



Rachel Talbot Ross
Senator, District 28

THE MAINE SENATE
132nd Legislature

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Testimony of Senator Rachel Talbot Ross introducing
**LD 1416, “An Act to Require the Department of Health and Human Services
to Immediately Take Custody of Persons Sentenced to Mental Health
Facilities Than May Not include County or Regional Jails”**

*Before the Joint Standing Committee on Health and Human Services
April 14, 2025*

Senator Ingwersen, Representative Meyer, and esteemed members of the Health and Human Services Committee, I am Senator Rachel Talbot Ross. I represent Senate District 28, which includes part of my hometown of Portland and Peaks Island.

Thank you for the opportunity to present LD 1416, “An Act to Require the Department of Health and Human Services to Immediately Take Custody of Persons Sentenced to Mental Health Facilities Than May Not include County or Regional Jails.”

This bill addresses a quiet but profoundly troubling reality in Maine’s criminal justice and mental health systems — a small but vulnerable population of individuals who, after being arrested, jailed, evaluated, and found incompetent to stand trial, languish in our county jails while awaiting transfer to an appropriate mental health facility.

These individuals are not sentenced to incarceration. They are court-ordered to receive inpatient mental health care in the custody of the Department of Health and Human Services. Yet, far too often, due to delays, barriers, and a lack of available placements — particularly for individuals with complex or violent symptoms — these Mainers are left in jail for weeks or even months.

This is a human rights failure.

Under current law, DHHS is required to assume custody of these individuals within 30 days of the court’s order. However, we are increasingly seeing cases where that 30-day timeframe is being exceeded — sometimes significantly.

The reasons for the delay vary. Transfer may happen quickly in some cases — particularly those involving fewer complicating factors. But for individuals with more acute symptoms, histories of violence, or physically impulsive behavior, placement can take much longer because not all facilities are equipped to meet their needs. And critically, even when DHHS admits someone, they may not be able to begin treatment until certain court proceedings are completed — a process that itself can take up to 30 days.

While these individuals wait, county jails have no choice but to accept custody. Jails cannot refuse to take someone into their care, but DHHS facilities can.

As a result, our sheriffs and corrections officers are left to manage people in profound mental health crises — often in facilities that are fundamentally unequipped to provide the care that is needed. In some cases, jails are forced to supervise individuals in emergency rooms for extended periods or to attempt, with limited resources, to provide mental health care within their facility.

This is neither safe nor humane for the individual, the corrections staff, or the broader community. It is also creating a growing financial strain on our county jails, which bear the costs of supervision, staffing, and care for individuals who should not be there at all.

We recognize the importance of having accurate information to guide this conversation. We are working to gather more detailed data on the length of stays and the frequency of these extended delays. We respectfully ask for some time before the work session to explore whether we can tweak our tracking systems to give us a clearer and more comprehensive picture of the number of days individuals are waiting in jail for placement.

Research is clear on the consequences of leaving people with serious mental illness in jail instead of in treatment:

- Heightened risk of suicide¹
- Exacerbation of mental health symptoms²
- Inability to follow facility rules³

When those who have severe mental illness are placed in the court-ordered facilities intended, there is a stark difference in the potential outcomes.

- Studies show a significant reduction of recidivism⁴
- Ten times more likely to finish their treatment⁵
- Structured care can lead to quicker stabilization and improved outcomes.

LD 1416 will not solve every gap in our mental health system, but it sends a clear and necessary message: Jail is not, and must never be, a substitute for a mental health facility.

We have a responsibility to ensure that people in crisis are placed in therapeutic settings without

¹ Mental Health in Prison - <https://www.ebsco.com/research-starters/consumer-health/mental-illness-prison#:~:text=Mentally%20ill%20inmates%20are%20substantially,for%20preventing%20outbreaks%20of%20disease.>

² National Library of Medicine - <https://pubmed.ncbi.nlm.nih.gov/articles/PMC10369709/>

³ National Alliance on Mental Illness - <https://www.nami.org/advocacy/policy-priorities/improving-health/mental-health-treatment-while-incarcerated/#:~:text=Despite%20court%20mandates%2C%20there%20is,and%20programs%20that%20support%20recovery.>

⁴ Justice evaluation journal - <https://www.tandfonline.com/doi/abs/10.1080/24751979.2024.2373245#:~:text=Results%20from%20the%2015%20included,Balanced%20justice>

⁵ Journal of Substance Abuse Treatment - <https://pubmed.ncbi.nlm.nih.gov/articles/PMC3578041/>

unnecessary delay. Holding people in jail — often in isolation, without adequate care — is inhumane, costly, and counterproductive.

I respectfully urge the Committee to vote Ought to Pass on LD 1416. Let us move away from a system of punishment toward one of meaningful care.

Thank you for your time and consideration.

Sincerely,

Rachel Talbot Ross
State Senator, District 28
Representing part of Portland and Peaks Island