



# ORONO POLICE DEPARTMENT

## STANDARD OPERATING PROCEDURES

Protect with Vigilance & Serve with Compassion and Excellence

<b>Subject:</b>	<b>Response To Mental Illness &amp; Involuntary Commitment</b>	<b>Policy #</b>	<b>O-12</b>
<b>Effective Date:</b>	<b>February 16, 2023</b>	<b>Review Cycle:</b>	<b>2 Years</b>
<b>Distribution:</b>	<b>All Sworn Personnel</b>	<b># Of pages:</b>	<b>11</b>
<b>MLEAP:</b>	<b>7.33. A, B</b>		
	<b><i>Rescinds All Previous Policies Related To This Current Policy</i></b>		
<b>Issuing Authority:</b>	<b>Chief of Police Daniel Merrill</b>		

### I. POLICY

It is the policy of the Orono Police Department to assist individuals who appear to be mentally ill or who are experiencing a mental health crisis. This assistance will include, as appropriate, placing individuals in protective custody and participating in the involuntary commitment or "blue paper process." **BOT 5-1**

This agency requires that 20% of all full-time law enforcement officers receive at least 8 hours of nationally recognized or best practice in-person training in Mental Health Identification Awareness for Law Enforcement Officers by January 1, 2018. This ratio will be maintained and reported annually to the Board of Trustees of the Maine Criminal Justice Academy. **BOT 5-15**

Given this is a statutorily mandated policy; officers must abide by this agency's policy as it applies to all standards of the Maine Criminal Justice Academy Board of Trustees. **BOT 5-16**

Officers are exempt from any expectations from this policy for incidents in which upon their response, any expertise, training and safety actions preclude the time to identify or engage with an individual. For incidents in which an individual is lacking capacity to engage in responding to commands regardless of mental health, substance use or behavioral issues, stabilizing the safety for all involved precludes the following expectations.

### II. PURPOSE

TO provide guidance to members of the Orono Police Department on the options and resources available to assist individuals who appear to be mentally ill or experiencing a mental health crisis. This policy is intended to satisfy the mandatory policy requirements set by the Legislature regarding "Response to Mental Illness and Involuntary Commitment" (25 M.R.S. § 2803(1-L)) "Response to Mental Illness and Involuntary Commitment and Protective Custody" (34-B M.R.S. § 3862), Protection from Substantial Threats (34-B M.R.S. § 3862-A) and Emergency Involuntary Commitment (34-B M.R.S. § 3863) **BOT 5-1**

### III. DEFINITIONS BOT 5-2

**Advanced Healthcare Directive:** An individual instruction form or a power of attorney for health care by an individual with the capacity for use when the person appears to lack capacity.

**Crisis Intervention Officer (CIO):** An officer specifically trained in identifying, handling, and disposition of individuals exhibiting signs of a mental health crisis.

**Crisis Intervention Team (CIT):** A group of individuals, including officers, specifically trained in identifying, handling, and disposition of individuals exhibiting signs of a mental health crisis.

**Crisis Service System:** A program provided by the Maine Department of Health and Human Services to provide mobile crisis services anywhere in the State on a 24/7 basis. DHHS can provide triage for consumers, immediate responses to consumer needs when in crisis, and assist with a proper disposition of the situation. This may include hospitalization, placement in a "crisis bed," in-home supports, referral for services, or follow-ups if warranted. The statewide crisis system is accessed free by calling **1-888-568-1112 or 211**, and the caller to an appropriate provider in the local area.

**Dangerous Weapon:** Any device, instrument, material or substance, whether animate or inanimate, which, in the manner, it is intended to be used by the actor, is capable of producing or threatening death or serious bodily injury to include a firearm defined as any weapon, whether loaded or unloaded, which is designed to expel a projectile by the action of an explosive and includes any such weapon commonly referred to as a pistol, revolver, rifle, gun, machine gun or shotgun. Any weapon which can be made into a firearm by the insertion of a firing pin, or another similar thing, or by repair, is a firearm.

**Involuntary Commitment (Blue Paper Process):** Three-step process by which:

- i. Any person (friend, relative, social services worker, officer, etc.) applies for admission of an individual to a hospital qualified to provide mental health services.
- ii. Clinician evaluates the individual, usually at a local hospital, and;
- iii. If the clinician certifies that the individual is mentally ill and poses a likelihood of serious harm, a judicial officer reviews and, as appropriate, endorses the documentation reflecting the first 2 steps. These 3 steps are reflected on sections 1, 2, and 3 of the "blue paper," an application for Emergency Involuntary Admission to a Mental Hospital, form MH-100.

**Least Restrictive Form of Transportation:** The vehicle used for transportation and any restraining devices that may be used during transportation that impose the least amount of restriction, taking into consideration the stigmatizing impact upon the individual being transported.

**Likelihood of Foreseeable Harm:** For purposes of protection from substantial threats and the issuance of weapons restriction orders, likelihood of foreseeable harm means a substantial risk in the foreseeable future of serious physical harm to the person as manifested by recent behaviors or threats of, or attempts at, suicide or serious self-inflicted harm; or a substantial risk in the foreseeable future of serious physical harm to other persons as manifested by recent homicidal or violent behavior or by recent conduct or statements placing others in reasonable fear of serious physical harm.

**Likelihood of Serious Harm:** For purposes of protective custody, the likelihood of serious harm means:

1. A substantial risk of physical harm to the person as manifested by recent threats of, or attempts at, suicide or serious self-inflicted harm;
2. A substantial risk of physical harm to other persons as manifested by recent homicidal or violent behavior or by recent conduct placing others in reasonable fear of serious physical harm;
3. A reasonable certainty that the person will suffer severe physical or mental harm as manifested by recent behavior demonstrating an inability to avoid risk or protect the person adequately from impairment or injury; or
4. For the purposes of Title 34-B M.R.S. §3873-A (which addresses progressive treatment programs), in view of the person's treatment history, current behavior, and inability to make an informed decision, a reasonable likelihood that the person's mental health will deteriorate and that the person will in the foreseeable future pose a likelihood of serious physical harm as defined above.

**Mental Health Crisis:** Behavior such as loss of contact with reality, extreme agitation, severe depression, imminent suicidal or homicidal statements or actions, or inability to control actions – that creates a threat of imminent and substantial physical harm to the person experiencing the behavior or to others and that appears to be of sufficient severity to require professional evaluation.

**Probable Cause:** Basis of a law enforcement officer's judgment about the appropriateness of protective custody. This judgment must reflect the totality of the circumstances, following the applicable standards of the Law Enforcement Officer's Manual, and including:

1. Personal observation.
2. Reliable information from third parties, as long as the officer has confirmed that the third party has reason to believe, based upon recent personal observations or conversations with the person who seems to be experiencing a mental health crisis, that the person may be mentally ill and that due to that condition the person presents a likelihood of serious harm; and
3. History, if known, of the person who seems to be experiencing a mental health crisis.

**Protective Custody:** Custody affected by a law enforcement officer when that officer has probable cause to believe that a person may be mentally ill and due to that condition, the person presents a likelihood of serious harm to self or others OR when the law enforcement officer knows that a person has an advance healthcare directive authorizing mental health treatment and the officer has probable cause to believe that the person lacks capacity. **MLEAP 7.33.A**

**Restricted Person:** A person taken into protective custody by a law enforcement officer who the officer has probable cause to believe possesses or controls or may acquire a dangerous weapon and who is found by a medical practitioner to present a likelihood of foreseeable harm.

**Threat-based Restriction:** A prohibition on a restricted person from purchasing, possessing, or controlling or attempting to purchase, possess or control a dangerous weapon during the period of the restriction.

#### IV. PROCEDURES

- A. Officers from this agency shall be familiar with the law of protective custody. The officer will assess the situation and determine if the person appears to be experiencing a mental health crisis.
- B. If the person appears to be experiencing a mental health crisis, the officer will assess the need for protective custody taking into consideration whether the individual is willing to accept the immediate voluntary commitment. **BOT 5-3**
- C. If the officer determines that protective custody is not appropriate, the officer may refer the person to a medical or mental health practitioner, or other services; leave the person in the care of friends, relatives, or service providers, or take other steps necessary to maintain public safety. Referral resources include:

#### **MLEAP 7.33.B**

- i. Local mental health agencies, with contact information.
  - ii. Local hospital with voluntary inpatient capacity, with contact information.
  - iii. Regional DHHS staff, with contact information.
  - iv. Licensed mental health professional in private practice, with contact information.
  - v. Local DHHS contract crisis provider. Call **1-888-568-1112 or 211** to connect with the local DHHS contract crisis provider. **BOT 5-4**
- D. If the person requires protective custody and the requisite standard is met, or if the person has an advance healthcare directive and it is determined that the directive is applicable, the officer may take the person into custody and deliver the person for examination. If the officer does take the person into protective custody, s/he shall deliver the person forthwith for examination by an available licensed physician or licensed clinical psychologist, as provided in 34-B, M.R.S.A., Section 3863. The officer shall complete the "State of Maine Protective Custody Intake Form" and provide it to the examining clinician. The officer should retain a copy of the Maine Protective Custody Intake Form. (*Appendix 1*) **BOT 5-5** **MLEAP 7.33.B**
  - E. The examination may be performed by a licensed physician, a licensed clinical psychologist, physician's assistant, nurse practitioner, or certified psychiatric clinical nurse specialist.
  - F. If the person in protective custody is alleged to have committed a criminal act for which a warrantless arrest may be made, the officer, in consultation with the licensed practitioner examining the person and the officer's supervisor, shall determine the most appropriate confinement condition to satisfy the protection of the public and the person's treatment. **BOT 5-6** (Note: *inclusion of the supervisor is a recommended practice not a requirement of the standard*)
  - G. The officer may provide either the person or the person's family a resource information card.

- H. If the clinician determines that the person does not satisfy the criteria for emergency involuntary hospitalization or that the person's advance healthcare directive is inapplicable under the particular circumstances, the officer will release the person from protective custody and, with the person's permission, either take the person home (if that is in the officer's territorial jurisdiction) or return the person to the place from which the person was taken into custody, except that if the person is also under arrest, the officer will keep the person in custody until the person is released in accordance with the law. **BOT 5-7**
- I. If the examining clinician determines that the person satisfies criteria for emergency involuntary hospitalization unless the law enforcement agency has a custody agreement with the health care facility to which the person is to be transported for examination, the officer shall seek judicial endorsement as soon as possible and cause to be transported in the least restricted form of transportation the person to the hospital authorized by the judicial officer. However, if the examination is completed between the hours of 11:00 p.m. and 7:00 a.m., the officer may transport the person to a hospital that has agreed to admission, and the hospital will secure a judicial endorsement as soon as possible thereafter. **BOT 5-8**
- J. It should be noted that when a person is taken by an officer to a hospital for examination under this section and not admitted, the chief administrative officer of the hospital shall notify the officer or the officer's agency of that release.

## **V. LIKELIHOOD OF FORSEEABLE HARM**

- A. If the examining clinician determines that the person in protective custody presents a likelihood of foreseeable harm, and notifies the officer or this agency of same, the officer or designee shall as soon as practicable seek endorsement by a Superior Court Justice, District Court Judge, Judge of Probate or Justice of the Peace of the medical practitioner's determination and the officer's declaration that the person was taken into protective custody and that the officer has probable cause to believe that the person possesses, controls, or may acquire a dangerous weapon. **BOT 5-9**
- B. Should the determination of likelihood of foreseeable harm be endorsed by a judicial officer, officers are authorized and required, as soon as practicable, but no later than 24 hours after the endorsement, to notify the restricted person that they are prohibited from possessing, controlling, acquiring or attempting to possess, control, or acquire dangerous weapons pending the outcome of a judicial hearing. The notification shall also advise the restricted person that s/he is required to immediately and temporarily surrender any dangerous weapons possessed, controlled, or acquired by the restricted person to an officer who has authority in the jurisdiction in which the weapons are located pending the outcome of a judicial hearing and that the person has a right to a judicial hearing within 14 days. **BOT 5-10**
- C. The officer shall report the person's restricted status to the Department of Public Safety and the District Attorney's Office. **BOT 5-11**
- D. The officer shall arrange for the restricted person's weapons to be entered into the agency's property and evidence control for safekeeping. A receipt shall be issued once the transfer has been completed. In the instance where a restricted person's weapons are located in this jurisdiction but the restricted person lives in another jurisdiction, the weapons will be taken into custody by this agency and held for safekeeping. **BOT 5-12**
- E. Should the restricted person claim that they transferred possession of the weapons to a third party for storage, the officer shall verify that claim with the third party who possesses the weapons. **BOT 5-12**
- F. Should an officer of this agency have probable cause to believe that the restricted person pursuant to 34-B M.R.S. §3862-A possesses or controls, but has not surrendered a weapon, the officer shall apply for and execute a search warrant for the weapons. Should weapons be seized from the restricted person, the person shall be charged accordingly, including referral to the Bureau of Alcohol, Tobacco, Firearms and Explosives (A.T.F) for consideration of federal prosecution. Officers shall be familiar with the relevant criminal offenses for a restricted person who possesses a weapon, including, but not limited to, Possession of a Firearm by a Prohibited Person, 15 M.R.S. §393. Officers shall also be aware that a restricted person who makes all practical, immediate efforts to voluntarily comply with a surrender notice is not subject to arrest or prosecution as a prohibited person. **BOT 5-13, 5-14**

## **VI. BILLING AND DOCUMENTATION**

- A. This agency may bill the Maine Department of Health and Human Services (DHHS) for transportation expenses of a person to and from an examination that follows protective custody. The total cost for protective custody transportation billing includes mileage and the fully impacted hourly rate of the officer(s).
- B. This agency may bill DHHS for transportation expenses of a person to and from a psychiatric hospital for admission authorized under the involuntary commitment (blue paper process). The total cost for blue paper process transportation billing includes mileage and the fully impacted hourly rate of the officer(s).
- C. If an officer who encounters a person in a mental health crisis takes any formal action, the officer will document the action in an incident report. The officer will document any contact that results in protective custody with sufficient detail of the probable cause for the particular action.

## **VII. CRISIS INTERVENTION TEAM**

- A. The Crisis Intervention Team (CIT) is established to provide this agency with qualified personnel trained in the handling of individuals in a mental health crisis. The primary goal of the CIT is to de-escalate the person in a mental health crisis and ensure the proper disposition of individuals who encounter officers while in crisis. This is accomplished using skills involving the identification of types of crises and the de-escalation of individuals.
- B. Selection to the CIT or a CIO is the determination of the Chief of Police. Factors to be considered for eligibility include seniority, commendations, aptitude, disciplinary history, and prior training.
- C. Officers selected for the CIT program must complete a 40-hour block of CIT or equivalent training before being designated as CIT officers. All CIT members will attend annual training to maintain proficiency as determined by the Chief of Police.

## State of Maine Protective Custody Intake Form

SUBJECT NAME		DOB		CASE #	
ADDRESS		TOWN		DATE/TIME OF INCIDENT	
LOCATION OF INCIDENT		POLICE DEPARTMENT		OFFICER NAME	
MEDICAL FACILITY NAME		DOCTOR NAME			
MENTAL ILLNESS	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Prior LE Contacts	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
KNOWN DIAGNOSIS	Depression <input type="checkbox"/> Bipolar <input type="checkbox"/> Anxiety/Panic <input type="checkbox"/> PTSD <input type="checkbox"/> Substance Dependence <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Schizophrenia <input type="checkbox"/> <input type="checkbox"/> Other _____ Unknown <input type="checkbox"/>		PENDING CRIMINAL CHARGES	No <input type="checkbox"/> Yes <input type="checkbox"/> List _____	
THREAT ASSESSMENT	None <input type="checkbox"/> Suicide Threat <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Threat/Harm to Others <input type="checkbox"/> Threat/Harm to Police <input type="checkbox"/> Threat/Harm to Family <input type="checkbox"/> Threat/Harm to Medical Staff <input type="checkbox"/> Expressed Hopelessness <input type="checkbox"/>		INJURIES	Self Injury <input type="checkbox"/> Bystander Injury <input type="checkbox"/> Police Injury <input type="checkbox"/> Relative Injury <input type="checkbox"/> Medical/EMS Injury <input type="checkbox"/> Hospitalized <input type="checkbox"/> Not Hospitalized <input type="checkbox"/>	
SUBSTANCE ABUSE	Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine/Crack <input type="checkbox"/> Methadone <input type="checkbox"/> Prescription Med's <input type="checkbox"/> Heroin <input type="checkbox"/> Other <input type="checkbox"/> _____		WEAPON/METHOD	Firearm <input type="checkbox"/> Edged Weapon <input type="checkbox"/> Overdose <input type="checkbox"/> Hanging <input type="checkbox"/> Jumping <input type="checkbox"/> Police <input type="checkbox"/> Traffic <input type="checkbox"/> Other <input type="checkbox"/> _____	
BEHAVIOR SIGNS AND/OR INDICATORS	Intoxicated/Impaired <input type="checkbox"/> Threats to Self <input type="checkbox"/> Threat to Others <input type="checkbox"/> Confused Speech <input type="checkbox"/> Irrational Statements <input type="checkbox"/> Irrational Behavior <input type="checkbox"/> Unable to Care for Self <input type="checkbox"/> Recent Negative Life-Changing Events (Divorce, Job Loss, Death of Spouse, etc.) <input type="checkbox"/>		PRIOR HISTORY	Suicide Attempts <input type="checkbox"/> LE Protective Custody <input type="checkbox"/> LE Non-Protective Custody <input type="checkbox"/> Prior Violence <input type="checkbox"/> Arrests <input type="checkbox"/> Self Injury <input type="checkbox"/> DV Assault <input type="checkbox"/> Psychiatric History <input type="checkbox"/>	
			CURRENT COURT ORDERS	Protection from Abuse <input type="checkbox"/> Protection from Harassment <input type="checkbox"/> Criminal Trespass Notice <input type="checkbox"/>	
CURRENT MEDICATIONS	Taking <input type="checkbox"/> Not Taking <input type="checkbox"/> Overdosing <input type="checkbox"/> Under Dosing <input type="checkbox"/>				
The above person was taken into protective custody pursuant to 34-B M.R.S.A., § 3862. I have probable cause to believe that the person may be mentally ill <u>and</u> that due to that condition the person poses a likelihood of serious harm, or I am aware that the above person has an advance health care directive authorizing mental health treatment and I have probable cause to believe that the person lacks capacity. "Serious harm" means (1) a substantial risk of physical harm to the person as manifested by recent threats of, or attempts at, suicide or serious self-inflicted harm, or (2) a substantial risk of physical harm to other persons as manifested by recent homicidal or violent behavior or by recent conduct placing others in reasonable fear of serious physical harm, or (3) a reasonable certainty that the person will suffer severe physical or mental harm as manifested by recent behavior demonstrating an inability to avoid risk or to protect the person adequately from impairment or injury.					
<b>Narrative Details</b> Provide a <b>BRIEF</b> incident overview to establish probable cause for protective custody Use Specific Suicidal or other comments made by the individual					
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>					
<i>Copies should be retained by the transporting Law Enforcement Officer and the medical facility</i>					
OFFICER SIGNATURE		DOCTOR/ ADMITTING NURSE SIGNATURE	(Receipt acknowledged)		

**1. Application.** I hereby apply for emergency admission of:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ to a psychiatric hospital under 34-B  
Proposed patient's FULL printed name (first, middle, last) gender date of birth

M.R.S. § 3863. I believe that the proposed patient is a **mentally ill person** because \_\_\_\_\_

\_\_\_\_\_, and as a result poses a **likelihood of serious harm** because  
Grounds for belief about **mental illness**

\_\_\_\_\_. To my knowledge, the proposed patient  
Grounds for belief about **likely harm, including nature of harm**

(select one): is not ☐ is (as of \_\_\_\_\_) currently being held at a hospital pursuant to a previously endorsed  
Date detention began

application(s) for emergency involuntary admission to a psychiatric hospital (attached). At this time, (select one):

☐ An available psychiatric hospital has been identified for admission: \_\_\_\_\_.  
Name of psychiatric hospital

☐ An available psychiatric hospital has not yet been identified. The proposed patient is currently being held at  
\_\_\_\_\_ and will remain there until an inpatient bed at a psychiatric  
Name of hospital where proposed patient is currently located

hospital or other appropriate alternative is located subject to the requirements of 34-B M.R.S. § 3863(3).

\_\_\_\_\_  
Date Applicant's printed name Applicant's signature Applicant's capacity

Name and address of proposed patient's guardian, spouse, parent, adult child, next of kin, or friend:

\_\_\_\_\_  
**2. Certifying Examination.** I hereby certify that: (i) I examined \_\_\_\_\_ today.  
Proposed patient

(ii) In my opinion, the proposed patient is a **mentally ill person**, exhibiting the following **symptoms**: \_\_\_\_\_

(iii) In my opinion, the proposed patient's **recent actions and behaviors** (not symptoms), described below, show that the proposed patient's illness poses a likelihood of serious harm under paragraph A, B or C.

☐ A. Describe threats of or attempts at suicide or serious self-inflicted harm

☐ B. Describe recent homicidal or violent behavior or recent conduct placing others in reasonable fear of serious physical harm

☐ C. Describe recent behavior and how it shows inability to avoid risk or protect self from severe physical or mental harm

(iv) I have confirmed that adequate community resources are unavailable for care and treatment of the proposed patient's mental illness.

(v) I believe that the least restrictive form of transportation for the proposed patient's clinical needs is \_\_\_\_\_  
\_\_\_\_\_.  
Ambulance or other (please specify)

\_\_\_\_\_  
Date Time Examiner's printed name and qualification (select one below) Examiner's signature

☐ licensed physician ☐ licensed physician assistant ☐ certified psychiatric clinical nurse specialist ☐ certified nurse practitioner ☐ licensed clinical psychologist

*(Note on Section 3: The applicant must check which box applies and draw a single diagonal line crossing out the nonapplicable section prior to submitting for judicial review and endorsement.)*

☐ **3.A Judicial Review and Endorsement (Psychiatric Hospital Identified in Application).**

I find this application and certificate to be regular and in accordance with the law. The applicant has identified a psychiatric hospital and the proposed patient may be admitted to \_\_\_\_\_.  
Name of psychiatric hospital

If the proposed patient is not currently at that hospital, \_\_\_\_\_ is authorized  
Person authorized to take proposed patient into custody  
to take the proposed patient into custody and transport the proposed patient to that hospital.

\_\_\_\_\_  
Date Time Judicial officer's printed name Judicial officer's signature (District, Probate or Superior Court Judge or Justice; Justice of the Peace)

☐ **3.B Judicial Review and Endorsement (Psychiatric Hospital Not Identified in Application).**

*(Note on Section 3.B: Both sections below must be completed to authorize the proposed patient's admission to a psychiatric hospital. Section 3.B.1 is completed if a psychiatric hospital is not yet identified in the application. Section 3.B.2 is completed, either by the same or a different judicial officer, once a psychiatric hospital is identified.)*

**(1) Initial Review and Endorsement:** I find this application and certificate to be regular and in accordance with the law. No psychiatric hospital has been located as of the date of the certifying examination. The proposed patient may remain at the current hospital identified in the application pending the location of an inpatient bed at a psychiatric hospital or other appropriate alternative subject to the requirements of 34-B M.R.S. § 3863(3). If an available inpatient bed at a psychiatric hospital is located, and the emergency admission of the proposed patient is still sought, the applicant shall immediately notify a judicial officer for final review and endorsement in Section 3.B.2 below.

\_\_\_\_\_  
Date Time Judicial officer's printed name Judicial officer's signature (District, Probate or Superior Court Judge or Justice; Justice of the Peace)

**(2) Final Review and Endorsement:** The undersigned judicial officer has received notification (Form MH-100.B) from the applicant that a psychiatric hospital has been identified within the time periods permitted under 34-B M.R.S. § 3863(3). The proposed patient may be admitted to \_\_\_\_\_.  
Psychiatric hospital  
not currently at that hospital, \_\_\_\_\_ is authorized to take the proposed patient into  
Person authorized to take proposed patient into custody  
custody and transport the proposed patient to that hospital.

\_\_\_\_\_  
Date Time Judicial officer's printed name Judicial officer's signature (District, Probate or Superior Court Judge or Justice; Justice of the Peace)



**STATE OF MAINE “BLUE PAPER”  
INSTRUCTIONS (Pg. 1 of 2)**

General Instructions:

- A. Some of the terms used in this form have a particular meaning under the involuntary hospitalization statutory provisions in Title 34-B, Subchapter 4, including likelihood of serious harm, least restrictive form of transportation, mentally ill person, and psychiatric hospital. Refer to the statute for these definitions.
- B. This form consists of three sections: Section 1 (application), Section 2 (certifying examination), and Section 3 (judicial review and endorsement) with options A and B depending on whether a psychiatric hospital is initially identified. For the form to be complete – and therefore authorize a proposed patient’s admission to an identified psychiatric hospital – either Section 3.A or Section 3.B (not both) must be completed in full.
- C. Following the completion of the certifying examination in Section 2, the applicant in all instances must immediately present the application and certificate to a Justice of the Superior Court, Judge of the District Court, Judge of Probate or a justice of the peace for review and endorsement even if a psychiatric hospital has yet to be identified.
- D. The maximum period a hospital (*i.e.*, emergency department) may detain a proposed patient against their will prior to the identification of an available inpatient bed at a psychiatric hospital is 120 hours. This includes up to 24 hours following the submission of the application and certificate to a judicial officer, pending judicial review and endorsement; and two 48-hour periods during which time the hospital periodically determines that the individual continues to pose a likelihood of serious harm, undertakes its best efforts to locate an inpatient psychiatric bed, and notifies the Department of Health and Human Services of any detention exceeding twenty-four hours. See 34-B M.R.S. § 3863(3)(D)-(E). No further judicial review and endorsement is required during these two 48-hour periods. If the proposed patient cannot be safely released after the authorized maximum 120-hour period has lapsed and if there is still no psychiatric bed available, a new “Blue Paper” may be started.
- E. The psychiatric hospital named in the application may decline to admit the proposed patient, in which case the transporting agency must return the proposed patient from the psychiatric hospital.
- F. Once a judicial officer endorses the proposed patient’s admission to an identified psychiatric hospital by completing either Section 3.A or Section 3.B (as applicable), then the proposed patient may be admitted to the psychiatric hospital. The application expires 3 days after the patient’s admission to the psychiatric hospital, except that if the third day falls on a weekend or holiday, the application expires on the next business day following the weekend or holiday.

Section 1:

- A. Any health officer, law enforcement or other person may complete Section 1. This section should only be completed once and cannot be altered or amended after it is presented to the certifying examiner in Section 2 and for judicial review and endorsement in Section 3.
- B. The applicant must indicate by checking the appropriate box whether the proposed patient is currently being detained at a hospital pursuant to a prior “Blue Paper” application for emergency involuntary admission to a psychiatric hospital (*i.e.*, the proposed patient has already been held at a hospital involuntarily for at least one maximum up-to-120-hour period). If so, the applicant should list the “date of detention” as when the first “Blue Paper” was initiated. The applicant must attach and provide all immediately preceding “Blue Paper” applications for the proposed patient to the judicial officer.
- C. The applicant must indicate whether an available psychiatric hospital has been identified, and if so, must include the name of the psychiatric hospital.
- D. If no psychiatric hospital has been identified and the proposed patient is currently located at a hospital (*i.e.*, at an emergency department) pending the availability of an inpatient bed at a psychiatric hospital or other appropriate alternative, the applicant must include the name of the current hospital.

**STATE OF MAINE “BLUE PAPER”  
INSTRUCTIONS (Pg. 2 of 2)**

- E. The applicant should provide the name and address of the proposed patient’s guardian, spouse, parent, adult child, or if none of those is known, either the next of kin or a friend, so that the psychiatric hospital can fulfill its obligation to notify such person upon the proposed patient’s emergency admission.

Section 2:

- A. Section 2 should only be completed once and cannot be altered or amended after it is presented for judicial review and endorsement in Section 3.
- B. If a psychiatric hospital is identified in Section 1, the certifying examination must take place no more than two days before the patient is admitted to the psychiatric hospital.
- C. The certifying examiner must describe both the symptoms of the mentally ill person and the recent actions and behaviors creating a likelihood of serious harm. The certifying examiner must check at least one box in Section 2.iii and provide the narrative information about recent actions or behaviors to support the opinion that the proposed patient’s mental illness creates a likelihood of serious harm.
- D. The grounds for the certifying examiner’s opinion may be based on personal observation or on history and information from other sources considered reliable by the examiner, including, but not limited to, family members.
- E. The certifying examiner should include the least restrictive form of transportation in Section 2.v, but if no transport is required, the examiner can note this is “N/A.”
- F. The certifying examiner must confirm that they are qualified as a “medical practitioner” under the statute by checking the appropriate box under the signature line.

Section 3:

- A. The applicant must check the box for whether Section 3.A or Section 3.B applies and draw a single line crossing out the nonapplicable section prior to submitting to a judicial officer for review and endorsement.
- B. Section 3.A applies when a psychiatric hospital has been identified by the applicant in Section 1. Prior to submitting to the judicial officer for review and endorsement, the applicant must fill in the name of the psychiatric hospital and the transporter identified by the certifying examiner.
- C. Section 3.B applies when a psychiatric hospital has not been identified in Section 1 and the proposed patient is to remain at a hospital until an inpatient psychiatric bed is available or another appropriate alternative is identified.
1. If a judicial officer executes the initial review and endorsement in Section 3.B.1, this authorizes the hospital to hold the proposed patient against his or her will for up to a maximum duration of 120 hours. This includes the initial 24-hour period pending review and endorsement, and two 48-hour periods during which time further judicial review and endorsement is not needed if the requirements of 34-B M.R.S. § 3863(3)(D)-(E) are met.
  2. If a psychiatric hospital is identified during this maximum 120-hour hold period, and the applicant is still seeking the proposed patient’s admission to a psychiatric hospital, the applicant shall immediately seek a judicial officer’s final review and endorsement in Section 3.B.2. The applicant shall submit Form MH-100.B, *State of Maine “Blue Paper” Notification to Judicial Officer of Identification of Psychiatric Hospital*, along with a copy of the completed application (including all immediately preceding “Blue Paper” applications), certifying examination, and initial review and endorsement. On that same copy, the applicant must, in Section 3.B.2, fill in the name of the psychiatric hospital and the transporter identified by the certifying examiner before presenting to a judicial officer for final review and endorsement.

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- D. When a psychiatric hospital has been located (either at the time of the certifying examination in Section 2 or
- E. during the allowed hold periods thereafter), a proposed patient may be transported between the hours of 11:00 p.m. and 7:00 a.m. to the psychiatric hospital and held there for evaluation and treatment pending judicial endorsement (*i.e.*, in Section 3.A or Section 3.B.2) so long as the endorsement is obtained as soon as possible outside of these hours.