HB4227 FULLPCS1 Jeff Boatman-KN 2/15/2022 9:30:09 am

COMMITTEE AMENDMENT

HOUSE OF REPRESENTATIVES
State of Oklahoma

SPEAKEI	₹:						
CHAIR:							
I move to ar	mend <u>HB422</u>	:7				f the nr	rinted Bill
Page	Se	ection		Lin	es		
				_	Of	the Engr	cossed Bill
By striking inserting in						ill, and	l by
AMEND TITLE TO	O CONFORM TO	AMENDMENTS					
Adopted:			Ai	mendment	submitted	by: Jeff	Boatman

Reading Clerk

1 STATE OF OKLAHOMA 2 2nd Session of the 58th Legislature (2022) 3 PROPOSED COMMITTEE SUBSTITUTE 4 FOR HOUSE BILL NO. 4227 By: Boatman 5 6 7 PROPOSED COMMITTEE SUBSTITUTE An Act relating to mental health; amending 43A O.S. 8 2021, Section 1-103, which relates to definitions; 9 adding definition; amending 43A O.S. 2021, Section 5-207, which relates to immediate emergency action; 10 modifying requirement; amending 43A O.S. 2021, Section 5-302, which relates to the status of informal patient; including private centers; amending 11 43A O.S. 2021, Section 5-309, which relates to detention of persons; including private centers; 12 amending 43A O.S. 2021, Section 5-415, which relates 1.3 to records; creating exemption; amending 43A O.S. 2021, Section 5-420, which relates to the review 14 status of persons involuntarily committed; modifying requirement; repealing 43A O.S. 2021, Sections 8-101, 15 8-103, 8-104, 8-105, 8-106, 8-107, and 8-108, which relate to mental health; and providing an effective 16 date. 17 18 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA: 19 SECTION 1. AMENDATORY 43A O.S. 2021, Section 1-103, is 20 amended to read as follows: 21 Section 1-103. When used in this title, unless otherwise 22 expressly stated, or unless the context or subject matter otherwise 23 requires: 24

1. "Department" means the Department of Mental Health and Substance Abuse Services;

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- 2. "Chair" means the chair of the Board of Mental Health and Substance Abuse Services;
- 3. "Mental illness" means a substantial disorder of thought, mood, perception, psychological orientation or memory that significantly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life;
- 4. "Board" means the Board of Mental Health and Substance Abuse Services as established by the Mental Health Law;
- 5. "Commissioner" means the individual selected and appointed by the Board to serve as Commissioner of Mental Health and Substance Abuse Services;
- 6. "Indigent person" means a person who has not sufficient assets or resources to support the person and to support members of the family of the person lawfully dependent on the person for support;
- 7. "Facility" means any hospital, school, building, house or retreat, authorized by law to have the care, treatment or custody of an individual with mental illness, or drug or alcohol dependency, gambling addiction, eating disorders, an opioid substitution treatment program including, but not limited to, public or private hospitals, community mental health centers, clinics, satellites or

facilities; provided, that facility shall not mean a child guidance center operated by the State Department of Health;

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- 8. "Consumer" means a person under care or treatment in a facility pursuant to the Mental Health Law, or in an outpatient status;
- 9. "Care and treatment" means medical care and behavioral health services, as well as food, clothing and maintenance, furnished to a person;
- 10. Whenever in this law or in any other law, or in any rule or order made or promulgated pursuant to this law or to any other law, or in the printed forms prepared for the admission of consumers or for statistical reports, the words "insane", "insanity", "lunacy", "mentally sick", "mental disease" or "mental disorder" are used, such terms shall have equal significance to the words "mental illness";
 - 11. "Licensed mental health professional" means:
 - a psychiatrist who is a diplomate of the American
 Board of Psychiatry and Neurology,
 - a psychiatrist who is a diplomate of the American
 Osteopathic Board of Neurology and Psychiatry,
 - c. a physician licensed pursuant to the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act or the Oklahoma Osteopathic Medicine Act,

1 d. a clinical psychologist who is duly licensed to 2 practice by the State Board of Examiners of Psychologists, 3 4 a professional counselor licensed pursuant to the е. 5 Licensed Professional Counselors Act, f. a person licensed as a clinical social worker pursuant 6 7 to the provisions of the Social Worker's Licensing Act, 8 9 g. a licensed marital and family therapist as defined in 10 the Marital and Family Therapist Licensure Act, 11 a licensed behavioral practitioner as defined in the h. 12 Licensed Behavioral Practitioner Act, 1.3 i. an advanced practice nurse as defined in the Oklahoma 14 Nursing Practice Act, 15 j. a physician's assistant who is licensed in good 16 standing in this state, or 17 k. a licensed drug and alcohol counselor/mental health 18 (LADC/MH) as defined in the Licensed Alcohol and Drug 19 Counselors Act; 20 "Mentally incompetent person" means any person who has been 12. 21 adjudicated mentally or legally incompetent by an appropriate 22 district court;

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- 13. a. "Person requiring treatment" means a person who because of his or her mental illness or drug or alcohol dependency:
 - (1) poses a substantial risk of immediate physical harm to self as manifested by evidence or serious threats of or attempts at suicide or other significant self-inflicted bodily harm,
 - (2) poses a substantial risk of immediate physical harm to another person or persons as manifested by evidence of violent behavior directed toward another person or persons,
 - (3) has placed another person or persons in a reasonable fear of violent behavior directed towards such person or persons or serious physical harm to them as manifested by serious and immediate threats,
 - (4) is in a condition of severe deterioration such that, without immediate intervention, there exists a substantial risk that severe impairment or injury will result to the person, or
 - (5) poses a substantial risk of immediate serious physical injury to self or death as manifested by evidence that the person is unable to provide for

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and is not providing for his or her basic physical needs.

- b. The mental health or substance abuse history of the person may be used as part of the evidence to determine whether the person is a person requiring treatment or an assisted outpatient. The mental health or substance abuse history of the person shall not be the sole basis for this determination.
- c. Unless a person also meets the criteria established in subparagraph a or b of this paragraph, "person requiring treatment" or an "assisted outpatient" shall not mean:
 - (1) a person whose mental processes have been weakened or impaired by reason of advanced years, dementia, or Alzheimer's disease,
 - (2) a person with intellectual or developmental disability as defined in Title 10 of the Oklahoma Statutes,
 - (3) a person with seizure disorder,
 - (4) a person with a traumatic brain injury, or
 - (5) a person who is homeless.
- d. A person who meets the criteria established in this section but who is medically unstable, or the facility holding the person is unable to treat the additional

medical conditions of that person, should be

discharged and transported in accordance with Section

1-110 of this title;

- 14. "Petitioner" means a person who files a petition alleging that an individual is a person requiring treatment or an assisted outpatient;
- 15. "Executive director" means the person in charge of a facility as defined in this section;
- 16. "Private hospital or facility" means any general hospital maintaining a neuro-psychiatric unit or ward, or any private hospital or facility for care and treatment of a person having a mental illness, which is not supported by the state or federal government. The term "private hospital" or "facility" shall not include nursing homes or other facilities maintained primarily for the care of elderly and disabled persons;
- 17. "Individualized treatment plan" means a proposal developed during the stay of an individual in a facility, under the provisions of this title, which is specifically tailored to the treatment needs of the individual. Each plan shall clearly include the following:
 - a. a statement of treatment goals or objectives, based upon and related to a clinical evaluation, which can be reasonably achieved within a designated time interval,

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b. treatment methods and procedures to be used to obtain
these goals, which methods and procedures are related
to each of these goals and which include specific
prognosis for achieving each of these goals,

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- c. identification of the types of professional personnel who will carry out the treatment procedures including appropriate medical or other professional involvement by a physician or other health professional properly qualified to fulfill legal requirements mandated under state and federal law,
- d. documentation of involvement by the individual receiving treatment and, if applicable, the accordance of the individual with the treatment plan, and
- e. a statement attesting that the executive director of the facility or clinical director has made a reasonable effort to meet the plan's individualized treatment goals in the least restrictive environment possible closest to the home community of the individual;
- 18. "Telemedicine" means technology-enabled health and care management and delivery systems that extend capacity and access, which includes:
 - a. synchronous mechanisms, which may include live audiovisual interaction between a patient and a health

care professional or real-time provider to provider

consultation through live interactive audiovisual

means,

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- b. asynchronous mechanisms, which include store and forward transfers, online exchange of health information between a patient and a health care professional and online exchange of health information between health care professionals, but shall not include the use of automated text messages or automated mobile applications that serve as the sole interaction between a patient and a health care professional,
- c. remote patient monitoring, and
- d. other electronic means that support clinical health care, professional consultation, patient and professional health-related education, public health and health administration;
- 19. "Recovery and recovery support" means nonclinical services that assist individuals and families to recover from alcohol or drug problems. They include social support, linkage to and coordination among allied service providers including but not limited to transportation to and from treatment or employment, employment services and job training, case management and individual services

coordination, life skills education, relapse prevention, housing assistance, child care, and substance abuse education;

20. "Assisted outpatient" means a person who:

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- a. is either currently under the care of a facility certified by the Department of Mental Health and Substance Abuse Services as a Community Mental Health Center, or is being discharged from the custody of the Oklahoma Department of Corrections, or is being discharged from a residential placement by the Office of Juvenile Affairs,
- b. is suffering from a mental illness,
- c. is unlikely to survive safely in the community without supervision, based on a clinical determination,
- d. has a history of lack of compliance with treatment for mental illness that has:
 - 1) prior to the filing of a petition, at least twice
 within the last thirty-six (36) months been a
 significant factor in necessitating
 hospitalization or treatment in a hospital or
 residential facility including admission to a
 community-based structured crisis center as
 certified by the Oklahoma Department of Mental
 Health and Substance Abuse Services, or receipt
 of services in a forensic or other mental health

unit of a correctional facility, or a specialized treatment plan for treatment of mental illness in a secure juvenile facility or placement in a specialized residential program for juveniles, or

- (2) prior to the filing of the petition, resulted in one or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others within the last twenty-four (24) months,
- e. is, as a result of his or her mental illness, unlikely to voluntarily participate in outpatient treatment that would enable him or her to live safely in the community,
- f. in view of his or her treatment history and current behavior, is in need of assisted outpatient treatment in order to prevent a relapse or deterioration which would be likely to result in serious harm to the person or persons as defined in this section, and
- g. is likely to benefit from assisted outpatient treatment; $\frac{1}{2}$
- 21. "Assisted outpatient treatment" means outpatient services which have been ordered by the court pursuant to a treatment plan approved by the court to treat an assisted outpatient's mental illness and to assist the person in living and functioning in the

community, or to attempt to prevent a relapse or deterioration that
may reasonably be predicted to result in suicide or the need for
hospitalization; and

22. "Urgent recovery clinics" means clinics that offer voluntary services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress. Unless the person receiving treatment consents to a longer duration, or if the person is placed into emergency detention status, no more than twenty-three (23) hours and fifty-nine (59) minutes of services may be provided to a consumer during one episode of care at an urgent recovery clinic.

SECTION 2. AMENDATORY 43A O.S. 2021, Section 5-207, is amended to read as follows:

Section 5-207. A. Any person who appears to be or states that such person is mentally ill, alcohol-dependent, or drug-dependent to a degree that immediate emergency action is necessary may be taken into protective custody and detained as provided pursuant to the provisions of this section. Nothing in this section shall be construed as being in lieu of prosecution under state or local statutes or ordinances relating to public intoxication offenses.

B. 1. Any peace officer who reasonably believes that a person is a person requiring treatment as defined in Section 1-103 of this title shall take the person into protective custody. The officer

shall make every reasonable effort to take the person into custody in the least conspicuous manner.

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- 2. Upon taking the person into protective custody, the officer may relinquish custody of the person believed to require treatment to a duly qualified reserve officer or deputy employed by the same agency to fulfill the officer's duties as required by this title.
- The officer shall prepare a written statement indicating the basis for the officer's belief that the person is a person requiring treatment and the circumstances under which the officer took the person into protective custody. The officer shall give a copy of the statement to the person or the person's attorney upon the request of either. If the officer does not make the determination to take an individual into protective custody on the basis of the officer's personal observation, the officer shall not be required to prepare a written statement. However, the person stating to be mentally ill, alcohol-dependent or drug-dependent or the person upon whose statement the officer relies shall sign a written statement indicating the basis for such person's belief that the person is a person requiring treatment. Any false statement given to the officer by the person upon whose statement the officer relies shall be a misdemeanor and subject to the sanctions of Title 21 of the Oklahoma Statutes.
- D. If the person is medically stable, the officer shall immediately transport the person to an urgent recovery clinic or to

the nearest facility, as defined in Section 1-103 of this title, for an initial assessment within a thirty (30) mile radius of the peace officer's operational headquarters, or may use telemedicine with a licensed mental health professional employed or under contract with a facility operated by, certified by or contracted with the Department of Mental Health and Substance Abuse Services to perform an initial assessment. If, subsequent to an initial assessment, it is determined that emergency detention is warranted, the officer shall immediately transport the person to the nearest facility that has bed space available if the facility is within thirty (30) miles of the peace officer's operational headquarters and the individual was determined to be a person requiring treatment. The Department of Mental Health and Substance Abuse Services may contract for the use of alternative transportation providers to transport individuals to facilities designated for emergency detention when the nearest facility with available bed space is more than thirty (30) miles from the peace officer's operational headquarters and the individual was determined to be a person requiring treatment. For the purposes of this section, "urgent recovery clinics" means clinics that offer services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse and emotional distress, provided that, unless the person consents to a longer duration, no more than twenty-three (23) hours and fifty-nine (59) minutes of services are provided to a consumer during one

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episode of care. If it is determined by the facility director or designee that the person is not medically stable, the officer shall immediately transport the person to the nearest hospital or other appropriate treatment facility.

- E. If the person is medically unstable, the person may be transported to an appropriate medical facility for medical treatment. A treating physician may authorize that the person be detained until the person becomes medically stable. When the person becomes medically stable, if in the opinion of the treating or discharging physician, the patient is still a person requiring treatment as defined in Section 1-103 of this title, the physician shall authorize detention of the patient for transportation as provided in subsection D of this section.
- F. The parent, brother or sister who is eighteen (18) years of age or older, child who is eighteen (18) years of age or older, or guardian of the person, or a person who appears to be or states that such person is mentally ill, alcohol-dependent or drug-dependent to a degree that emergency action is necessary may request the administrator of a facility designated by the Commissioner as an appropriate facility for an initial assessment to conduct an initial assessment to determine whether the condition of the person is such that emergency detention is warranted and, if emergency detention is warranted, to detain the person as provided in Section 5-206 of this title.

SECTION 3. AMENDATORY 43A O.S. 2021, Section 5-302, is amended to read as follows:

Section 5-302. A. Any person may be admitted to a state mental hospital or state-operated community mental health center or a private mental health hospital or private community mental health center on a voluntary basis as an informal consumer when there are available accommodations and in the judgment of the person in charge of the facility or a designee such person may require treatment therein. Such person may be admitted as an informal consumer without making formal or written application therefor and any such informal consumer shall be free to leave such facility on any day between the hours of 9:00 a.m. and 5:00 p.m. and at such other times as the person in charge of the facility may determine.

- B. No person shall be admitted as an informal consumer pursuant to the provisions of this section to any state mental hospital or state-operated community mental health center unless the person in charge of the facility or a designee has informed such consumer in writing of the following:
- 1. The rules and procedures of the facility relating to the discharge of informal consumers;
- 2. The legal rights of an informal consumer receiving treatment from the facility; and
- 3. The types of treatment which are available to the informal consumer at the facility.

SECTION 4. AMENDATORY 43A O.S. 2021, Section 5-309, is

2 | amended to read as follows:

Section 5-309. No consumer admitted to a state or private mental hospital under the provisions of the Mental Hospital

Voluntary Admission Procedures Act shall be detained in a mental hospital against the will of the person more than one hundred twenty (120) hours or five (5) days, excluding weekends and holidays, after the consumer gives notice in writing to the executive director of the facility of the desire of the consumer to be discharged from the facility. The executive director of the facility may designate one or more employees of the facility to receive a notification provided by this section with the same effect as if delivered to the executive director personally.

14 SECTION 5. AMENDATORY 43A O.S. 2021, Section 5-415, is 15 amended to read as follows:

Section 5-415. A. Upon receiving a petition alleging a person to be a person requiring treatment, the court shall set a day and time for the hearing.

- 1. If the person alleged to be a person requiring treatment does not have an attorney, the court shall immediately appoint an attorney for the person.
- 2. If a copy of a mental health evaluation is not attached to the petition at the time it is filed, the court shall immediately

order a mental health evaluation of the person as provided by Section 5-414 of this title.

- B. If the court deems it necessary, or if the person alleged to be a person requiring treatment demands, the court shall schedule the hearing on the petition as a jury trial to be held within one hundred twenty (120) hours or five (5) days of the demand, excluding weekends and holidays, or within as much additional time as is requested by the attorney of such person upon good cause shown.
- C. The court, at the hearing on the petition, shall determine by clear and convincing evidence whether the person is a person requiring treatment.
- 1. The court shall take evidence and make findings of fact concerning the person's competency to consent to or refuse the treatment that may be ordered, including, but not limited to, the consumer's right to refuse medication.
- 2. If a jury trial is not demanded, the court may receive as evidence and act upon the affidavits of the licensed mental health professionals who evaluated the person and the mental health evaluation.
- 3. When the hearing is conducted as a jury trial, the petitioner and any witness in behalf of the petitioner shall be subject to cross-examination by the attorney for the person alleged to be a person requiring treatment. The person alleged to be a

person requiring treatment may also be called as a witness and cross-examined.

- D. After the hearing, when the court determines that the person is not a person requiring treatment, the court shall dismiss the petition and, if the person is being detained, order the person to be discharged from detention.
- E. After the hearing, when the court determines the person to be a person requiring treatment, the court shall order the person to receive the least restrictive treatment consistent with the treatment needs of the person and the safety of the person and others.
- 1. The court shall not order hospitalization without a thorough consideration of available treatment alternatives to hospitalization and may direct the submission of evidence as to the least restrictive treatment alternative or may order a mental health examination.
- 2. If the court finds that a program other than hospitalization is appropriate to meet the treatment needs of the individual and is sufficient to prevent injury to the individual or to others, the court may order the individual to receive whatever treatment other than hospitalization that is appropriate for a period set by the court, during which time the court shall continue its jurisdiction over the individual as a person requiring treatment.

- 3. If the court orders the person to be committed for involuntary inpatient treatment, the court shall commit the person to the custody of the Department of Mental Health and Substance Abuse Services for a placement that is suitable to the person's needs or to a private facility willing to accept the person for treatment.
- 4. The person shall be delivered to the custody of the Department of Mental Health and Substance Abuse Services for a placement that is suitable to the person's needs or to a private facility willing to accept the person for treatment.
- 5. If the person is placed in the custody of the Department, the Department may designate two or more facilities to provide treatment and if the person to be treated or a parent, spouse, guardian, brother, sister or child, who is at least eighteen (18) years of age, of the person, expresses a preference for one such facility, the Department shall attempt, if administratively possible, to comply with the preference.
- 6. The person shall be discharged from inpatient treatment at such time as the person no longer requires treatment as determined by the executive director of the facility or the designee of the executive director, or as otherwise required by law.
- F. The court shall make and keep records of all cases brought before it.

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1. Except as provided in Section 3 of this act, no records of proceedings pursuant to this section shall be open to public inspection except by order of the court or to employees of the Department of Mental Health and Substance Abuse Services if the person is placed at a state facility or the employees of the private facility where admitted if accepted into a private facility, the person's attorney of record, the person's treatment advocate as defined pursuant to Section 1-109.1 of this title, if any, a person having a valid power of attorney with health care decision-making authority, a person having valid guardianship with health care decision-making authority, a person having an advance health care directive, a person having an attorney-in-fact as designated in a valid mental health advance directive or persons having a legitimate treatment interest, unless specifically indicated otherwise by the instrument or court order. The documents shall not identify the alleged person requiring treatment directly or indirectly as a person with a substance abuse disorder.

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2. Bonded abstractors may be deemed to be persons having a legitimate interest for the purpose of having access to records regarding determinations of persons requiring treatment under this section.

SECTION 6. AMENDATORY 43A O.S. 2021, Section 5-420, is amended to read as follows:

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Section 5-420. A. The Board of Mental Health and Substance
Abuse Services shall adopt rules and procedures to ensure that
persons involuntarily committed to Department of Mental Health and
Substance Abuse Services facilities for treatment by a court receive
review of their involuntary status at least once every three (3)
months, and the Department of Mental Health and Substance Abuse
Services shall take appropriate action based upon this review.

B. Any person receiving involuntary inpatient treatment, or
such person's attorney, may at any time file a written request that
the treatment order be reviewed by the committing court, or a court
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such person's attorney, may at any time file a written request that the treatment order be reviewed by the committing court, or a court in the county where the person is located. If a review is requested, the court shall hear the matter within thirty (30) days after the request, and the court shall give notice to the person and such person's attorney and the person in charge of the facility of the time and place of the hearing. The hearing shall be to determine if the person can be treated on a less restrictive basis. At the conclusion of the hearing, the court may confirm the order of treatment, modify the order of treatment, discharge the respondent, or enter any appropriate order.

SECTION 7. REPEALER 43A O.S. 2021, Sections 8-101, 8-103, 8-104, 8-105, 8-106, 8-107 and 8-108 are hereby repealed.

SECTION 8. This act shall become effective November 1, 2022.

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