MAINE STATE LEGISLATURE

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114th MAINE LEGISLATURE

FIRST REGULAR SESSION - 1989

Legislative Document

No. 1074

S.P. 408

In Senate, April 6, 1989

Reference to the Committee on Human Resources suggested and ordered printed.

JOY J. O'BRIEN Secretary of the Senate

Presented by Senator BUSTIN of Kennebec.
Cosponsored by Senator TITCOMB of Cumberland, Representative BURKE of Vassalboro and Representative PEDERSON of Bangor.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED AND EIGHTY-NINE

An Act Relating to the Maine Commission on Mental Health.

(EMERGENCY)



Emergency preamble. Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, the Maine Commission on Mental Health is charged with assisting in identifying an immediate solution to the deficits at the Augusta Mental Health Institute and the Bangor Mental Health Institute identified by the Joint Select Committee to Study Overcrowding at the Augusta Mental Health Institute and the Bangor Mental Health Institute; and

Whereas, the Maine Commission on Mental Health is newly formed and charged with a serious task of an emergency nature; and

Whereas, the reasons for Medicare decertification at the Augusta Mental Health Institute have yet to be addressed or remedied; and

Whereas, the recent findings of an advisory panel investigating 3 deaths at the Augusta Mental Health Institute indicate ongoing deficiencies in the care and treatment of patients at that facility similar to those identified by the Maine Health Care Finance Commission; and

Whereas, there is an error in the original bill which affects the commission's ability to report on, respond to and make recommendations about needed reforms; and

Whereas, the commission has been charged with making an independent evaluation of the programs and services provided by the Department of Mental Health and Mental Retardation; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

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

- Sec. 1. 34-B MRSA §3901, sub-§§1 and 2, as enacted by PL 1987, c. 887, §8, are amended to read:
 - 1. Establishment. In order to monitor and evaluate the efficacy and timely implementation of community and institutional reform programs designed to improve opportunities for persons with mental illness in the State, to promote and monitor advocacy programs for persons with mental illness and to develop, review, and assess and monitor the development—and implementation of standards of care and treatment for persons with mental illness, there is established an independent commission to be known as the

Maine Commission on Mental Health, hereinafter referred to in this chapter as the "commission."

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The commission shall consist of 21 22 2. Membership. members, including 11 appointed by the Governor and 10 11 jointly appointed by the President of the Senate and the Speaker of the House. One of the members jointly appointed by the President of the Senate and the Speaker of the House shall be a primary consumer of mental health services. In making these appointments to the commission, the Governor, the President of the Senate and the Speaker of the House shall consider and appoint residents of the State who have a knowledge of problems facing persons with mental illness in the State and who provide leadership in programs or activities which are carried out to opportunities for persons with mental illness. The Governor select a person from among the gubernaterial first appointees to serve as ehairman chair. Subsequent chairs shall be selected by majority vote of the members of the Maine Commission on Mental Health. The initial appointments to this commission shall be made within 30 days of the effective date of this subchapter.

Sec. 2. 34-B MRSA §3902 as enacted by PL 1987, c. 887, §8, is amended to read:

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§3902. Powers and duties

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The commission has the powers and duties to advise and consult with the Governor and the Legislature about improving care, treatment and programming for persons with mental illness in the State. The commission has the following powers and duties:

- 1. Assistance to persons with mental illness. To recommend develop a program of citizen advocates who are available, upon the request of a person with mental illness or that person's legal guardian, to assist in the treatment and program planning process with the patient, both in the institutes and in the community, and to otherwise act in a supportive role for individual persons with mental illness and to monitor the effectiveness of all advecacy programs for persons with mental
- 2. Standards. To work in a collaborative fashion with the department to--review--and--comment--on in the development and implementation of standards of care and treatment of persons with

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illness:

mental illness;

3. Reform programs. To monitor and evaluate the efficiency and timeliness of community and institutional reform programs designed to improve opportunities for persons with mental illness;

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- 1 Recommendations concerning state mental health institutes. To make recommendations commission to the 3 commissioner on the management of the state mental health institutes. These recommendations shall include, but not be limited to, those prepared by the subcommittee on state mental 5 health institutes;
- 7 5. Subcommittee on state mental health institutes. q create a subcommittee from the membership of the commission exclusively to meniter--and--evaluate--the--state--mental--health 11 institutes.---The--subcommittee--shall-monitor--and--evaluate--the development-and-implementation-of-standards-of-care-and-treatment 13 at-the-state-mental-health-institutes-and-inspect-the-institutes, develop standards of care and treatment for patients at the 15 Augusta Mental Health Institute and the Bangor Mental Health Institute. These standards shall be developed and presented to 17 the joint standing committee of the Legislature having jurisdiction over human resource matters no later than April 15, 19 1989. That committee may determine whether to present the standards to the Legislature for statutory adoption or to adopt 21 them in accordance with the procedures established under Title 5, sections 8051, 8052 and 8053. The subcommittee shall monitor and 23 evaluate the implementation of these standards of care. The recommended standards shall cover at least the following areas:

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- A. The standards shall ensure the creation of an environment which affords patients privacy, dignity, comfort and sanitation, including attractive, comfortable and spacious living and sleeping areas; secure and accessible areas for storage of clothing and other personal belongings; and comfortable temperature and adequate ventilation in all areas, including seclusion rooms;
- B. The standards shall guarantee that each patient receive individualized treatment and active programming in accordance with a written plan which provides for the integrated delivery of medical, psychological, social, recreational, vocational, educational and other related services according to patient needs;
- C. The commission shall develop standards governing admission procedures to assure that patients are afforded full protection of the laws pertaining to civil commitment and that medical, social and psychological information is considered during admission procedures;
- D. The standards shall mandate maintenance of patient and staff ratios which ensure adequate care, treatment and rehabilitative services. These ratios shall be designed on a ward-by-ward basis and shall be based upon the treatment, safety and programmatic needs of patients;

E. The standards shall assure that, from the date of a patient's admission, institute staff begin coordinating community services and resources to assure that, upon a patient's discharge, the patient's housing, financial and treatment needs will be met; and

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- F. Development of standards for identification, definition, resolution and reporting of extraordinary events that arise during the care and treatment of patients. Such events shall include, but not be limited to, medical problems, medical treatment, injuries resulting from the use of seclusion and restraint and altercations between patients;
- Staff; compensation. To appoint a full-time executive director who shall serve at the pleasure of the commission and who shall not be subject to the civil service laws or approval of the department, the Governor or the Legislature. The executive is entitled to compensation in an amount to director determined by the commission within the same pay range authorized for the Executive Director of the Human Services Council. The executive director shall perform those duties as assigned by the The commission may employ a secretary as it deems necessary. The commission may request department staff, needed, to assist the commission in carrying out its functions and duties. The executive director may make recommendations to the commission;
- 7. Meetings. To conduct public hearings, conferences, workshops and other such meetings to obtain information about, discuss and publicize the needs of and solutions to problems of persons with mental illness in Maine;
- 8. Advise. To act in an advisory capacity to the commissioner in the development of the state mental health plan and in the appointment of a Director of the Bureau of Mental Health. The commission shall act in an advisory capacity to the commissioner, the Governor and the Legislature on mental health matters; and
- 9. State mental health plan. To participate in the development of the state mental health plan required by section 3006τ ; and
- 10. Prepare legislation. The Maine Commission on Mental Health, in consultation with the Department of Mental Health and Mental Retardation, mental health professionals and others as deemed necessary, shall draft a model law governing the delivery of mental health services throughout the State, including standards of care adopted under section 3902, subsection 5, for distribution to the Legislature in January 1990. This model shall include at least:

_	A. A formula funding mechanism for a base budget using a
	unit cost of services identified by the patient functional
3	assessment system;
5	B. A mechanism for assuring that state hospital patients
7	and community members in need of help are offered a complete medical and psychiatric assessment, including evaluation and
	correction of medical problems, the evaluation and treatment
9	of psychiatric problems and a plan for community placement when appropriate;
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13	C. A range of residential options, from psychiatric boarding homes to independent apartments, and guidelines for
15	<pre>staff ratios;</pre>
17	D. Work training and career counseling programs and the
17	development of work opportunities;
19	E. Skill training in the activities of daily living for state hospital and community patients and social and
21	recreational opportunities;
23	F. Transportation services for clients of community and state hospitals and the consideration of client
25	transportation in funding decisions;
27	G. Client level coordination of resources and a case management plan for state hospital and community patients:
29	H. Crisis stabilization services; and
31	n. Crisis Scabilizacion Services; and
	I. Procedures for the treatment and care of involuntary
33	<pre>patients and for the treatment of persons with mental illness in nursing homes.</pre>
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37	Emergency clause. In view of the emergency cited in the preamble, this Act shall take effect when approved.
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41	STATEMENT OF FACT
43	This bill corrects an error in the original bill,
45	establishes clear independence for the commission in hiring staff and selecting a chair, adds a primary consumer member, clarifies
47	the responsibilities of the subcommittee on state mental health institutes and includes several of the recommendations made by
4/	the Joint Select Committee to Review Overcrowding at the Augusta
49	Mental Health Institute and the Bangor Mental Health Institute.
51	The emergency nature of the legislation is stated in the
	preamble.