilities or autism, a crisis stabilization unit, a nursing home, 9 a residential care facility, an assisted living facility, a hospice, a hospital, an intensive 10 outpatient treatment program or any program specifically approved by the court. At 11 the end of 30 days or sooner, and again in the event of recommitment, at the end of 60 days and 180 days, the State Forensic Service or other appropriate office of the 12 13 Department of Health and Human Services shall forward a report to the 14 Commissioner of Health and Human Services relative to the defendant's competence 15 to stand trial and its reasons. The Commissioner of Health and Human Services shall without delay file the report with the court having jurisdiction of the case. The court 16 shall hold a hearing on the question of the defendant's competence to stand trial and 17 receive all relevant testimony bearing on the question. If the State Forensic Service's 18 19 report or the report of another appropriate office of the Department of Health and 20 Human Services to the court states that the defendant is either now competent or not restorable, the court shall within 30 days hold a hearing. If the court determines that 22 the defendant is not competent to stand trial, but there does exist a substantial probability that the defendant will be competent to stand trial in the foreseeable 23 24 future, the court shall recommit the defendant to the custody of the Commissioner of Health and Human Services for placement in a secure, therapeutic mental health unit 25 if placement in the unit is determined by the court to be appropriate for the defendant. 26 If the Commissioner of Health and Human Services determines the defendant's 27 placement in that unit is contraindicated, the commissioner shall so advise the court 28 29 and the court may order that the defendant be placed in a state mental health institute 30 or an appropriate alternative program that is appropriate for observation, care and 31 treatment of people with mental illness or persons with intellectual disabilities or 32 autism. An appropriate program may be in an institution for the care and treatment of 33 people with mental illness, an intermediate care facility for persons who have intellectual disabilities or autism, a crisis stabilization unit, a nursing home, a 34 35 residential care facility, an assisted living facility, a hospice, a hospital, an intensive outpatient treatment program or any program specifically approved by the court. 36 37 When a person who has been evaluated on behalf of the court by the State Forensic 38 Service or other appropriate office of the Department of Health and Human Services 39 is committed into the custody of the Commissioner of Health and Human Services under this paragraph, the court shall order that the State Forensic Service or other 40 41 appropriate office of the Department of Health and Human Services share any 42 information that it has collected or generated with respect to the person with the state mental health institute, institution or residential program in which the person is 43 placed. If the defendant is charged with an offense under Title 17-A, chapter 9, 11 or 44 13 or Title 17-A, section 506-A, 802 or 803-A and the court determines that the 45 46 defendant is not competent to stand trial and there does not exist a substantial probability that the defendant can be competent in the foreseeable future, the court 47 48 shall dismiss all charges against the defendant and, unless the defendant is subject to

 an undischarged term of imprisonment, order the Commissioner of Health and Human Services to commence proceedings pursuant to Title 34-B, chapter 3, subchapter 4. If the defendant is charged with an offense other than an offense under Title 17-A, chapter 9, 11 or 13 or Title 17-A, section 506-A, 802 or 803-A and the court determines that the defendant is not competent to stand trial and there does not exist a substantial probability that the defendant can be competent in the foreseeable future, the court shall dismiss all charges against the defendant and, unless the defendant is subject to an undischarged term of imprisonment, notify the appropriate authorities who may institute civil commitment proceedings for the individual. If the defendant is subject to an undischarged term of imprisonment, the court shall order the defendant into execution of that sentence and the correctional facility to which the defendant must be transported shall execute the court's order; or

Sec. 3. 15 MRSA §103, first \P , as amended by PL 2011, c. 542, Pt. A, §10, is further amended to read:

When a court accepts a negotiated plea of not criminally responsible by reason of insanity or when a defendant is found not criminally responsible by reason of insanity by jury verdict or court finding, the judgment must so state. In those cases the court shall order the person committed to the custody of the Commissioner of Health and Human Services to be placed in a secure, therapeutic mental health unit established pursuant to Title 34-B, chapter 3, subchapter 6, if placement in the unit is determined by the court to be appropriate for the defendant. If the Commissioner of Health and Human Services determines the person's placement in that unit is contraindicated, the commissioner shall so advise the court and the court may order that the defendant be placed in a state mental health institute as defined in Title 34-B, section 3801, subsection 9 or an appropriate alternative institution that is appropriate for the care and treatment of persons with mental illness or in an appropriate residential program that provides care and treatment for persons who have intellectual disabilities or autism for care and treatment. placement in the state mental health institution, appropriate institution or residential program and in the event of transfer from one institution or residential program to another of persons committed under this section, notice of the placement or transfer must be given by the commissioner to the committing court.

Sec. 4. 34-A MRSA §3069-A, sub-§§1 and 2, as enacted by PL 2013, c. 434, §5, are amended to read:

1. Eligible inmates. The commissioner may transfer from a jail to a correctional facility or, by agreement with the Commissioner of Health and Human Services, to a secure, therapeutic mental health unit established pursuant to Title 34-B, chapter 3, subchapter 6 an adult inmate who the chief administrative officer of the Riverview Psychiatric Center confirms is eligible for admission to a state mental health institute under Title 34-B, section 3863, but for whom no suitable bed is available, for the purpose of providing to the inmate mental health services in a mental health unit of a correctional facility or a secure, therapeutic mental health unit that provides intensive mental health care and treatment. The commissioner may not transfer pursuant to this section a person who has been found not criminally responsible by reason of insanity. The commissioner may return an inmate transferred pursuant to this subsection back to the sending facility.

For purposes of this subsection, "intensive mental health care and treatment" has the same meaning as in section 3049, subsection 1.

- **2. Evaluation.** The commissioner may transfer from a jail to a correctional facility or, by agreement with the Commissioner of Health and Human Services, to a secure, therapeutic mental health unit established pursuant to Title 34-B, chapter 3, subchapter 6 an adult inmate whom the court orders to be examined or further evaluated by the State Forensic Service under Title 15, section 101-D, subsection 1, 2, 3 or 9 if the State Forensic Service determines that the jail where the inmate is incarcerated cannot provide an appropriate setting for the examination but that a mental health unit in a correctional facility or a secure, therapeutic mental health unit can provide an appropriate setting for the examination. The commissioner shall return an inmate transferred pursuant to this subsection back to the sending facility upon the completion of the examination ordered, including any further evaluation ordered, unless the commissioner transferred the inmate for another reason in addition to the examination.
- **Sec. 5. 34-A MRSA §3069-B, sub-§1, ¶B,** as enacted by PL 2013, c. 434, §6, is amended to read:
 - B. There is not sufficient security at a state mental health institute to address the likelihood of serious harm; and
 - **Sec. 6. 34-A MRSA §3069-B, sub-§1, ¶B-1** is enacted to read:
- B-1. There is not a suitable bed available at a secure, therapeutic mental health unit established pursuant to Title 34-B, chapter 3, subchapter 6; and
 - Sec. 7. 34-B MRSA §1207, sub-§1, ¶B, as repealed and replaced by PL 2015, c. 329, Pt. A, §21, is repealed and the following enacted in its place:
 - B. Information may be disclosed as may be applicable to the department if necessary to carry out the statutory functions of the department; the provisions of chapter 3, subchapter 4 or subchapter 6; the provisions of section 1931; the purposes of section 3608; the purposes of Title 5, section 19506; the purposes of United States Public Law 99-319, dealing with the investigatory function of the independent agency designated with advocacy and investigatory functions under United States Public Law 88-164, Title I, Part C or United States Public Law 99-319; the investigation and hearing pursuant to Title 15, section 393, subsection 4-A; the provision of therapeutic mental health care by the Department of Health and Human Services pursuant to chapter 3, subchapter 6; or the provision of mental health services by the department pursuant to Title 34-A, section 3031, 3069-A or 3069-B.
- 35 <u>This paragraph is repealed August 1, 2017;</u>
- **Sec. 8. 34-B MRSA §1207, sub-§1, ¶B-3,** as amended by PL 2015, c. 329, Pt. A, §22, is further amended to read:
 - B-3. Information may be disclosed if necessary to carry out the statutory functions of the department; the hospitalization provisions of chapter 3, subchapter 4; the provisions of section 1931; the purposes of section 3608; the purposes of Title 5, section 19506; the purposes of United States Public Law 99-319, dealing with the investigatory function of the independent agency designated with advocacy and

1 2 3 4 5	investigatory functions under United States Public Law 88-164, Title I, Part C or United States Public Law 99-319; or the investigation and hearing pursuant to Title 15, section 393, subsection 4-A; or the provision of therapeutic mental health care by the Department of Health and Human Services pursuant to chapter 3, subchapter 6. This paragraph takes effect August 1, 2017;
6 7	Sec. 9. 34-B MRSA §3863, sub-§2-A, as amended by PL 2007, c. 319, §9, is further amended to read:
8 9 10 11 12 13 14 15	2-A. Custody agreement. A state, county or municipal law enforcement agency may meet with representatives of those public and private health practitioners and health care facilities that are willing and qualified to perform the certifying examination required by this section in order to attempt to work out a procedure for the custody of the person who is to be examined while that person is waiting for that examination. Any agreement must be written and signed by and filed with all participating parties. In the event of failure to work out an agreement that is satisfactory to all participating parties, the procedures of section 3862 and this section continue to apply.
16 17 18 19 20 21 22 23	As part of an agreement the law enforcement officer requesting certification may transfer protective custody of the person for whom the certification is requested to another law enforcement officer, a health officer if that officer agrees or the chief administrative officer of a public or private health practitioner or health facility or the chief administrative officer's designee. Any arrangement of this sort must be part of the written agreement between the law enforcement agency and the health practitioner or health care facility. In the event of a transfer, the law enforcement officer seeking the transfer shall provide the written application required by this section.
24 25 26 27 28 29	A Except for placement in a secure, therapeutic mental health unit established pursuant to chapter 3, subchapter 6, a person with mental illness may not be detained or confined in any jail or local correctional or detention facility, whether pursuant to the procedures described in section 3862, pursuant to a custody agreement or under any other circumstances, unless that person is being lawfully detained in relation to or is serving a sentence for commission of a crime.
30	Sec. 10. 34-B MRSA c. 3, sub-c. 6 is enacted to read:
31	SUBCHAPTER 6
32	SECURE, THERAPEUTIC MENTAL HEALTH UNIT
33	§3910. Secure, therapeutic mental health unit
34 35	The department shall establish one or more secure, therapeutic mental health units in accordance with this subchapter.
36	§3911. Definitions
37	As used in this subchapter, unless the context otherwise indicates, the following

terms have the following meanings.

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- 1. Eligible person or person. "Eligible person" or "person" means a person who meets the criteria to be ordered to a secure, therapeutic mental health unit by a court pursuant to Title 15, section 101-D, subsection 4; section 101-D, subsection 5, paragraph A; or section 103 or transferred from a jail pursuant to Title 34-A, section 3069-A, subsection 1 or 2.
- <u>2. Secure, therapeutic mental health unit or unit.</u> "Secure, therapeutic mental health unit" or "unit" means the secure, therapeutic mental health unit established pursuant to section 3912.

§3912. Unit establishment

The department shall enter into an agreement with one or more sheriffs of one or more county jails or a regional jail to establish one or more secure, therapeutic mental health units within the county jail or regional jail for the purposes of providing observation, mental health evaluation for the purposes of determining competency or criminal responsibility, risk assessments and therapeutic mental health care for eligible persons.

1. Staffing. The department shall provide:

- A. Full staffing for a unit for the purposes of operation of the unit, observation, evaluation, treatment, risk assessment, therapeutic care and health care of persons in the unit, security for the unit and transportation of persons to and from the unit. Staff must be dedicated to the unit and trained to provide health care and mental health treatment and care and patient management and security in a mental health treatment environment. The agreement between the department and a sheriff must require staff training appropriate to the unit and the persons placed in the unit by court order. Staff training must be provided by a nongovernmental advocacy organization for persons with mental illness or by the private entity that contracts to provide therapeutic mental health care under paragraph B; and
- B. Therapeutic mental health care that meets or exceeds the accreditation or quality standards for mental health services as established by a national organization involved with accreditation for mental health services in a facility that provides the services in paragraph A. The department shall contract with a private entity to provide therapeutic mental health care.
- 2. Sight and sound separation. The persons in a unit must be separated by sight and sound from the general jail population at all times.
- 3. Admittance to a unit. An eligible person who is ordered to a unit by a court under Title 15, section 101-D or 103 must be placed into the unit unless there is not a suitable bed in the unit available for the person.
- **4. Federal certification.** The department and the county sheriff for the county in which a unit is located shall work to obtain and maintain for the unit any federal certification that is required for the unit or that is available on a voluntary basis and through which federal funding may be secured for the unit.
- **Sec. 11. Report of Department of Health and Human Services.** By January 15, 2017, the Department of Health and Human Services, after consultation with the

county sheriff of a county in which a secure, therapeutic mental health unit established pursuant to the Maine Revised Statutes, Title 34-B, chapter 3, subchapter 6 is located, shall submit for each unit a report to the joint standing committee of the Legislature having jurisdiction over criminal justice matters regarding the operations of the unit. The report must include the following information regarding the unit: the average daily population of the unit, the average daily staffing patterns, the average length of stay in the unit, a description of services provided and the number of persons placed in the unit. The report must also include recommendations regarding the reallocation of resources for the unit; the design of the unit; the provisions of forensic services at the Riverview Psychiatric Center and the unit; and the transfer provisions of Title 34-A, sections 3069, 3069-A and 3069-B.

12 SUMMARY

This amendment is the minority report of the committee. The amendment does the following.

- 1. It retains the provisions of the bill that establish a secure, therapeutic mental health unit for defendants undergoing court-ordered assessments to determine their competency to stand trial or their criminal culpability, to provide therapeutic care for forensic patients and to provide care for jail inmates who meet the criteria for involuntary civil commitment under the Maine Revised Statutes, Title 34-B, chapter 3. The amendment directs the Department of Health and Human Services to establish one or more units.
- 2. It adds to the laws governing the placement process a requirement for a determination by a court that a secure, therapeutic mental health unit is appropriate for the defendant.
- 3. It assigns responsibility for operation of a secure, therapeutic mental health unit to the Commissioner of Health and Human Services and allows contracts with multiple jails for multiple secure, therapeutic mental health units. It specifies that staffing must be dedicated to the units, that staff must be trained, who may provide the training, that a unit must be separated from the general jail population at all times and that the Department of Health and Human Services and the county sheriff for the county in which a unit is located must work to obtain and maintain any federal certification that is required or available and through which funding may be secured for the unit.
- 4. It directs the Department of Health and Human Services, by January 15, 2017, after consultation with the county sheriff of a county in which a secure, therapeutic mental health unit is located, to submit a report to the joint standing committee of the Legislature having jurisdiction over criminal justice matters regarding the operations of the units. The report must include data on population, length of stay, staffing and services. The report must also include recommendations regarding the reallocation of resources for the units, the designs of the units, the provisions of forensic services at the Riverview Psychiatric Center and the units and the transfer provisions of Title 34-A, sections 3069, 3069-A and 3069-B.