STATE OF OKLAHOMA

2nd Session of the 47th Legislature (2000)

COMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 1965 By: Gilbert

COMMITTEE SUBSTITUTE

An Act relating to mental health; amending Sections 12 and 13, Chapter 298, O.S.L. 1992, as amended by Sections 10 and 11, Chapter 254, O.S.L. 1995 (43A O.S. Supp. 1999, Sections 5-512 and 5-513), which relate to the inpatient mental health treatment of children; authorizing court to order child to take certain medication; requiring discharge order to include information regarding prescribed medication; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY Section 12, Chapter 298, O.S.L. 1992, as amended by Section 10, Chapter 254, O.S.L. 1995 (43A O.S. Supp. 1999, Section 5-512), is amended to read as follows:

Section 5-512. A. At the hearing the court shall determine whether by clear and convincing evidence:

1. The child has a demonstrable mental illness and as a result of that mental illness can be expected within the near future to inflict or attempt to inflict serious bodily harm to himself or another person if mental health services are not provided and has engaged in one or more recent overt acts or made significant recent threats which substantially support that expectation; and

2. The child is in need of the inpatient mental health treatment proposed in the individualized treatment plan and is likely to benefit from such treatment.

B. After a hearing, the court shall order the child to receive the least restrictive mental health care and treatment appropriate

for the treatment needs of the child until such time as the care and treatment are no longer necessary.

C. The court shall not commit a child to a mental health facility for inpatient treatment unless the court determines:

1. The child has a demonstrable mental illness and as a result of that mental illness can be expected within the near future to inflict or attempt to inflict serious bodily harm to himself or another person if mental health services are not provided and has engaged in one or more recent overt acts or made significant recent threats which substantially support that expectation; or

2. That all reasonable efforts have been made to provide for the mental health treatment needs of the child through the provision of less restrictive alternatives to inpatient treatment and that such alternatives have failed to meet the treatment needs of the child; or

3. After a thorough consideration of less restrictive alternatives to inpatient treatment, that the condition of the child is such that less restrictive alternatives are unlikely to meet the mental health treatment needs of the child; and

4. There are no comparably effective mental health services available to the child that are less physically intrusive or restrictive.

D. Whenever, after a hearing, the court finds that the child:

1. Is not a child in need of mental health treatment the court shall dismiss the case; or

2. Is a child in need of mental health treatment but does not require inpatient treatment, the court may order mental health treatment or services through a less restrictive alternative to inpatient mental health treatment, which may include ordering the child to take medication as prescribed by a physician and, upon a finding that it is in the best interests of the child, the court may order the parents or other adult persons living in the home of the

child to comply with reasonable conditions relating to the treatment of the child.

E. Whenever, after a hearing, the court finds that the child is a child in need of mental health treatment and requires inpatient treatment in a mental health facility, the court shall order the commitment of the child to a mental health facility for not more than thirty (30) days, and:

1. When the child is in the custody of a parent or legal guardian, order the parent or legal guardian to make arrangements for the admission of the child to a public or private mental health facility appropriate for the inpatient care and treatment of children which is willing to admit the child for treatment; and

2. When the child is in the custody of the Department of Human Services or the Office of Juvenile Affairs, order the Department or Office, as applicable, to make arrangements for the placement of the child in a public or private mental health facility appropriate for the inpatient treatment needs of the child.

F. Whenever the court commits a child to a mental health facility for inpatient treatment pursuant to this section, the court shall set the matter for review and shall review the matter not more than thirty (30) days from the date of commitment and shall continue to review the matter at intervals of not more than thirty (30) days until the child is discharged from inpatient mental health treatment. After the review and a determination by the court that the child continues to meet the criteria for inpatient treatment, the court may extend the commitment order for up to thirty (30) days and set the matter for review as required by this subsection.

SECTION 2. AMENDATORY Section 13, Chapter 298, O.S.L. 1992, as amended by Section 11, Chapter 254, O.S.L. 1995 (43A O.S. Supp. 1999, Section 5-513), is amended to read as follows:

Section 5-513. A. Within ten (10) days after the admission of a child for inpatient mental health treatment, whether through a

voluntary admission or an order of commitment pursuant to Section 5-512 of this title, the person in charge of the facility in which the child is being treated shall ensure that an individualized treatment plan has been prepared by the person responsible for the child's treatment. The child shall be involved in the preparation of the treatment plan to the maximum extent consistent with his ability to understand and participate. The parent of the child or, if the child is in the custody of the Department of Human Services or the Office of Juvenile Affairs, the designated representative of the Department or Office, as applicable, shall be involved to the maximum extent consistent with the treatment needs of the child.

B. The child shall be discharged from the facility when he no longer meets the admission or commitment criteria, as determined by appropriate hospital medical staff review after such persons have examined the child and reviewed reports submitted by members of the facility staff familiar with the child's condition. If not previously discharged, a child committed by a court to inpatient mental health treatment shall be discharged upon the expiration of a court order committing the child for inpatient treatment or an order of the court directing the discharge of the child.

C. Prior to the discharge of the child from inpatient treatment, a discharge plan for the child shall be prepared and explained to the child and the parent of the child, or, if the child is in the custody of the Department of Human Services or the Office of Juvenile Affairs, a designated representative of the Department or Office, as applicable. The plan shall include but not be limited to:

1. The services required by the child in the community to meet his needs for treatment, education, housing and physical care and safety; ~~and~~

2. Identification of the public or private agencies that will be involved in providing treatment and support to the child; and

3. Information regarding medication which should be prescribed to the child.

D. If the child is a ward of the court and is in the legal custody of the Department of Human Services, the Office of Juvenile Affairs or a private child care agency, or under the supervision of the Department, a statutorily constituted juvenile bureau or Office, as applicable, copies of the treatment and discharge plans shall be sent to the person at the Department of Human Services or other applicable person responsible for the supervision of the case.

SECTION 3. This act shall become effective November 1, 2000.

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