

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Judiciary to which was referred Senate Bill No. 3
3 entitled “An act relating to competency to stand trial and insanity as a defense”
4 respectfully reports that it has considered the same and recommends that the
5 House propose to the Senate that the bill be amended by striking out all after
6 the enacting clause and inserting in lieu thereof the following:

7 Sec. 1. 13 V.S.A. § 4816 is amended to read:

8 § 4816. SCOPE OF EXAMINATION; REPORT; EVIDENCE

9 (a) Examinations provided for in section 4815 of this title shall have
10 reference to one or both of the following:

11 (1) ~~mental~~ Mental competency of the person examined to stand trial for
12 the alleged offense; ~~and,~~

13 (2) ~~sanity~~ Sanity of the person examined at the time of the alleged
14 offense.

15 (b) A competency evaluation for an individual thought to have a
16 developmental disability shall include a current evaluation by a psychologist
17 skilled in assessing individuals with developmental disabilities.

18 (c)(1) As soon as practicable after the examination has been completed, the
19 examining psychiatrist **or and, if applicable, the examining** psychologist, **if**
20 **applicable,** shall prepare a report containing findings in regard to ~~each of the~~
21 applicable ~~matters listed in~~ provisions of subsection (a) of this section. The

1 report shall be transmitted to the court issuing the order for examination, and
2 copies of the report sent to the State’s Attorney, ~~and~~ to the respondent, to the
3 respondent’s attorney if the respondent is represented by counsel, to the
4 Commissioner of Mental Health, and, if applicable, to the Department of
5 Disabilities, Aging, and Independent Living.

6 (2) If the psychiatrist ~~or~~ and, if applicable, the psychologist has been
7 asked to provide opinions as to both the person’s competency to stand trial and
8 the person’s sanity at the time of the alleged offense, those opinions shall be
9 presented in separate reports and addressed separately by the court. In such
10 cases, the examination of the person’s sanity shall only be undertaken if the
11 psychiatrist ~~or~~ and, if applicable the psychologist is able to form the opinion
12 that the person is competent to stand trial, provided that the psychiatrist or, if
13 applicable, the psychologist shall collect and preserve any evidence necessary
14 to form an opinion as to sanity if the person regains competence.

15 * * *

16 Sec. 2. 13 V.S.A. § 4820 is amended to read:

17 § 4820. HEARING REGARDING COMMITMENT

18 (a) When a person charged on information, complaint, or indictment with a
19 criminal offense:

1 (1) Is reported by the examining psychiatrist following examination
2 pursuant to sections 4814–4816 of this title to have been insane at the time of
3 the alleged offense.

4 (2) Is found upon hearing pursuant to section 4817 of this title to be
5 incompetent to stand trial due to a mental disease or mental defect.

6 (3) Is not indicted upon hearing by grand jury by reason of insanity at
7 the time of the alleged offense, duly certified to the court.

8 (4) Upon trial by court or jury is acquitted by reason of insanity at the
9 time of the alleged offense; the court before which such person is tried or is to
10 be tried for such offense, shall hold a hearing for the purpose of determining
11 whether such person should be committed to the custody of the Commissioner
12 of Mental Health. Such person may be confined in jail or some other suitable
13 place by order of the court pending hearing for a period not exceeding 15 days.

14 (b) When a person is found to be incompetent to stand trial pursuant to
15 subdivision (a)(2) of this section, has not been indicted by reason of insanity
16 for the alleged offense, or has been acquitted by reason of insanity at the time
17 of the alleged offense, the person shall be entitled to have counsel appointed
18 from Vermont Legal Aid to represent the person. The Department of Mental
19 Health and, if applicable, the Department of Disabilities, Aging, and
20 Independent Living, shall be entitled to appear and call witnesses at the
21 proceeding.

1 Sec. 3. 13 V.S.A. § 4822 is amended to read:

2 § 4822. FINDINGS AND ORDER; PERSONS WITH A MENTAL ILLNESS

3 (a) If the court finds that the person is a person in need of treatment or a
4 patient in need of further treatment as defined in 18 V.S.A. § 7101, the court
5 shall issue an order of commitment directed to the Commissioner of Mental
6 Health that shall admit the person to the care and custody of the Department of
7 Mental Health for an indeterminate period. In any case involving personal
8 injury or threat of personal injury, the committing court may issue an order
9 requiring a court hearing before a person committed under this section may be
10 discharged from custody.

11 (b) An order of commitment issued pursuant to this section shall have the
12 same force and effect as an order issued under 18 V.S.A. §§ 7611–7622, and a
13 person committed under this order shall have the same status and the same
14 rights, including the right to receive care and treatment, to be examined and
15 discharged, and to apply for and obtain judicial review of his or her case, as a
16 person ordered committed under 18 V.S.A. §§ 7611–7622.

17 (c)(1) Notwithstanding the provisions of subsection (b) of this section, at
18 least 10 days prior to the proposed discharge of any person committed under
19 this section, the Commissioner of Mental Health shall give notice of the
20 discharge to the committing court and State’s Attorney of the county where the
21 prosecution originated. In all cases requiring a hearing prior to discharge of a

1 person found incompetent to stand trial under section 4817 of this title, the
2 hearing shall be conducted by the committing court issuing the order under that
3 section. In all other cases, when the committing court orders a hearing under
4 subsection (a) of this section or when, in the discretion of the Commissioner of
5 Mental Health, a hearing should be held prior to the discharge, the hearing
6 shall be held in the Family Division of the Superior Court to determine if the
7 committed person is no longer a person in need of treatment or a patient in
8 need of further treatment as set forth in subsection (a) of this section. Notice
9 of the hearing shall be given to the Commissioner, the State's Attorney of the
10 county where the prosecution originated, the committed person, and the
11 person's attorney. Prior to the hearing, the State's Attorney may enter an
12 appearance in the proceedings and may request examination of the patient by
13 an independent psychiatrist, who may testify at the hearing.

14 (2)(A) This subdivision (2) shall apply when a person is committed to
15 the care and custody of the Commissioner of Mental Health under this section
16 after having been found:

17 (i) not guilty by reason of insanity; or

18 (ii) incompetent to stand trial, provided that the person's criminal
19 case has not been dismissed.

20 (B)(i) When a person has been committed under this section, the
21 Commissioner shall provide notice to the State's Attorney of the county where

1 the prosecution originated or to the Office of the Attorney General if that office
2 prosecuted the case:

3 (I) at least 10 days prior to discharging the person from:

4 (aa) the care and custody of the Commissioner; or

5 (bb) **commitment in** a hospital or a secure residential
6 recovery facility to the community on an order of nonhospitalization pursuant
7 to 18 V.S.A. § 7618;

8 (II) at least 10 days prior to the expiration of a commitment
9 order issued under this section if the Commissioner does not seek continued
10 treatment; or

11 (III) any time that the person **absconds elopes** from the custody
12 of the Commissioner.

13 (ii) When the State’s Attorney or Attorney General receives notice
14 under subdivision (i) of this subdivision (B), the Office shall provide notice of
15 the action to any victim of the offense **for which the person has been charged**
16 who has not opted out of receiving notice.

17 (iii) As used in this subdivision (B), “victim” has the same
18 meaning as in section 5301 of this title.

19 ~~(C) When a person has been committed under this section and is~~
20 ~~subject to a nonhospitalization order as a result of that commitment under~~
21 ~~18 V.S.A. § 7618, the Commissioner shall provide notice to the committing~~

1 court and to the State's Attorney of the county where the prosecution
2 originated, or to the Office of the Attorney General if that office prosecuted the
3 case, if the Commissioner becomes aware that:

4 (i) the person is not complying with the order; or

5 (ii) the alternative treatment has not been adequate to meet the
6 person's treatment needs.

7 * * *

8 Sec. 4. Vermont Rule of Criminal Procedure 16.1 is amended to read:

9 **RULE 16.1. DISCLOSURE TO THE PROSECUTION**

10 (a) The Person of the Defendant.

11 (1) Notwithstanding the initiation of judicial proceedings, and subject to
12 constitutional limitations, upon motion and notice a judicial officer may
13 require the defendant to:

14 * * *

15 (H) provide specimens of ~~his~~ the defendant's handwriting; ~~and~~

16 (I) submit to a reasonable physical or medical inspection of ~~his~~ the
17 defendant's body or, if notice is given by the defendant that sanity is in issue or
18 that expert testimony will be offered as provided in Rule 12.1, to a reasonable
19 mental examination by a psychiatrist or other expert; and

1 men and women’s facilities, and from those mental health services provided to
2 Vermont residents in out-of-state correctional facilities;

3 (3) an assessment as to how the use of a for-profit entity with whom the
4 Department of Corrections contracts for health care services affects costs or
5 quality of care in correctional settings;

6 (4) an assessment as to whether the Department of Mental Health should
7 provide oversight authority for mental health services provided by of the entity
8 with whom the Department of Corrections contracts for health care services;
9 and

10 (5) information as to how the memorandum of understanding executed
11 by the Departments of Corrections and of Mental Health impacts the mental
12 health services provided by the entity with whom the Department of
13 Corrections contracts for health care services and whether it is adequately
14 addressing needs of those individuals with severe illness or in need of inpatient
15 care.

16 Sec. 6. FORENSIC CARE WORKING GROUP

17 (a) On or before August 1, 2021, the Department of Mental Health shall
18 convene a working group of interested stakeholders to provide
19 recommendations necessary to carry out the provisions in subsections (b) and
20 (c) of the section, including as appropriate:

21 (1) a representative from the Department of Corrections;

1 (2) a representative from the Department of Disabilities, Aging, and

2 Independent Living;

3 (3) the Chief Superior Judge;

4 (4) a representative from the Department of State’s Attorneys and

5 Sheriffs;

6 (5) a representative from the Office of the Attorney General;

7 (6) a representative from the Office of the Defender General;

8 (7) the Director of Health Care Reform or designee;

9 (8) a representative appointed by Vermont Care Partners;

10 (9) a representative appointed by Vermont Legal Aid’s Mental Health

11 Project;

12 (10) a representative appointed by the Vermont Medical Society;

13 (11) two crime victims representatives, appointed by the Vermont

14 Center for Crime Victim Services;

15 (12) the Mental Health Care Ombudsman established pursuant to 18

16 V.S.A. § 7259 or designee;

17 (13) a representative of the designated hospitals, appointed by the

18 Vermont Association of Hospitals and Health Care Systems;

19 (14) three individuals with lived experience of mental illness, at least

20 one of whom has lived experience of the criminal justice system or the civil

21 commitment system, or both; and

1 (15) any other interested party permitted by the Commissioner of
2 Mental Health.

3 (b)(1) On or before February 1, 2022, the Department of Mental Health
4 shall submit a preliminary report to the House Committees on Corrections and
5 Institutions, on Health Care, and on Judiciary and to the Senate Committees on
6 Health and Welfare and on Judiciary addressing:

7 (A) any gaps in the current mental health and criminal justice system
8 structure;

9 (B) opportunities to:

10 (i) improve public safety and address the treatment needs for
11 individuals incompetent to stand trial or who are adjudicated not guilty by
12 reason of insanity; and

13 (ii) consider the importance of victims' rights in the forensic care
14 process;

15 (C) competency restoration models used in other states, including
16 both:

17 (i) models that do not rely on involuntary medication to restore
18 competency; and

19 (ii) how cases where competency is not restored are addressed;

1 (D) models used in other states to determine public safety risks and
2 the means used to address such risks, including guilty but mentally ill verdicts
3 in criminal cases;

4 (E) due process requirements for defendants held without
5 adjudication of a crime and presumed innocent;

6 (F) processes regarding other mental conditions affecting competence
7 or sanity, including intellectual disabilities, traumatic brain injury, and
8 dementia;

9 (G) models for forensic treatment other than inpatient facilities,
10 including community-based treatment; and

11 (H) any additional recommendations to address the gaps in the
12 current mental health and criminal justice system structure and opportunities to
13 improve public safety and address the treatment needs for individuals
14 incompetent to stand trial or who are adjudicated not guilty by reason of
15 insanity.

16 (2) Based on the recommendations in the preliminary report submitted
17 to the General Assembly pursuant to subdivision (1) of this subsection, the
18 Department shall submit a second preliminary report to the Joint Legislative
19 Justice Oversight Committee on or before July 1, 2022 as to whether or not a
20 forensic treatment facility is needed in Vermont.

1 (3) On or before January 1, 2023, the Department shall submit a final
2 report to the House Committees on Corrections and Institutions, on Health
3 Care, and on Judiciary and to the Senate Committees on Health and Welfare
4 and on Judiciary that refines and finalizes the recommendations made pursuant
5 to subdivisions (1) and (2) of this subsection (b), including addressing the size,
6 scope, and fiscal impact of any forensic treatment facility if one is
7 recommended in subdivision (2).

8 (c) On or before February 1, 2022, the Department of Mental Health shall
9 submit a report to the House Committees on Corrections and Institutions, on
10 Health Care, and on Judiciary and to the Senate Committees on Health and
11 Welfare and on Judiciary that assesses the necessity of notification to the
12 prosecutor upon becoming aware that individuals on orders of
13 nonhospitalization pursuant to 18 V.S.A. § 7618 are not complying with the
14 order or that the alternative treatment is not adequate to meet the individual's
15 treatment needs, including any recommendations:

16 (1) necessary to clarify the process;

17 (2) addressing what facts and circumstances should trigger the
18 Commissioner's duty to notify the prosecutor; and

19 (3) addressing steps that the prosecutor should take after receiving the
20 notification.

1 (d)(1) In conducting the work required by this section, including
2 evaluations for forensic treatment facility models pursuant to subdivision
3 (b)(2) of this section, the working group shall ensure:

4 (A) that social and racial equity issues are considered; and

5 (B) consistency with the General Assembly’s policy of working
6 “toward a mental health system that does not require coercion or the use of
7 involuntary medication.”

8 (2) These considerations shall be reflected in the final report submitted
9 pursuant to subdivision (b)(3) of this section and the report submitted pursuant
10 to subsection (c) of this section.

11 (e) The Department shall access regional or national expertise to present
12 models to the working group for review, including any model recommended
13 by members of the working group.

14 (f) The final report submitted pursuant to subdivision (b)(3) of this section
15 and the report submitted pursuant to subsection (c) of this section shall include
16 proposed draft legislation addressing any identified needed changes to statute.

17 (g) Members of the working group who are not State employees shall be
18 entitled to per diem compensation and reimbursement of expenses for
19 attending meetings as permitted under 32 V.S.A. § 1010.

20 (h) In fiscal year 2022, \$25,000.00 is appropriated to the Department from
21 the General Fund to complete the work described in this section.

1 **Sec. 7. 2 V.S.A. § 801 is amended to read:**

2 **§ 801. CREATION OF COMMITTEE**

3 * * *

4 (b) The Committee shall be composed of 10 members: five members of the
5 House of Representatives, who shall not all be from the same party, appointed
6 by the Speaker of the House; and five members of the Senate, who shall not all
7 be from the same party, appointed by the Committee on Committees. In
8 addition to one member-at-large appointed from ~~each chamber~~ the Senate, one
9 appointment shall be made from each of the House and Senate Committees on
10 Appropriations and on Judiciary, the Senate Committees on Health and
11 Welfare and on Institutions, and the House Committees on Corrections and
12 Institutions, on Health Care, and on Human Services.

13 * * *

14 **Sec. 8. EFFECTIVE DATE**

15 This act shall take effect on July 1, 2021.

16
17 (Committee vote: _____)

18 _____
19 Representative _____
20 FOR THE COMMITTEE

21