

MAINE STATE LEGISLATURE

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114th MAINE LEGISLATURE

SECOND REGULAR SESSION - 1990

Legislative Document

No. 2086

H.P. 1506

House of Representatives, January 4, 1990

Approved for introduction by the majority of Legislative Council pursuant to Joint Rule 26.

Reference to the Committee on Judiciary suggested and ordered printed.

Ed Pert

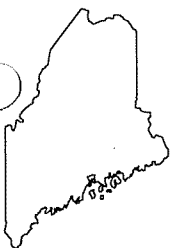
EDWIN H. PERT, Clerk

Presented by Representative PARADIS of Augusta.

STATE OF MAINE

IN THE YEAR OF OUR LORD
NINETEEN HUNDRED AND NINETY

An Act to Provide for Outpatient Commitment.



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

2
4 Sec. 1. 34-B MRSA §3864, sub-§6, ¶C is enacted to read:

6 C. The District Court shall so state in the record, if it
8 finds upon completion of the hearing and consideration of
10 the record:

12 (1) Clear and convincing evidence that the person is
14 mentally ill, has a history of successful treatment in
16 institutions and has a repetitive pattern of symptom
18 relapses upon release from institutions which are
20 caused primarily by refusal to comply with prescribed
22 treatment and that these relapses pose a likelihood of
24 serious harm to the person or to others.

26 Sec. 2. 34-B MRSA §3864, sub-§7, first ¶, as enacted by PL 1983,
28 c. 459, §7, is amended to read:

30 7. **Commitment.** Upon making the findings described in
32 subsection 6, the court may order commitment to a mental hospital
34 for a period not to exceed 4 months in the first instance and not
36 to exceed one year after the first and all subsequent hearings;
38 or may, upon making a finding under subsection 6, paragraph C,
40 order outpatient commitment to follow the approved plan of
 treatment for a period not to exceed one year. Should the person
 refuse to comply with the approved plan of treatment, that person
 shall be returned to the institution as provided for in section
 3870, subsection 4.

STATEMENT OF FACT

36 This bill permits the involuntary commitment of certain
38 mentally ill persons to a prescribed outpatient treatment
40 program. Currently, commitment may only be made to an
 institution for hospitalization which leads to overcrowding at
 the institution. The bill maintains the "likelihood of serious
 harm" standard for involuntary commitment.