MAINE STATE LEGISLATURE

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132nd MAINE LEGISLATURE

FIRST SPECIAL SESSION-2025

Legislative Document

No. 1416

S.P. 562

In Senate, April 1, 2025

An Act to Require the Department of Health and Human Services to Immediately Take Custody of Persons Sentenced to Mental Health Facilities That May Not Include County or Regional Jails

Reference to the Committee on Judiciary suggested and ordered printed.

DAREK M. GRANT Secretary of the Senate

Presented by Senator TALBOT ROSS of Cumberland.
Cosponsored by Representative PERKINS of Dover-Foxcroft and
Senators: BEEBE-CENTER of Knox, CYRWAY of Kennebec, HARRINGTON of York,
MOORE of Washington, Representatives: ABDI of Lewiston, DAIGLE of Fort Kent,
DEBRITO of Waterville, JAVNER of Chester.

Be it enacted by the People of the State of Maine as follows:

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Sec. 1. 15 MRSA §101-D, sub-§4, ¶B, as amended by PL 2023, c. 38, §1, is further amended to read:

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 immediate placement in an appropriate 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 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 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 of Health and Human Services shall report that determination to the court and the court shall terminate the commitment. If the defendant is committed by the court to the custody of the Commissioner of Health and Human Services for observation under this paragraph, the State Forensic Service may release prior court-ordered evaluation reports pertaining to the pending charges, unless otherwise impounded, to each institution or residential program into which the Commissioner of Health and Human Services is considering placing the defendant and, following placement, to the institution or residential program into which the defendant is placed. 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 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 of Health and Human Services may return the defendant to the a state correctional facility but not to a county or regional jail. The Commissioner of Health and Human Services 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. For the purposes of this paragraph, "institution" and "residential program" do not include a county or regional jail.

Sec. 2. 15 MRSA §101-D, sub-§5, ¶A, as amended by PL 2021, c. 306, §1, is further amended to read:

A. Commit the defendant to the custody of the Commissioner of Health and Human Services for <u>immediate</u> placement in an appropriate program for observation, care and treatment of people with mental illness or persons with intellectual disabilities or autism. An appropriate program <u>may must</u> be in an institution for the care and treatment of people with mental illness, an intermediate care facility for persons who have intellectual disabilities or autism, a crisis stabilization unit, a nursing home, a

residential care facility, an assisted living facility, a hospice, a hospital, an intensive outpatient treatment program or any program specifically approved by the court, which may not include a county or regional jail. At 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 Department of Health and Human Services shall forward a report to the Commissioner of Health and Human Services relative to the defendant's competence 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 shall hold a hearing on the question of the defendant's competence to stand trial and receive all relevant testimony bearing on the question. If the State Forensic Service's report or the report of another appropriate office of the Department of Health and 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 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 future, the court shall recommit the defendant to the custody of the Commissioner of Health and Human Services for immediate placement in an appropriate program for observation, care and treatment of people with mental illness or persons with intellectual disabilities or autism. An appropriate program may must be in an institution for the care and treatment of people with mental illness, an intermediate care facility for persons who have intellectual disabilities or autism, a crisis stabilization unit, a nursing home, a residential care facility, an assisted living facility, a hospice, a hospital, an intensive outpatient treatment program or any program specifically approved by the court, which may not include a county or regional jail. When a person who has been evaluated on behalf of the court by the State Forensic Service or other appropriate office of the Department of Health and Human Services 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 appropriate office of the Department of Health and Human Services share any information that it has collected or generated with respect to the person with the institution or residential program in which the person is placed; or

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Sec. 3. 15 MRSA §101-D, sub-§10, as enacted by PL 2021, c. 757, §1, is amended to read:

10. Appropriate placement. When a court commits the defendant to the custody of the Commissioner of Health and Human Services for placement in an appropriate institution 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 as set forth in subsection 4 or 5, the transfer of the defendant must take place within 30 days from the time the order is transmitted to the State Forensic Service, unless an extraordinary circumstance causes a necessary delay. The Commissioner of Health and Human Services shall notify the court of the extraordinary circumstance causing a delay.

1	SUMMARY
2	This bill requires that when a court commits a defendant to the Commissioner of Health
3	and Human Services for placement in an appropriate mental health institution, that
4	placement must be immediate and may not be in a county or regional jail.