- 1 HB70
- 2 215432-2
- 3 By Representatives Reynolds, Whitt, Moore (P), Stadthagen and
- 4 Simpson
- 5 RFD: Judiciary
- 6 First Read: 11-JAN-22
- 7 PFD: 01/06/2022

1	215432-2:n:12/06/2021:AHP/cmg LSA2021-2235R1	
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8	SYNOPSIS:	Under existing law, civil commitment to
9		inpatient care of an individual with a mental
10		illness requires findings that the individual poses
11		a real and present threat of substantial harm to
12		self or others.
13		Under existing law, commitment to inpatient
14		care of a criminal defendant with a mental illness
15		requires findings that the individual poses a real
16		and present threat of substantial harm to self or
17		others.
18		This bill would provide a statutory
19		definition for the phrase "real and present threat
20		of substantial harm to self or others," and would
21		provide that the threat of substantial harm should
22		be assessed in light of all relevant evidence and
23		not just the individual's behavior.
24		Under existing law, in order to initiate
25		emergency custody of an individual, a law
26		enforcement officer and a community mental health

officer must agree that the individual poses an immediate danger to self or others.

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This bill would authorize emergency custody of an individual on the basis of a perceived real and present threat, and would therefore make the standards for emergency custody and civil commitment uniform.

Under existing law, outpatient commitment requires a court to find that an individual is experiencing and will continue to experience mental distress and deterioration if not committed to outpatient care, and that the individual is currently unable to make a rational and informed decision as to whether treatment for mental illness would be desirable.

This bill would amend the outpatient commitment process to focus the court's inquiry on the individual's demonstrated inability to maintain voluntary engagement with necessary outpatient treatment, rather than on the individual's present level of mental suffering and incapacity, and would provide that an individual would be able to transition from hospital care to outpatient civil commitment if the court were to find by clear and convincing evidence that the individual is in need of outpatient treatment to live safely in the community and is unable to maintain consistent

engagement with outpatient treatment on a voluntary basis.

This bill would establish a process for modifying a current inpatient commitment order to an outpatient commitment order when improvement in the patient's condition allows for a less restrictive commitment setting.

This bill would also provide that a court must assess the appropriateness of modification no later than 30 days prior to the expiration of a current inpatient commitment order, and if modification is recommended by the facility retaining the individual and a hearing is not requested by the respondent or any other interested party, the court would be authorized to modify the order without a hearing.

18 A BILL

TO BE ENTITLED

20 AN ACT

Relating to mental health; to amend Sections

15-16-41, 15-16-43, 15-16-67, 22-52-1.1, 22-52-10.2,

22-52-10.4, and 22-52-91, Code of Alabama 1975, to provide definitions; to further provide for the assessment of an individual's threat of harm for purposes of an involuntary commitment hearing; to allow a law enforcement officer under

certain conditions to deliver an individual to a designated 1 2 mental health facility for evaluation; to allow a court to 3 commit an individual to outpatient treatment for mental illness under certain circumstances; and to add Section 22-52-10.11 to the Code of Alabama 1975, to require certain mental health facilities to assess the appropriateness of 7 transferring a respondent committed for inpatient care to outpatient treatment within a certain amount of time prior to the expiration of the commitment order.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. Sections 15-16-41, 15-16-43, 15-16-67, 22-52-1.1, 22-52-10.2, 22-52-10.4, and 22-52-91, Code of Alabama 1975, are amended to read as follows:

"\$15-16-41.

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"(a) If a defendant in a criminal case is found not quilty by reason of insanity, the court shall forthwith determine whether the defendant should be held for a hearing on the issue of his or her involuntary commitment to the Alabama State Department of Mental Health. If the court determines that there is probable cause to believe that the defendant is mentally ill has a mental illness and as a consequence of such the mental illness poses a real and present threat of substantial harm to himself or herself or to others, the court shall order the defendant into the custody of the sheriff until a hearing can be held to determine whether the defendant shall be involuntarily committed. If the court does not make such a determination, then the defendant shall be forthwith released from custody.

"(b) In determining whether the defendant poses a real and present threat of substantial harm to self or others, the court shall consider all available relevant information, including any known relevant aspects of the defendant's psychosocial, medical, and psychiatric history, in addition to the defendant's current behavior.

"\$15-16-43.

"(a)(1) If, at the final hearing, the court finds that the defendant is mentally ill has a mental illness and as a consequence of such the mental illness poses a real and present threat of substantial harm to himself or herself or to others, the court shall order the defendant committed to the custody of the Commissioner of the Alabama State Department of Mental Health or to such other another public facility as the court may order.

"(2) If the court does not make such a finding that the defendant has a mental illness and as a consequence of the mental illness poses a real and present threat of substantial harm to himself or herself or to others, then the defendant shall be released from custody forthwith.

"(b) In determining whether the defendant poses a real and present threat of substantial harm to self or others, the court shall consider all available relevant information, including any known relevant aspects of the defendant's

psychosocial, medical, and psychiatric history, in addition to
the defendant's current behavior.

3 "\$15-16-67.

"(a)(1) If, after conducting the hearing, the court determines that the defendant is no longer mentally ill no longer has a mental illness or no longer poses a real and present threat of substantial harm to himself or herself or to others by being at large, the court shall order his or her release.

(2) If the court determines that the defendant is still mentally ill has a mental illness but no longer poses a real and present threat of substantial harm to himself or herself or to others by being at large if his or her release is accompanied by certain conditions, the court shall order his or her release subject to those conditions necessary to prevent the defendant from posing a real and present threat of substantial harm to himself or herself or to others.

"(b) In determining whether the defendant poses a real and present threat of substantial harm to self or others, the court shall consider all available relevant information, including any known relevant aspects of the defendant's psychosocial, medical, and psychiatric history, in addition to the defendant's current behavior.

"\$22-52-1.1.

"When used in this article, the following terms shall have the following meanings, respectively, unless the context clearly indicates otherwise:

"(1) (6) MENTAL ILLNESS. A psychiatric disorder of thought and/or or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life. Mental illness, as used herein, The term specifically excludes the primary diagnosis of epilepsy, mental retardation, substance abuse, including alcoholism, or a developmental disability.

"(2) (10) STATE MENTAL HEALTH FACILITY. A mental health facility operated by the Alabama State Department of Mental Health.

"(3) DESIGNATED MENTAL HEALTH FACILITY. A mental health facility, other than a state mental health facility, which is designated by the State Department of Mental Health to receive persons individuals for evaluation, examination, admission, detention, or treatment pursuant to the provisions of this article.

" $\overline{(4)}$ (1) COMMISSIONER. The Commissioner of the Alabama State Department of Mental Health.

"(5) (7) OUTPATIENT TREATMENT. Treatment being provided to a person an individual in a nonresidential setting and who is not admitted for 24-hour-a-day care.

"(6)(4) INPATIENT TREATMENT. Treatment being provided to a person an individual at a state mental health facility or a designated mental health facility which has been specifically designated by the department for inpatient treatment.

1	" (7) (9) RESPONDENT. A person <u>An individual</u> for which	
2	$\underline{\text{whom}}$ a petition for commitment to mental health services has	
3	been filed.	
4	"(8)(2) DEPARTMENT. The Alabama State Department of	
5	Mental Health.	
6	" $\frac{(9)}{(5)}$ INVOLUNTARY COMMITMENT. Court-ordered mental	
7	health services in either an outpatient or inpatient setting.	
8	"(8) REAL AND PRESENT THREAT OF SUBSTANTIAL HARM TO	
9	SELF OR OTHERS. A significant risk that an individual who is	
10	exhibiting behavior consistent with a mental illness, as a	
11	result of the mental illness, will do either of the following:	
12	"a. By action or inaction, cause, allow, or inflict	
13	serious bodily harm upon himself, herself, or another	
14	individual.	
15	"b. Be unable to satisfy his or her need for	
16	nourishment, medical care, shelter, or self-protection so that	
17	there is a substantial likelihood of death, serious bodily	
18	harm, serious physical debilitation, serious mental	
19	debilitation, or life-threatening disease.	
20	"§22-52-10.2.	
21	"(a) A respondent may be committed to outpatient	
22	treatment if the probate court finds, based upon clear and	
23	convincing evidence, all of the following:	
24	"(1) The respondent is mentally ill has a mental	
25	<u>illness</u> .	
26	"(2) As a result of the mental illness, the	
27	respondent will, if not treated, continue to will suffer	

- mental distress and will continue to experience deterioration of the ability to function independently.
- "(3) The respondent is unable to <u>maintain consistent</u>

 4 <u>engagement with outpatient treatment on a voluntary basis, as</u>

 5 demonstrated by either of the following:

- "a. The respondent's actions occurring within the two-year period immediately preceding the hearing.
- "b. Specific aspects of the respondent's clinical condition that significantly impair the respondent's ability to consistently make a rational and informed decision decisions as to whether or not to participate in treatment for mental illness would be desirable.
- "(b) Upon a recommendation made by the designated mental health facility currently providing outpatient treatment that the respondent's outpatient commitment order should be renewed, a probate court may enter an order to renew the commitment order upon the expiration of time allotted for treatment by the original outpatient treatment order if the probate court finds, based upon clear and convincing evidence, all of the following:
- "(1) The respondent is mentally ill has a mental illness.
 - "(2) As a result of the mental illness, the respondent will, if treatment is not continued, continue to will suffer mental distress and will continue to experience deterioration of the ability to function independently.

1 "(3) The respondent is remains unable to 2 independently make a rational and informed decision as to whether or not he or she needs treatment for mental illness 3 maintain consistent engagement with outpatient treatment on a 4 voluntary basis. 5 "\$22-52-10.4. 6 7 "(a) A respondent may be committed to inpatient treatment if the probate court finds, based upon clear and 8 convincing evidence, that all of the following are true: 9 "(i) the (1) The respondent is mentally ill; <u>has a</u> 10 mental illness. 11 "(ii) as (2) As a result of the mental illness, the 12 13 respondent poses a real and present threat of substantial harm 14 to self and/or or others;. "(iii) the (3) The respondent will, if not treated, 15 will continue to suffer mental distress and will continue to 16 17 experience deterioration of the ability to function 18 independently; and. "(iv) the (4) The respondent is unable to make a 19 20 rational and informed decision as to whether or not treatment 21 for mental illness would be desirable. "(b) If the probate judge finds that no treatment is 22 23 presently available for the respondent's mental illness, but 24 that confinement is necessary to prevent the respondent from

causing substantial harm to himself or herself or to others,

the order committing the respondent shall provide that, should

treatment for the respondent's mental illness become available

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at any time during the period of the respondent's confinement,

such that treatment shall be made available to him or her

immediately.

"(c) In determining whether an individual poses a real and present threat of substantial harm to self or others, all available relevant information shall be considered, including any known relevant aspects of the individual's psychosocial, medical, and psychiatric history, in addition to the individual's current behavior.

"\$22-52-91.

"(a) (1) When a law enforcement officer is confronted by circumstances and has that give the law enforcement officer reasonable cause for believing that a person an individual within the county is mentally ill has a mental illness and also believes that the person individual is likely to be of immediate danger pose a real and present threat of substantial harm to self or others, the law enforcement officer shall contact a community mental health officer. The community mental health officer shall join the law enforcement officer at the scene and location of the person individual to assess conditions the condition of the individual and determine if whether the person individual needs the attention, specialized care, and services of a designated mental health facility.

"(2) If the community mental health officer determines from the conditions, symptoms, and behavior that the person individual appears to be mentally ill have a mental illness and poses an immediate danger a real and present

threat of substantial harm to self or others, the law
enforcement officer shall take the person individual into
custody and, together with the community mental health
officer, deliver the person individual directly to the
designated mental health facility.

"(3) At the designated mental health facility, a responsible employee of the facility who is on duty and in charge of admissions to the facility shall be informed by the community mental health officer that the person individual in custody appears to be mentally ill have a mental illness and is in need of examination and observation.

"(4) In determining whether an individual poses a real and present threat of substantial harm to self or others, all available relevant information shall be considered, including any known relevant aspects of the individual's psychosocial, medical, and psychiatric history, in addition to the individual's current behavior.

"(b) (1) The employee of the designated mental health facility shall immediately notify an appropriate staff member of the facility who conducts diagnoses and evaluations that an alleged mentally ill person individual alleged to have a mental illness has been received at the facility. The staff member shall immediately perform an initial examination and observation which, coupled with, and using whatever other information concerning the person's individual's behavior as may be available, will allow the staff member to make a determination as to whether to admit the person individual to

the designated mental health facility as a tentatively diagnosed with a mental illness for further observation and attention.

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"(2) Notwithstanding anything in this article to the contrary, before any person individual is admitted to a licensed hospital pursuant to this article, the person individual shall be examined and evaluated by a psychiatrist or other physician licensed to practice medicine and authorized by the hospital medical staff bylaws of the licensed hospital to admit patients for the treatment of mental or emotional illnesses. All admissions to a licensed hospital authorized under this article shall be made only in conformity with established policies, procedures, and the medical staff bylaws of the licensed hospital to which the person individual is admitted. No provision of this This article shall not be construed to authorize or permit any person individual not licensed to practice medicine to perform any act or render any service which that constitutes the practice of medicine.

"(c) Upon a determination by the staff member that the person individual does not require admission to the designated mental health facility, the staff member shall so advise the community mental health officer. The community mental health officer shall promptly communicate this information to the law enforcement officer who shall cause the person individual to be released from the designated mental health facility. The law enforcement officer shall then

release the person individual unless the law enforcement officer has some legal cause for detaining the person individual other than the person's individual's mental condition. After the person individual is released, and, if so requested by the person individual, the law enforcement officer shall deliver the person individual to the person's his or her residence or other place of abode if it is within the county.

"(d) Upon a determination by the staff member that the alleged mentally ill person individual alleged to have a mental illness should be admitted to the designated mental health facility, the staff member shall proceed with admission of the person individual to the facility. The staff member shall also advise the community mental health officer who shall promptly communicate this information to the law enforcement officer. The community mental health officer shall effectuate the filing of a petition for commitment with the probate court on the person individual by parties in interest. If no one comes forward to timely file the petition is not timely filed, the community mental health officer shall file the petition in his or her official capacity no later than the second business day following the date of admission.

"(e) No later than the next business day following the date of admission, the staff member shall notify the judge of probate, or the probate clerk of the county, of the admission to the designated mental health facility of the alleged mentally ill person individual alleged to have a

mental illness. The judge of probate or the probate clerk shall arrange hold a probable cause hearing to determine if the detention of the alleged mentally ill person individual is based upon probable cause to believe that confinement is necessary under constitutionally proper standards for commitment or alternate modes of treatment and if to determine whether the detention should continue until a final hearing on the merits can be held. In the case where a community mental health officer has acted in helping gain the admission of the alleged mentally ill person individual to a designated mental health facility for initial examination and observation, the judge of probate shall interview the alleged mentally ill person individual pursuant to this section no later than the fifth business day next after admission to the designated mental health facility or hospital.

"(f) (1) Prior to the probable cause hearing the probate court shall furnish adequate notice informing the person individual, or his or her counsel, of the time and place of the hearing and of, the factual grounds upon which the proposed commitment is predicated, and the reasons for the necessity of confinement. The probate court shall require that the alleged mentally ill person individual be represented by counsel at the hearing, which counsel shall be appointed by the court if necessary. The probate court shall require the presence of the alleged mentally ill person individual at the hearing unless his or her presence is waived by counsel and approved by the court after an adversary hearing at the

conclusion of which the court judicially finds and determines that the person individual is so mentally or physically ill as to be incapable of attending the probable cause hearing. In no event may detention in the absence of a petition for commitment and a probable cause hearing exceed seven days from the date of the initial confinement under this article.

"(2) If the court finds and determines that there is no probable cause to detain the person individual, the court shall immediately cause the person individual to be discharged and released from the designated mental health facility.

Notwithstanding the foregoing, if criminal charges have been placed against the individual and the health care facility has been so notified by an appropriate law enforcement officer, the designated mental health facility shall release the person individual into the custody of the appropriate law enforcement officer.

"(g) If the court determines there is probable cause to detain the person individual pending a full hearing on the need for commitment or some alternate mode of treatment, the court shall issue a mittimus or commitment of the person individual to the designated mental health facility until the proceedings may be held in accordance with law.

Notwithstanding the foregoing, the proceedings shall be held within a reasonable time following initial detention, but in no event sooner than will permit adequate preparation of the case by counsel, or later than 30 days from the date of the initial detention."

Section 2. Section 22-52-10.11 is added to Article 1

of Chapter 52 of Subtitle 2 of Title 22 of the Code of Alabama

1975, to read as follows:

\$22-52-10.11.

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- (a) The director of a state mental health facility or designated mental health facility to which a respondent is currently committed for inpatient treatment, not later than 30 days prior to the expiration of the current commitment order, shall assess the appropriateness of transferring the respondent to outpatient treatment as the least restrictive alternative necessary and available for the treatment of the respondent's mental illness. The director may recommend to the probate court in writing that the order be modified to commit the respondent to outpatient treatment.
- (b) A recommendation under subsection (a) shall do both of the following:
- (1) State the grounds for the director's determination that outpatient treatment is the least restrictive alternative necessary and available for the treatment of the respondent's mental illness.
- (2) Identify the designated mental health facility to which the director recommends that the respondent be committed for outpatient treatment.
- (c) Notice of the recommendation under subsection(a) shall be provided to both of the following:
 - (1) The respondent.

1 (2) The director of the designated mental health
2 facility identified under subsection (b), unless the director
3 is the individual making the recommendation.

- (d) Upon request of the respondent or any other interested party, the probate court shall hold a hearing on the recommendation. The probate court shall appoint an attorney to represent the respondent at the hearing. The hearing shall be conducted in accordance with Section 22-52-9.
- (e) If a hearing is not requested, the court may make a decision regarding the facility director's recommendation based upon both of the following:
 - (1) The grounds stated in the recommendation.
- (2) Consultation with the director of the designated mental health facility, or his or her designee, concerning the availability of resources to treat the respondent as an outpatient.
- (f) If the court modifies the order, the modified order shall conform to all requirements of an original commitment to outpatient treatment under Section 22-52-10.3, except that the modified order may not extend beyond the term of the original order by more than 60 days.

Section 3. This act shall become effective on the first day of the third month following its passage and approval by the Governor, or its otherwise becoming law.