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Date: 8/29/13

L.D. 1515
(Filing No. H-585)

APPROPRIATIONS AND FINANCIAL AFFAIRS

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
126TH LEGISLATURE
FIRST SPECIAL SESSION**

COMMITTEE AMENDMENT "B" to H.P. 1087, L.D. 1515, Bill, "An Act To Increase the Availability of Mental Health Services"

Amend the bill by striking out everything after the title and before the summary and inserting the following:

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

Whereas, this legislation authorizes the Commissioner of Corrections to transfer an adult jail inmate to a correctional facility for the purpose of providing the inmate with mental health services, and to accept placement of certain adult defendants in a mental health unit of a correctional facility; and

Whereas, it is critically important to implement this authority as soon as possible in order to increase the availability of mental health services; 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. 15 MRSA §101-D, sub-§5, as amended by PL 2013, c. 265, §2, is further amended to read:

5. Finding of incompetence; custody; bail. If, after hearing upon motion of the attorney for the defendant or upon the court's own motion, the court finds that any defendant is incompetent to stand trial, the court shall continue the case until such time as the defendant is determined by the court to be competent to stand trial and may either:

A. Commit the defendant to the custody of the Commissioner of Health and Human Services for appropriate placement in an appropriate program for observation, care and treatment of people with mental illness or persons with intellectual disabilities or

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1 autism. An appropriate program may be in an institution for the care and treatment of
2 people with mental illness, ~~an appropriate residential program that provides care and~~
3 ~~treatment for persons who have intellectual disabilities or autism,~~ an intermediate
4 care facility for persons who have intellectual disabilities or autism, a crisis
5 stabilization unit, a nursing home, a residential care facility, an assisted living
6 facility, a hospice, a hospital, an intensive outpatient treatment program or any living
7 ~~situation~~ program specifically approved by the court. At the end of 30 days or
8 sooner, and again in the event of recommitment, at the end of 60 days and 180 days,
9 the State Forensic Service or other appropriate office of the Department of Health and
10 Human Services shall forward a report to the Commissioner of Health and Human
11 Services relative to the defendant's competence to stand trial and its reasons. The
12 Commissioner of Health and Human Services shall without delay file the report with
13 the court having jurisdiction of the case. The court shall hold a hearing on the
14 question of the defendant's competence to stand trial and receive all relevant
15 testimony bearing on the question. If the State Forensic Service's report or the report
16 of another appropriate office of the Department of Health and Human Services to the
17 court states that the defendant is either now competent or not restorable, the court
18 shall within 30 days hold a hearing. If the court determines that the defendant is not
19 competent to stand trial, but there does exist a substantial probability that the
20 defendant will be competent to stand trial in the foreseeable future, the court shall
21 recommit the defendant to the custody of the Commissioner of Health and Human
22 Services for appropriate placement in an appropriate program for observation, care
23 and treatment of people with mental illness or persons with intellectual disabilities or
24 autism. An appropriate program may be in an institution for the care and treatment of
25 people with mental illness, ~~an appropriate residential program that provides care and~~
26 ~~treatment for persons who have intellectual disabilities or autism,~~ an intermediate
27 care facility for persons who have intellectual disabilities or autism, a crisis
28 stabilization unit, a nursing home, a residential care facility, an assisted living
29 facility, a hospice, a hospital, an intensive outpatient treatment program or any living
30 ~~situation~~ program specifically approved by the court. When a person who has been
31 evaluated on behalf of the court by the State Forensic Service or other appropriate
32 office of the Department of Health and Human Services is committed into the
33 custody of the Commissioner of Health and Human Services under this paragraph,
34 the court shall order that the State Forensic Service or other appropriate office of the
35 Department of Health and Human Services share any information that it has collected
36 or generated with respect to the person with the institution or residential program in
37 which the person is placed. If the defendant is charged with an offense under Title
38 17-A, chapter 9, 11 or 13 or Title 17-A, section 506-A, 802 or 803-A and the court
39 determines that the defendant is not competent to stand trial and there does not exist a
40 substantial probability that the defendant can be competent in the foreseeable future,
41 the court shall dismiss all charges against the defendant and, unless the defendant is
42 subject to an undischarged term of imprisonment, order the Commissioner of Health
43 and Human Services to commence proceedings pursuant to Title 34-B, chapter 3,
44 subchapter 4. If the defendant is charged with an offense other than an offense under
45 Title 17-A, chapter 9, 11 or 13 or Title 17-A, section 506-A, 802 or 803-A and the
46 court determines that the defendant is not competent to stand trial and there does not
47 exist a substantial probability that the defendant can be competent in the foreseeable
48 future, the court shall dismiss all charges against the defendant and, unless the

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1 defendant is subject to an undischarged term of imprisonment, notify the appropriate
2 authorities who may institute civil commitment proceedings for the individual. If the
3 defendant is subject to an undischarged term of imprisonment, the court shall order
4 the defendant into execution of that sentence and the correctional facility to which the
5 defendant must be transported shall execute the court's order; or

6 B. Issue a bail order in accordance with chapter 105-A, with or without the further
7 order that the defendant undergo observation at an institution for the care and
8 treatment of people with mental illness, an appropriate residential program that
9 provides care and treatment for persons who have intellectual disabilities or autism,
10 an intermediate care facility for persons who have intellectual disabilities or autism, a
11 crisis stabilization unit, a nursing home, a residential care facility, an assisted living
12 facility, a hospice, a hospital approved by the Department of Health and Human
13 Services or an intensive outpatient treatment program or a living situation any
14 program specifically approved by the court or by arrangement with a private
15 psychiatrist or licensed clinical psychologist and treatment when it is determined
16 appropriate by the State Forensic Service. When outpatient observation and
17 treatment is ordered an examination must take place within 45 days of the court's
18 order and the State Forensic Service shall file its report of that examination within 60
19 days of the court's order. The State Forensic Service's report to the court must
20 contain the opinion of the State Forensic Service concerning the defendant's
21 competency to stand trial and its reasons. The court shall without delay set a date for
22 and hold a hearing on the question of the defendant's competence to stand trial, which
23 must be held pursuant to and consistent with the standards set out in paragraph A.

24 **Sec. 2. 34-A MRS §1001, sub-§11-B** is enacted to read:

25 **11-B. Likelihood of serious harm.** "Likelihood of serious harm" means a:

26 A. Substantial risk of physical harm to a person, as manifested by that person's recent
27 threats of, or attempts at, suicide or serious self-inflicted harm;

28 B. Substantial risk of physical harm to other persons, as manifested by a person's
29 recent homicidal or other violent behavior or recent conduct placing others in
30 reasonable fear of serious physical harm; or

31 C. Reasonable certainty that a person will suffer severe physical or mental harm as
32 manifested by that person's recent behavior demonstrating an inability to avoid risk or
33 to protect the person's self adequately from impairment or injury.

34 This subsection is repealed August 1, 2017.

35 **Sec. 3. 34-A MRS §1001, sub-§12-A** is enacted to read:

36 **12-A. Person with mental illness.** "Person with mental illness" means a person who
37 has attained 18 years of age and has been diagnosed as having a psychiatric or other
38 illness that substantially impairs that person's mental health. An intellectual disability as
39 defined in Title 34-B, section 5001, subsection 3 or a personality disorder is not a
40 psychiatric or other illness for purposes of this subsection. This subsection is repealed
41 August 1, 2017.

42 **Sec. 4. 34-A MRS §3049** is enacted to read:

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§3049. Involuntary medication of person with mental illness

1. Grounds for involuntary medication. A person with mental illness residing in a mental health unit of a correctional facility that provides intensive mental health care and treatment may be given medication for the mental illness without the consent of the person if, upon application by the chief administrative officer of the facility, the Superior Court of the county in which the correctional facility is located finds by clear and convincing evidence that:

- A. The person is a person with mental illness;
- B. As a result of the mental illness, the person poses a likelihood of serious harm;
- C. The medication has been recommended by the facility's treating psychiatrist as treatment for the person's mental illness;
- D. The recommendation for the medication has been supported by a professional who is qualified to prescribe the medication and who does not provide direct care to the person;
- E. The person lacks the capacity to make an informed decision regarding medication;
- F. The person is unable or unwilling to consent to the recommended medication;
- G. The need for the recommended medication outweighs the risks and side effects;
and
- H. The recommended medication is the least intrusive appropriate treatment option.

For purposes of this subsection, "intensive mental health care and treatment" means daily on-site psychiatric treatment services, daily on-site group and individual mental health treatment and other therapeutic programs and 24-hour on-call psychiatric coverage and includes, as authorized in accordance with this section, the ability to order and administer involuntary medication for treatment purposes.

2. Rights prior to involuntary medication. Except as provided in this section, a person who is the subject of an application for an order permitting involuntary medication pursuant to this section must be provided, before being medicated, a court hearing at which the person has the following rights.

- A. The person is entitled, at least 7 days before the hearing, to written notice of the hearing and a copy of the application for an order permitting involuntary medication, including the specific factual basis for each of the grounds set out in subsection 1.
- B. The person is entitled to be present at the hearing.
- C. The person is entitled to be represented by counsel.
- D. The person is entitled to present evidence, including by calling one or more witnesses.
- E. The person is entitled to cross-examine any witness who testifies at the hearing.
- F. The person is entitled to appeal to the Supreme Judicial Court any order by the Superior Court permitting involuntary medication.

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- 1 **3. Court hearing.** Except as provided in this section, the following applies to the
2 court hearing.
- 3 **A.** The Superior Court may, in its discretion, grant a continuation of the hearing for
4 up to 10 days for good cause shown.
- 5 **B.** The Maine Rules of Evidence apply.
- 6 **C.** The Supreme Judicial Court may adopt such rules of court procedure as it
7 determines appropriate.
- 8 **D.** If the person is indigent, costs of counsel and all other costs, including all costs on
9 appeal, must be provided by the Maine Commission on Indigent Legal Services as in
10 other civil cases.
- 11 **E.** The Superior Court may, in its discretion, subpoena any witness and, if the person
12 is indigent, the witness fees must be provided by the Department of Health and
13 Human Services.
- 14 **F.** The hearing must be electronically recorded and, if an appeal is brought and the
15 person is indigent, the transcript fee must be provided by the Department of Health
16 and Human Services.
- 17 **G.** The order and the application for the order, the hearing, the record of the hearing
18 and all notes, exhibits and other evidence are confidential.
- 19 **4. Ex parte order.** When there exists an imminent likelihood of serious harm, the
20 Superior Court may enter an ex parte order permitting involuntary medication. An
21 application for the ex parte order must include all the information otherwise required
22 under this section, as well as the specific factual basis for the belief that the likelihood of
23 serious harm is imminent. The ex parte order and the application for the ex parte order,
24 the proceeding, any record of the proceeding and all notes, exhibits and other evidence
25 are confidential. If the court enters an ex parte order permitting involuntary medication, a
26 hearing conforming with the requirements of subsections 2 and 3 must be held within 10
27 days.
- 28 **5. Court order.** If the Superior Court finds by clear and convincing evidence that
29 each of the grounds set out in subsection 1 has been met, the court may grant the
30 application for involuntary medication, as requested or as may be modified based upon
31 the evidence, and may authorize the correctional facility's chief administrative officer to
32 permit qualified health care staff to order and administer medication for treatment of the
33 mental illness, as well as laboratory testing and medication for the monitoring and
34 management of side effects.
- 35 **6. Periodic review.** Involuntary medication of a person under this section may
36 continue only with periodic reviews consisting of subsequent hearings conforming with
37 the requirements of subsections 2 and 3 to take place at least once every 120 days.
- 38 **7. Medication by consent.** This section does not preclude giving medication for a
39 mental illness when either the person to receive the medication or the person's legal
40 guardian, if any, consents to the medication.
- 41 **8. Repeal.** This section is repealed August 1, 2017.

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1 **Sec. 5. 34-A MRS §3069-A** is enacted to read:

2 **§3069-A. Transfer of jail inmates for mental health services**

3 **1. Eligible inmates.** The commissioner may transfer from a jail to a correctional
4 facility an adult inmate who the chief administrative officer of the Riverview Psychiatric
5 Center confirms is eligible for admission to a state mental health institute under Title
6 34-B, section 3863, but for whom no suitable bed is available, for the purpose of
7 providing to the inmate mental health services in a mental health unit of a correctional
8 facility that provides intensive mental health care and treatment. The commissioner may
9 not transfer pursuant to this section a person who has been found not criminally
10 responsible by reason of insanity. The commissioner may return an inmate transferred
11 pursuant to this subsection back to the sending facility.

12 For purposes of this subsection, "intensive mental health care and treatment" has the same
13 meaning as in section 3049, subsection 1.

14 **2. Evaluation.** The commissioner may transfer from a jail to a correctional facility
15 an adult inmate whom the court orders to be examined or further evaluated by the State
16 Forensic Service under Title 15, section 101-D, subsection 1, 2, 3 or 9 if the State
17 Forensic Service determines that the jail where the inmate is incarcerated cannot provide
18 an appropriate setting for the examination but that a mental health unit in a correctional
19 facility can provide an appropriate setting for the examination. The commissioner shall
20 return an inmate transferred pursuant to this subsection back to the sending facility upon
21 the completion of the examination ordered, including any further evaluation ordered,
22 unless the commissioner transferred the inmate for another reason in addition to the
23 examination.

24 **3. Disclosure of information.** With respect to an adult inmate who has previously
25 been hospitalized under Title 34-B, chapter 3, subchapter 4, the commissioner may make
26 it a prerequisite to a transfer of the inmate under this section that necessary information
27 be disclosed to the department pursuant to Title 34-B, section 1207, subsection 1,
28 paragraph B.

29 **4. Application of other laws.** All other applicable provisions of law governing
30 inmates, whether detained pending a trial or other court proceeding or sentenced, apply to
31 inmates transferred under this section.

32 **5. Discretion.** Nothing in this section or in any other provision of law requires the
33 commissioner to transfer an adult inmate from a jail to a correctional facility or precludes
34 the commissioner from transferring an adult inmate from a jail to a correctional facility at
35 any time for any other reason at the commissioner's discretion.

36 **6. Repeal.** This section is repealed August 1, 2017.

37 **Sec. 6. 34-A MRS §3069-B** is enacted to read:

38 **§3069-B. Placement of defendants for observation**

39 **1. Acceptance of placement.** The commissioner may accept the placement of an
40 adult defendant in a mental health unit of a correctional facility that provides intensive
41 mental health care and treatment for observation whom a court commits to the custody of
42 the Commissioner of Health and Human Services under Title 15, section 101-D,

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1 subsection 4 if, in addition to the findings required under Title 15, section 101-D,
2 subsection 4, the court, after hearing, finds by clear and convincing evidence that:

3 A. The defendant is a person with mental illness and, as a result of the defendant's
4 mental illness, the defendant poses a likelihood of serious harm to others;

5 B. There is not sufficient security at a state mental health institute to address the
6 likelihood of serious harm; and

7 C. There is no other less restrictive alternative to placement in a mental health unit of
8 a correctional facility.

9 The commissioner may not accept the placement of a person who has been found not
10 criminally responsible by reason of insanity.

11 For purposes of this subsection, "intensive mental health care and treatment" has the same
12 meaning as in section 3049, subsection 1.

13 **2. Termination of placement.** The commissioner may terminate the placement of a
14 defendant accepted pursuant to this section if the commissioner determines that the
15 likelihood of serious harm posed by the defendant has decreased or the security at a state
16 mental health institute has increased or for any other reason.

17 **3. Disclosure of information.** With respect to an adult defendant who has
18 previously been hospitalized under Title 34-B, chapter 3, subchapter 4, the commissioner
19 may make it a prerequisite to accepting placement of the defendant under this section that
20 necessary information be disclosed to the department pursuant to Title 34-B, section
21 1207, subsection 1, paragraph B.

22 **4. Application of other laws.** All other applicable provisions of law governing
23 defendants committed for observation apply to defendants accepted for placement under
24 this section.

25 **5. Discretion.** Nothing in this section or in any other provision of law requires the
26 commissioner to accept the placement of a defendant who is committed for observation.

27 **6. Repeal.** This section is repealed August 1, 2017.

28 **Sec. 7. 34-B MRSA §1207, sub-§1, ¶B,** as repealed and replaced by PL 2009, c.
29 415, Pt. A, §20, is amended to read:

30 B. Information may be disclosed if necessary to carry out the statutory functions of
31 the department; the hospitalization provisions of chapter 3, subchapter 4; the
32 provisions of section 1931; the purposes of sections 3607-A and 3608; the purposes
33 of Title 5, section 19506; the purposes of United States Public Law 99-319, dealing
34 with the investigatory function of the independent agency designated with advocacy
35 and investigatory functions under United States Public Law 88-164, Title I, Part C or
36 United States Public Law 99-319; ~~or~~ the investigation and hearing pursuant to Title
37 15, section 393, subsection 4-A; or the provision of mental health services by the
38 Department of Corrections pursuant to Title 34-A, section 3031, 3069-A or 3069-B.
39 This paragraph is repealed August 1, 2017;

40 **Sec. 8. 34-B MRSA §1207, sub-§1, ¶B-3** is enacted to read:

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1 B-3. Information may be disclosed if necessary to carry out the statutory functions of
2 the department; the hospitalization provisions of chapter 3, subchapter 4; the
3 provisions of section 1931; the purposes of sections 3607-A and 3608; the purposes
4 of Title 5, section 19506; the purposes of United States Public Law 99-319, dealing
5 with the investigatory function of the independent agency designated with advocacy
6 and investigatory functions under United States Public Law 88-164, Title I, Part C or
7 United States Public Law 99-319; or the investigation and hearing pursuant to Title
8 15, section 393, subsection 4-A. This paragraph takes effect August 1, 2017;

9 **Sec. 9. Report of Department of Health and Human Services and**
10 **Department of Corrections.** By January 15, 2015, the Department of Health and
11 Human Services shall, in collaboration with the Department of Corrections, submit a
12 report to the joint standing committee of the Legislature having jurisdiction over criminal
13 justice matters regarding the operations of a mental health unit within a correctional
14 facility. The report must include the following information regarding the mental health
15 unit: the average daily population of the unit, the average daily staffing patterns, the
16 average length of stay in the unit, a description of services provided and the number of
17 persons placed in the unit pursuant to the Maine Revised Statutes, Title 34-A, sections
18 3069-A and 3069-B. The report must also include any recommendations for reallocation
19 of resources or the redesign of services of the mental health unit, the forensic services
20 provided at Riverview Psychiatric Center and the transfer provisions of Title 34-A,
21 sections 3069-A and 3069-B.

22 **Sec. 10. Report of the Department of Corrections.** By January 15, 2015, the
23 Department of Corrections shall submit a report to the joint standing committee of the
24 Legislature having jurisdiction over criminal justice matters regarding the number of
25 applications submitted and orders granted pursuant to the Maine Revised Statutes, Title
26 34-A, section 3049.

27 **Sec. 11. Report of the Department of Health and Human Services.** The
28 Department of Health and Human Services shall prepare a plan regarding how to fully
29 assess for brain injury or suspected brain injury persons who enter into the custody of the
30 department under the Maine Revised Statutes, Title 15, section 101-D or section 103.
31 The plan must include how the department will meet the needs of persons who have
32 traumatic or acquired brain injuries. By January 15, 2015, the department shall report on
33 its plan to the joint standing committee of the Legislature having jurisdiction over
34 criminal justice matters.

35 **Sec. 12. Forensic Mental Health Services Oversight Committee.**

36 **1. Establishment.** The Forensic Mental Health Services Oversight Committee,
37 referred to in this section as "the committee," is established to oversee the provision of
38 mental health services to persons receiving services as forensic patients in correctional
39 facilities in the State.

40 **2. Appointment; chairs; convening; meetings.** The committee consists of 9
41 members, including 5 members from the political party holding the most seats in the
42 Legislature and 4 members from the political party holding the 2nd most seats in the
43 Legislature. The President of the Senate shall appoint 4 members of the Senate. The first
44 named member of the Senate serves as Senate chair. The Speaker of the House of

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1 Representatives shall appoint 5 members of the House of Representatives. The first
2 named member of the House of Representatives serves as House chair. All appointments
3 must be made no later than 30 days following the effective date of this section. The
4 appointing authorities shall notify the Executive Director of the Legislative Council once
5 all appointments have been completed. When the appointment of all members has been
6 completed, the chairs shall call the first meeting of the committee. If 30 days or more
7 after the effective date of this section a majority but not all of the appointments have been
8 made, the chairs may request authority for the committee to meet and conduct its business
9 and the Legislative Council may grant that authority. The committee is authorized to
10 meet up to 4 times.

11 **3. Duties.** The committee shall oversee expansion of the Mental Health Unit at the
12 Maine State Prison, as provided in this Act. The committee shall review and consider for
13 the purpose of making recommendations the following:

14 A. Any memorandum of understanding executed between the Department of
15 Corrections and the Department of Health and Human Services for the purposes of
16 implementation;

17 B. The addition of new staff and training of staff at the Maine State Prison;

18 C. Decision-making authority related to admissions, release and transfer to and from
19 the Mental Health Unit;

20 D. Eligibility standards;

21 E. Due process safeguards for placement and treatment decisions; and

22 F. Impact on resources and population of Riverview Psychiatric Center and county
23 jails.

24 **4. Cooperation.** The Department of Corrections, the State Board of Corrections, the
25 Department of Health and Human Services, the judicial branch and the Office of the
26 Attorney General shall provide to the committee all assistance and information necessary
27 to its oversight duties.

28 **5. Compensation.** Members of the committee are entitled to receive compensation
29 at the legislative per diem rate and reimbursement of necessary expenses for attendance at
30 authorized meetings of the committee.

31 **6. Report.** Notwithstanding Joint Rule 353, the committee shall submit its
32 recommendations, including any proposed legislation, by January 15, 2014 for
33 introduction to the Second Regular Session of the 126th Legislature for legislative action.

34 **7. Staff assistance.** The Legislative Council shall provide staffing services to the
35 committee.

36 **Sec. 13. Addressing concerns of federal Department of Health and**
37 **Human Services.** The Department of Health and Human Services shall report at each
38 meeting of the Joint Standing Committee on Health and Human Services held from
39 September 2013 to December 2013 and any time the committee requests to the Joint
40 Standing Committee on Health and Human Services regarding the issues raised in the
41 report issued by the federal Department of Health and Human Services, Centers for
42 Medicare and Medicaid Services in 2013, including:

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1 **1. Lower Saco Unit.** The plan to recertify the Lower Saco Unit at the Riverview
2 Psychiatric Center; and

3 **2. Model.** The plan to implement a recovery and rehabilitation model at the
4 Riverview Psychiatric Center.

5 The report must address the hiring and training of staff and any other necessary
6 structural changes that must be implemented in order to correct the issues raised in the
7 2013 report.

8 The Department of Health and Human Services shall provide a report on the issues
9 outlined in this section to the Joint Standing Committee on Appropriations and Financial
10 Affairs prior to December 1, 2013.

11 **Sec. 14. Appropriations and allocations.** The following appropriations and
12 allocations are made.

13 **CORRECTIONS, DEPARTMENT OF**

14 **Correctional Medical Services Fund 0286**

15 Initiative: Provides funds for contracted clinical staff to staff a mental health unit at the
16 Maine State Prison effective February 15, 2014.

17	GENERAL FUND	2013-14	2014-15
18	All Other	\$1,381,771	\$0
19			
20	GENERAL FUND TOTAL	<u>\$1,381,771</u>	<u>\$0</u>

21 **CORRECTIONS, DEPARTMENT OF**
22 **DEPARTMENT TOTALS**

23		2013-14	2014-15
24	GENERAL FUND	\$1,381,771	\$0
25			
26	DEPARTMENT TOTAL - ALL FUNDS	<u>\$1,381,771</u>	<u>\$0</u>

27 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS)**

28 **Departmentwide 0640**

29 Initiative: Reduces funding from salary savings. Notwithstanding any other provision of
30 law, the State Budget Officer shall calculate the amount of savings in this Act that applies
31 to each General Fund account in the Department of Health and Human Services and shall
32 transfer the amounts by financial order upon approval of the Governor. These transfers
33 are considered adjustments to appropriations in fiscal year 2013-14.

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1	GENERAL FUND	2013-14	2014-15
2	Personal Services	(\$1,382,521)	\$0
3			
4	GENERAL FUND TOTAL	<u>(\$1,382,521)</u>	<u>\$0</u>
5	HEALTH AND HUMAN SERVICES,		
6	DEPARTMENT OF (FORMERLY DHS)		
7	DEPARTMENT TOTALS	2013-14	2014-15
8			
9	GENERAL FUND	(\$1,382,521)	\$0
10			
11	DEPARTMENT TOTAL - ALL FUNDS	<u>(\$1,382,521)</u>	<u>\$0</u>
12	INDIGENT LEGAL SERVICES, MAINE COMMISSION ON		
13	Maine Commission on Indigent Legal Services Z112		
14	Initiative: Provides funds for indigent legal services.		
15	GENERAL FUND	2013-14	2014-15
16	All Other	\$750	\$0
17			
18	GENERAL FUND TOTAL	<u>\$750</u>	<u>\$0</u>
19	INDIGENT LEGAL SERVICES, MAINE		
20	COMMISSION ON		
21	DEPARTMENT TOTALS	2013-14	2014-15
22			
23	GENERAL FUND	\$750	\$0
24			
25	DEPARTMENT TOTAL - ALL FUNDS	<u>\$750</u>	<u>\$0</u>
26	SECTION TOTALS	2013-14	2014-15
27			
28	GENERAL FUND	\$0	\$0
29			
30	SECTION TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$0</u>

31 **Sec. 15. Effective date.** That section of this Act that amends the Maine Revised
 32 Statutes, Title 15, section 101-D, subsection 5 takes effect October 9, 2013.

33 **Emergency clause.** In view of the emergency cited in the preamble, this
 34 legislation takes effect when approved, except as otherwise indicated.'

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SUMMARY

This amendment incorporates the substance of Committee Amendment "A" and House Amendment "A", except that this amendment:

1. Establishes the Forensic Mental Health Services Oversight Committee to oversee the expansion of the Mental Health Unit at the Maine State Prison;
2. Changes certain reporting deadlines from January 15, 2017 to January 15, 2015;
3. Requires the Department of Health and Human Services to submit periodic reports to the Joint Standing Committee on Health and Human Services regarding the issues outlined in the 2013 report on Riverview Psychiatric Center by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services and the department's plans to remedy the issues identified;
4. Prohibits the transfer under this Act of persons found not criminally responsible by reason of insanity;
5. Replaces the term "hospital-level care and treatment" with "intensive mental health care and treatment" and defines the term;
6. Removes the authority for the Department of Corrections to accept for mental health services defendants found incompetent to stand trial;
7. Amends language that was enacted in Public Law 2013, chapter 265 to clarify and correct language and to ensure consistency with this Act; and
8. Provides an appropriations and allocations section.

FISCAL NOTE REQUIRED

(See attached)



126th MAINE LEGISLATURE

LD 1515

LR 2091(06)

An Act To Increase the Availability of Mental Health Services

Fiscal Note for Bill as Amended by Committee Amendment **B** (H-585)
 Committee: Appropriations and Financial Affairs
 Fiscal Note Required: Yes

Fiscal Note

	FY 2013-14	FY 2014-15	Projections FY 2015-16	Projections FY 2016-17
Net Cost (Savings)				
General Fund	\$0	\$0	\$0	\$0
Appropriations/Allocations				
General Fund	\$0	\$0	\$0	\$0
Legislative Cost/Study				

The general operating expenses of the Forensic Mental Health Services Oversight Committee are projected to be \$5,000 in fiscal year 2013-14. The Legislature's proposed budget includes \$10,000 in fiscal year 2013-14, which is fully committed based on studies, commissions and task forces approved by the Legislative Council. The estimated cost of this oversight committee will be paid from existing appropriations to the Legislature. The additional costs associated with providing staffing assistance to the committee can be absorbed by the Legislature utilizing existing staff resources.

Fiscal Detail and Notes

This bill includes a General Fund appropriation of \$1,381,771 for the Department of Corrections to contract for clinical services to be provided in a mental health unit located within the Maine State Prison. The Department of Corrections has indicated no additional security staff will be required as a result of this bill. It provides a General Fund appropriation of \$750 in fiscal year 2013-14 for the Maine Commission on Indigent Legal Services based on an anticipated increase in court hearings. It also contains a General Fund deappropriation of \$1,382,521 in fiscal year 2013-14 from salary savings within the Department of Health and Human Services.