

**EHB 1965**

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**THE STATE SENATE**  
**Tuesday, April 4, 2000**

**ENGROSSED**

**House Bill No. 1965**

ENGROSSED HOUSE BILL NO. 1965 - By: COLLINS of the House and MONSON of the Senate.

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

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

4           B. After a hearing, the court shall order the child to receive  
5 the least restrictive mental health care and treatment appropriate  
6 for the treatment needs of the child until such time as the care and  
7 treatment are no longer necessary.

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

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

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

21          3. After a thorough consideration of less restrictive  
22 alternatives to inpatient treatment, that the condition of the child

1 is such that less restrictive alternatives are unlikely to meet the  
2 mental health treatment needs of the child; and

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

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

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

9 2. Is a child in need of mental health treatment but does not  
10 require inpatient treatment, the court may order mental health  
11 treatment or services through a less restrictive alternative to  
12 inpatient mental health treatment, which may include ordering the  
13 child to take medication as prescribed by a physician and, upon a  
14 finding that it is in the best interests of the child, the court may  
15 order the parents or other adult persons living in the home of the  
16 child to comply with reasonable conditions relating to the treatment  
17 of the child.

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

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

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

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

21          SECTION 2.           AMENDATORY           Section 13, Chapter 298, O.S.L.  
22 1992, as amended by Section 11, Chapter 254, O.S.L. 1995 (43A O.S.  
23 Supp. 1999, Section 5-513), is amended to read as follows:

1 Section 5-513. A. Within ten (10) days after the admission of  
2 a child for inpatient mental health treatment, whether through a  
3 voluntary admission or an order of commitment pursuant to Section 5-  
4 512 of this title, the person in charge of the facility in which the  
5 child is being treated shall ensure that an individualized treatment  
6 plan has been prepared by the person responsible for the child's  
7 treatment. The child shall be involved in the preparation of the  
8 treatment plan to the maximum extent consistent with his ability to  
9 understand and participate. The parent of the child or, if the  
10 child is in the custody of the Department of Human Services or the  
11 Office of Juvenile Affairs, the designated representative of the  
12 Department or Office, as applicable, shall be involved to the  
13 maximum extent consistent with the treatment needs of the child.

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

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

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

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

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

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

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

23 COMMITTEE REPORT BY: COMMITTEE ON HUMAN RESOURCES, dated 3-30-00 -  
24 DO PASS.