MAINE STATE LEGISLATURE

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121st MAINE LEGISLATURE

FIRST REGULAR SESSION-2003

Legislative Document

No. 1621

S.P. 572

In Senate, May 21, 2003

An Act To Amend the Structure of the Office of Advocacy

Reference to the Committee on Health and Human Services suggested and ordered printed.

JOY J. O'BRIEN Secretary of the Senate

Presented by Senator BRENNAN of Cumberland. (GOVERNOR'S BILL)
Cosponsored by Representative KANE of Saco and
Senator: WESTON of Waldo, Representatives: CAMPBELL of Newfield, CURLEY of
Scarborough, EARLE of Damariscotta, LAVERRIERE-BOUCHER of Biddeford, LEWIN of
Eliot, SHIELDS of Auburn, WALCOTT of Lewiston.

_	Be it enacted by the People of the State of Maine as follows:
2	Sec. 1. 34-B MRSA §1204, sub-§2, ¶C, as amended by PL 2001, c. 493, §3, is further amended to read:
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6	C. The commissioner shall appoint the following officials to serve at the commissioner's pleasure:
8 10	(1) Associate Commissioners;
12	(2) Superintendent, Augusta Mental Health Institute;
14	(3) Superintendent, Bangor Mental Health Institute;
16	(6) Director, Elizabeth Levinson Center;
18	(8) Assistant to the Commissioner;
20	(10) Regional Directors, who shall report to the Associate Commissioner of Systems Operations;
22	(11) Director, Office of Substance Abuse, who shall report directly to the commissioner; and
24	(12) Deputy Commissioner ; and
26	(13) Director of the Office of Advocacy and Adult
28	Protective Services.
30	Sec. 2. 34-B MRSA §1205, as amended by PL 1995, c. 560, Pt. K, §18, is further amended to read:
32	§1205. Office of Advocacy and Adult Protective Services
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36	1. Establishment. The Office of Advocacy and Adult Protective Services is established within the Office of Advocacy and Consumer Affairs of the department selely to investigate the
38	claims and grievances of clients of the department, to investigate with the Department of Human Services, as
40	appropriate, all allegations of adult and child abuse in state institutions and to advocate on behalf of clients for compliance
42	by any institution, other facility or agency administered, licensed or funded by the department with all laws,
44	administrative rules and institutional and other policies relating to the rights and dignity of clients.
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4.0	2ChiefadvecateA-chiefadvocate-shalldirectand
48	eoordinate-the-program-of-the-office.

Av -- The-chief-advocate-shall-report-administratively-to-the commissioner -- and --advise, --consult -- with -- and --inform -- the 2 commissioner-on-the-issues-described-in-this-section-4 B. - - The -chief - advecate - shall -select - other - advocates - needed to-carry-out-the-intent-of-this-section-who-shall-report 6 enly-te-the-chief-advecate+ 8 C.--Beth-the-chief-advocate-and-all-other-advocates-shall-be elassified-state-employees. 10 12 2-A. Office administration. The Office of Advocacy and Adult Protective Services and its staff are directly managed and 14 supervised by a director. The director selects advocates and adult protective investigators to carry out the purposes of this 16 section. 18 A. The director is appointed by the commissioner and is a confidential, unclassified state employee. The director is responsible for and has full authority for providing general 20 supervision to all employees of the office; establishing performance standards for all employees of the office; 22 creating and maintaining policies, procedures, protocols and 24 case tracking and closure systems; and providing regular reports about the activities of the office to the 26 commissioner, the Consumer Advisory Board, the Legislature and the public. The director may assign such supervisory 28 duties to an advocate or an adult protective investigator as the director determines necessary for the effective 30 functioning of the office. 32 B. Five advocacy positions are primarily responsible for adult protective investigations. The remaining positions are devoted to advocacy services. All advocates and adult 34 protective investigators are classified state employees. 36 The commissioner has the ability to move positions from one responsibility to the other in order to create the 38 appropriate balance between adult protective and advocacy services. 40 The Office of Advocacy and Adult Protective 3. Duties. 42 Services, through the ehief--advocate--and-the--ether director, advocates and adult protective investigators, shall: 44 Receive or refer complaints made by clients of the 46 department and represent the interests of clients in any matter pertaining to the rights and dignity of clients; 48 Intercede on behalf of these clients with officials of в. 50 the institutions, facilities and agencies administered,

licensed or funded by the department, except that the Office of Advocacy and Adult Protective Services may refuse to take action on any complaint which that it deems considers to be trivial or moot or for which there is clearly another remedy available;

- C. Assist clients in any hearing or grievance proceeding of the department;
- D. Refer clients to other agencies or entities for the purpose of advocating for the rights and dignity of these persons;
 - E. Act as an information source regarding the rights of all clients, keeping itself informed about all laws, administrative rules and institutional and other policies relating to the rights and dignity of the clients and about relevant legal decisions and other developments related to the field of mental health and mental retardation, both in this State and in other parts of the country;
 - F. Make and publish reports necessary to the performance of the duties described in this section. The ehief-advocate director may report findings of the office to groups outside the department, such as legislative bodies, advisory committees, commissions, law enforcement agencies and the press, and may authorize the advocates in the Office of Advocacy and Adult Protective Services to so communicate. At least annually, the ehief-advocate director shall report both in person and in writing to the joint standing committee of the Legislature having jurisdiction over mental health and mental retardation matters; and
 - G. Negotiate joint working agreements with the Department of Human Services concerning procedures and respective responsibilities for conducting investigations in state institutions of allegations of abuse pursuant to the Child and Family Services and Child Protection Act, Title 22, chapter 1071; and

- H. Provide adult protective services as described in Title 22, section 3473.
- 44 4. Access to files and records. The Office of Advocacy, through—the—chief—advocate—and—the—other—advocates, and Adult
 46 Protective Services has access, limited only by the law, to the files, records and personnel of any institution, facility or agency administered, licensed or funded by the department. All persons with knowledge about an incident related to client care, including client—to—client assault, staff—to—client assault,

client-to-staff assault, excessive use of seclusion or mechanical or chemical restraint, incidents stemming from questionable 2 psychiatric and medical practice or any other alleged abuse or neglect, shall immediately report the details of that incident to 4 the Office of Advocacy and Adult Protective Services. A copy of any incident report shall must be provided to the Office of 6 Advocacy and Adult Protective Services by the person making the 8 report. 4-A. Subpoenas; obtaining criminal history record. The 10 director may: 12 A. Issue a subpoena requiring a person to disclose or provide to the Office of Advocacy and Adult Protective 14 Services information or records in that person's possession that are necessary and relevant to an investigation of a 16 report of suspected rights violations of a serious nature. 18 (1) The Office of the Attorney General may apply to 20 the District Court to enforce a subpoena. (2) A person who complies with a subpoena is immune 22 from civil or criminal liability that might otherwise 24 result from the act of turning over or providing information or records to the Office of Advocacy and 26 Adult Protective Services; and 28 B. Obtain nonconviction data and other criminal history record information under Title 16, chapter 3, subchapter 8 30 that the director determines relevant to an investigation of a report of suspected rights violations of a serious nature. 32 The confidentiality of information or records obtained by subpoena must be treated in accordance with this section. 34 36 Confidentiality. Requests for action shall must be 5. treated confidentially as follows. 38 Any client request for action by the office and all 40 written records or accounts related to the request shall must be confidential as to the identity of the client. 42

B. The records and accounts may be released only as provided by law.

6. Definition. For the purposes of this section, "client" means a person included in the definition of client under section
 1001, subsection 2, and a person seeking or requesting services as a client.

Protection for advocates. Advocates may 2 disciplined or sanctioned for any actions taken on behalf of clients. This protection does not apply to issues or problems with meeting performance or management standards established by the director. When submitting any budget request to the Budget. 8 Legislature, the department and the Governor shall provide that any funds for the Office of Advocacy and Adult Protective 10 Services be listed in a separate account. Sec. 3. 34-B MRSA §1207, sub-§5, ¶D, as amended by PL 1995, c. 12 560, Pt. K, §19, is further amended to read: 14 By September 1, 1994, the department shall adopt rules 16 to implement this subsection. The rules must include, but are not limited to, an appeal process for persons who are 18 denied access to information under paragraph B. The appeal must determine whether the person requesting 20 information is a person who lives with or provides direct care to a client, whether disclosure of the information is 22 in the best interest of the client and whether denial of access to the information will result in significant 24 deterioration in the client's daily functioning. commissioner shall appoint an advisory committee pursuant to Title 5, section 12002, subsection 1, paragraph A to assist 26 the department in the development of the rules. The members of the advisory committee are not entitled to reimbursement 28 expenses or legislative per diem. The committee must include, but is not limited to, proportionate 30 representation from each of the following: 32 (1) Consumers nominated by the Director of the Office 34 of Advocacy and Consumer -- Affairs Adult Protective Services; 36 (2) Members of the statewide alliance for the mentally 38 il1; 40 (3) Mental health service providers; and 42 The protection and advocacy agency designated (4)pursuant to Title 5, section 19502. 44

> B. Treatment programs involving the use of noxious or painful stimuli or other aversive or severely intrusive techniques may be used only to correct behavior more harmful

> Sec. 4. 34-B MRSA §5605, sub-§13, ¶B, as amended by PL 2001,

c. 245, §1, is further amended to read:

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to the person with mental retardation or autism than is the treatment program and only:

(1) On the recommendation of a physician, psychiatrist or psychologist; and

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- (2) With the approval, following a case-by-case review, of the chief administrative officer of the residential facility; a representative of the person's residence, day program or work site; an advocate or adult protective investigator of the department Office of Advocacy and Adult Protective Services; a representative of the Division of Mental Retardation; and a representative of the Consumer Advisory Board.
- Sec. 5. 34-B MRSA §5605, sub-§14, ¶D-1, as enacted by PL 2001,
 c. 245, §3, is amended to read:

- A device whose effect is to reduce or inhibit a person's movement in any way but whose purpose is to maintain or ensure the safety of the person is not considered behavioral treatment. Such a device may be used only in conformity with applicable state and federal rules regulations, when recommended by a professional after approval of the person's service plan and the device is of approved by the chief administrative officer of the residential care facility; a representative of the person's residence, day program or work site; an advocate of the department Office of Advocacy and Adult Protective Services; a representative of the Division of Mental Retardation; and a representative of the Consumer Advisory Board.
- Sec. 6. 34-B MRSA §5606, sub-§1, as amended by PL 1993, c.
 326, §10, is further amended to read:

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- 1. Report and investigation. Any alleged violation of the rights of a person receiving services must be reported immediately to the Office of Advocacy of the department and the the Atterney-General's office and Adult Protective Services.
- A. The Office of Advocacy and Adult Protective Services shall conduct an investigation of each alleged violation pursuant to section 1205.
- B. The Office of Advocacy and Adult Protective Services shall submit a written report of the findings and results of the investigation to the chief administrative officer of the facility in which the rights of the person receiving services were allegedly violated and to the commissioner

within 2 30 working days after the day of the occurrence or discovery of the alleged incident.

Sec. 7. 34-B MRSA §5608, sub-§2, as amended by PL 1993, c. 410, Pt. CCC, §42, is further amended to read:

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- 2. Duties. The government of the persons receiving services shall work closely with the division and the Office of Advocacy and Adult Protective Services to promote the interests and welfare of all residents in the facility.
- Sec. 8. Report. 12 The Department of Behavioral and Developmental Services shall study the effectiveness of the 14 organizational structure of the new Office of Advocacy and Adult Protective Services and submit a report to the Joint Standing Committee on Health and Human Services on or before July 1, 16 The report must include its recommendations for any additional or amending legislation affecting the 18 necessary organizational structure of the Office of Advocacy and Adult Protective Services, taking into consideration the anticipated 20 effects of any legislation proposed by the Department of 22 Behavioral and Developmental Services and the Department of Human to merge. The Department of Behavioral Developmental Services shall provide a copy of the report to the 24 Consumer Advisory Board and to the Special Master in Community Consent Decree case in advance of the report's 26 submission to the committee.

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Sec. 9. Transition provisions.

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- 1. The Office of Advocacy and Adult Protective Services 32 within the Department of Behavioral and Developmental Services is the successor in every way to the powers, duties and functions of the former Office of Advocacy.
- 2. All existing rules, regulations and procedures in effect, in operation or promulgated in or by the Office of
 38 Advocacy or any of its administrative units or officers are hereby declared in effect and continue in effect until rescinded,
 40 revised or amended by the proper authority.
- 42 3. All existing contracts, agreements and compacts currently in effect in the Office of Advocacy continue in effect.

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- 4. Any positions authorized and allocated subject to the personnel laws to the former Office of Advocacy are transferred to the Office of Advocacy and Adult Protective Services and may continue to be authorized.
- 50 5. All records, property and equipment previously belonging to or allocated for the use of the former Office of Advocacy

become, on the effective date of this Act, part of the property of the Office of Advocacy and Adult Protective Services.

6. All existing forms, licenses, letterheads and similar items bearing the name of or referring to the Office of Advocacy may be utilized by the Office of Advocacy and Adult Protective Services until existing supplies of those items are exhausted.

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10 SUMMARY

12 This bill amends the structure of the Office of Advocacy by including adult protective services. The bill requires the Office of Advocacy to provide adult protective services as 14 described in the Maine Revised Statutes, Title 22, section 3473. The bill also requires that the Department of Behavioral and 16 Developmental Services study the new structure of the Office of Protective 18 Advocacy and Adult Services and submit recommendations to the Joint Standing Committee on Health and 20 Human Services by July 1, 2004.