

ENROLLED HOUSE  
JOINT  
RESOLUTION NO. 1035

BY: THOMPSON, MONSON, NIEMI  
and HAMILTON (Jeff) of  
the HOUSE

and

HOBSON, BROWN, MILES-  
LaGRANGE, WEEDN and  
WILLIAMS (Penny) of the  
SENATE

A JOINT RESOLUTION SPECIFYING POLICIES CONCERNING A MENTAL HEALTH POLICY OF THE STATE; CREATING THE TASK FORCE ON THE RIGHTS OF THE SERIOUSLY MENTALLY ILL AND THEIR FAMILY MEMBERS; PROVIDING FOR MEMBERSHIP, SUPPORT STAFF, OFFICE SPACE, AND POWERS AND DUTIES OF SUCH TASK FORCE; REQUIRING REPORTS; REQUIRING DEVELOPMENT OF CERTAIN IMPLEMENTATION PLAN; PROVIDING FOR CONTENTS OF THE PLAN; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, because of political, economic and legal barriers, the deinstitutionalization of the mentally ill that began in the 1960s, though with good intentions, has created problem issues for the seriously mentally ill and their families in the areas of housing, crisis intervention and other community-based programs; and

WHEREAS, the American Psychiatric Association has proposed a step in the right direction with recommendations addressing certain involuntary commitment to treatment issues and follow-up case management; and

WHEREAS, the role of families in the treatment of seriously mentally ill children and adults is critical to the successful maintenance of mentally ill children and adults in community settings; and

WHEREAS, the involvement of concerned, informed, educated and trained family members contributes substantially to the successful treatment of seriously mentally ill persons.

NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES AND THE SENATE OF THE 1ST SESSION OF THE 43RD OKLAHOMA LEGISLATURE:

SECTION 1. The mental health policy of the State of Oklahoma shall provide that:

1. Seriously mentally ill persons shall be provided appropriate treatment and related services in a setting and under conditions that are the most supportive of the personal liberty of such person, and that restrict the liberty of the person only to the extent consistent with the treatment needs of the person, applicable requirements of law, and applicable judicial orders;

2. Seriously mentally ill persons shall have the right to elect to have family, friends and advocates participate in the development of their treatment plan;

3. Seriously mentally ill persons shall be provided periodic reassessment and revision of their treatment plans and related service needs, when appropriate, including any revision necessary to

describe mental health services which may be needed after a person is discharged from a program or facility;

4. Seriously mentally ill persons shall be provided ongoing participation, in a manner consistent with their capabilities, in the development and revision of their individualized treatment plan, and in connection with such development and revision, the right to an understandable explanation in terms that are consistent with their condition and abilities;

5. Seriously mentally ill persons shall be provided appropriate referral to other providers of services upon discharge;

6. Seriously mentally ill persons shall have access to an array of community-based services, including but not limited to adequate housing, respite care and home-based services;

7. Family members of seriously mentally ill children and adults should be educated and trained so that they can appropriately cooperate in the treatment of their mentally ill family member;

8. For the purpose of promoting cooperation between family members and mental health professionals in the treatment of and treatment planning for seriously mentally ill persons, mental health professionals shall be trained and educated in methods of involving family members in the treatment process;

9. Families of the seriously mentally ill should have access to adequate information concerning mental illness and the services available to families of the seriously mentally ill for the purpose of facilitating the development of the skills necessary to assist with the treatment of and to provide support for their mentally ill family member; and

10. Families of the seriously mentally ill should be included, whenever possible, in treatment planning and decision making about the seriously mentally ill child or adult involved in treatment at all stages of the treatment process, not only at the point of discharge.

SECTION 2. A. For the purpose of developing an implementation plan for the policies listed in Section 1 of this act and as provided for in subsection C of this section, there is hereby created until July 1, 1993, the Task Force on the Rights of Seriously Mentally Ill Persons and Their Family Members.

1. No more than thirteen members of the Task Force shall be appointed by the Commissioner of Mental Health and Substance Abuse Services and shall include but not be limited to representatives of:

- a. the Department of Mental Health and Substance Abuse Services,
- b. organizations representing mentally ill persons and the family members of mentally ill persons. At least one person appointed from this category shall be a current or former mental health patient,
- c. organizations representing public or private mental health agencies and professions,
- d. the legal profession. Persons appointed from this category shall be knowledgeable of issues concerning mental illness, mental health care and treatment, and mental health law and procedures,
- e. Alcohol, Drug Abuse and Community Mental Health Planning and Coordinating Boards,
- f. the Title 43A Task Force of the Department of Mental Health and Substance Abuse Services,
- g. at least one member of the Board of Mental Health and Substance Abuse Services, and
- h. other groups as appropriate.

2. The Department of Mental Health and Substance Abuse Services shall provide staff support and meeting space for the Task Force.

3. There shall be no more than seventeen (17) members of the Task Force. Two members shall be members of the Senate appointed by

the President Pro Tempore of the Senate. Two members shall be members of the House appointed by the Speaker of the House of Representatives.

B. On or before October 1, 1992, the Task Force shall submit a report of its findings and recommendations to the Governor, the President Pro Tempore of the Oklahoma State Senate, the Speaker of the Oklahoma House of Representatives, the chairpersons of the appropriate committees in the Oklahoma State Senate and House of Representatives, and the Board of Mental Health and Substance Abuse Services.

C. The Task Force shall prepare on or before July 1, 1993, an implementation plan for the policies set forth in Section 1 of this act. The implementation plan shall include but not be limited to:

1. Statutory or administrative changes, services and funding recommendations necessary to implement the plan; and

2. Review of recent state or federal plans and studies related to mental health services for seriously mentally ill children and adults; and

3. Methods of addressing the following areas of special concern:

- a. effective and accessible crisis intervention services,
- b. comprehensive case management,
- c. services for persons having a dual diagnosis of mental illness and drug or alcohol dependence,
- d. services for persons having a dual diagnosis of mental illness and mental retardation,
- e. mentally ill persons who become involved in the criminal justice system, and
- f. recommitment procedures for chronically mentally ill persons.

SECTION 3. This resolution shall become effective September 1, 1991.

Passed the House of Representatives the 16th day of May, 1991.

Speaker of the House of  
Representatives

Passed the Senate the 20th day of May, 1991.

President of the Senate