Senate Bill No. 425

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2 (By Senators Tucker, Kessler (Mr. President) and Cookman) 3 [Introduced March 4, 2013; referred to the Committee on Health 4 5 and Human Resources; and then to the Committee on the Judiciary.] 6 7 8 9 10 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §27-5-2a; to amend 11 and reenact §27-5-11 of said code; and to amend said code by 12 13 adding thereto a new section, designated §27-5-12, all 14 relating to mental health treatment alternatives to 15 involuntary commitment; allowing the court to convert an 16 involuntary hospitalization application into a petition for a 17 temporary compliance order; eliminating the sunset provision; 18 modifying the requirements and process necessary to enter a 19 treatment compliance order; clarifying that persons who use 20 the modified procedures of this section are not subject to 21 reporting to certain databases; and creating a new database 22 for compilation of certain persons to be used by the circuit 23 courts.

1 Be it enacted by the Legislature of West Virginia:

That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new section, designated §27-5-2a; that §27-5-11 of said code be amended and reenacted; and that said code be amended by adding thereto a new section, designated §27-5-12, all to read as follows:

7 ARTICLE 5. INVOLUNTARY HOSPITALIZATION.

8 §27-5-2a. Authorizing court to use temporary compliance order 9 during involuntary commitment procedures.

After the evaluation of the individual during the involuntary 11 commitment procedures contained in this article is completed and 12 reported to the court, the circuit court, mental hygiene 13 commissioner or designated magistrate may convert an application 14 for involuntary hospitalization into a petition for a treatment 15 compliance order under section eleven of this article. The circuit 16 court, mental hygiene commissioner or designated magistrate may use 17 the information contained in the application for involuntary 18 hospitalization and the entire record of proceedings with respect 19 to the individual, including any prior proceedings, to determine if 20 the necessary findings for a treatment compliance order, as stated 21 in section eleven of this article, are present and if that course 22 of treatment is appropriate in lieu of involuntary hospitalization.

\$27-5-11. Modified procedures for mental hygiene; treatment
 compliance orders; temporary probable cause orders;
 establishing procedures; providing for forms and
 reports.

5 (a) The Supreme Court of Appeals shall, in consultation with 6 the Secretary of the Department of Health and Human Resources and 7 local mental health services consumers and providers, implement 8 throughout the state modified mental hygiene procedures that are 9 consistent with the requirements set forth in this section. The 10 judicial circuits selected for implementing the modified procedures 11 shall be circuits in which the Supreme Court of Appeals determines, 12 after consultation with the Secretary of the Department of Health 13 and Human Resources and local mental health consumers and service 14 providers, that adequate resources will be available to implement 15 the modified procedures. After July 1, 2012, the Supreme Court of 16 Appeals and the Secretary of the Department of Health and Human 17 Resources in consultation with local mental health consumers and 18 providers may add programs for modified mental hygiene procedures 19 in any judicial circuit that establishes a need for the same. The 20 personal information of an individual receiving modified mental 21 hygiene procedures pursuant to this section may not be reported to 22 the central state mental health registry detailed in article

1 seven-a of chapter sixty-one of this code or to the National
2 Instant Criminal Background Check System.

3 (b) The Secretary of the Department of Health and Human 4 Resources, after consultation with the Supreme Court of Appeals and 5 local mental health services consumers and service providers, shall 6 prescribe appropriate forms to implement the modified procedures 7 and shall annually prepare reports shall prepare a written report 8 on the efficacy of the modified procedures and transmit the report 9 to the Legislature on or before the first day of the 2013 and 2014 10 regular sessions 2014 session of the Legislature.

11 (c) The Supreme Court of Appeals may, after consultation with 12 the Secretary of the Department of Health and Human Resources and 13 local mental health services consumers and providers, further 14 modify any specific modified procedures that are implemented 15 pursuant to this section. The modified procedures must be 16 consistent with the requirements of this chapter and this section. 17 If the Secretary of the Department of Health and Human Resources 18 determines that the use of any modified procedure in one or more 19 judicial circuits is placing an unacceptable additional burden upon 20 state mental health resources, the Supreme Court of Appeals shall, 21 in consultation with the secretary, modify the procedures used in 22 such a fashion as will address the concerns of the secretary, T<u>he Supreme</u> 23 consistent with the requirements of this chapter.

1 <u>Court of Appeals shall provide uniform petition, procedure and</u>
2 <u>order forms which shall be used in all modified mental hygiene</u>
3 <u>proceedings brought in this state.</u> The provisions of this section
4 and the modified procedures thereby authorized shall cease to have
5 any force and effect on June 30, 2014, unless extended by an act of
6 the Legislature prior to that date.

7 (1) The modified procedures shall authorize that a verified 8 petition seeking a treatment compliance order may be filed by any 9 an adult person alleging:

(A) That an individual, on two or more occasions within a 10 11 twenty-four month period prior to the filing of the petition, as a 12 result of mental illness or addiction or both, has been 13 hospitalized pursuant to the provisions of this chapter; or that 14 the individual has been convicted of one or more crimes of violence 15 against the person within a twenty-four month period prior to the 16 filing of the petition and the individual's failure to take 17 prescribed medication or follow another prescribed regimen to treat 18 a mental illness or addiction or both was a significant aggravating 19 or contributing factor in the circumstances surrounding the crime; 20 (B) (A) A psychiatrist or licensed psychologist concludes that 21 without the aid of medication or other prescribed treatment, the 22 individual is likely to decompensate in mental health or due to 23 substance abuse to the point that he or she becomes likely to cause

1 serious harm to himself or herself or to others or commit a crime 2 of violence; That the individual's previous hospitalizations due to 3 mental illness or addiction or both or the individual's crime of 4 violence occurred after or as a result of the individual's failure 5 to take medication or other treatment as prescribed by a physician 6 to treat the individual's mental illness or addiction or both; and

7 (C) (B) That the individual, in the absence of a court order 8 requiring him or her to take medication or other treatment as 9 prescribed, is unlikely to do so and that his or her failure to 10 take medication or follow other regimen or treatment as prescribed 11 is likely to lead to further instances in the reasonably near 12 future in which the individual <u>is likely to decompensate in mental</u> 13 <u>health or due to substance abuse to the point that he or she</u> 14 becomes likely to cause serious harm <u>to himself or herself or</u> 15 others or commit a crime of violence; and against the person.

16 <u>(C) Such information and facts in the petition as may be</u> 17 <u>required by the form provided for this purpose by the Supreme Court</u> 18 <u>of Appeals.</u>

19 (2) Upon the filing of a petition seeking a treatment 20 compliance order and the petition's review by a circuit judge or 21 Mental Hygiene Commissioner, counsel shall be appointed for the 22 individual if the individual does not already have counsel and a 23 copy of the petition and all supporting evidence shall be furnished

1 to the individual and their counsel. If the circuit judge or 2 Mental Hygiene Commissioner determines on the basis of the petition 3 that it is necessary to protect the individual or to secure their 4 examination, a detention order may be entered ordering that the 5 individual be taken into custody and examined by a psychiatrist or 6 licensed psychologist. The examination is to be provided or 7 arranged by a community mental health center designated by the 8 Secretary of the Department of Health and Human Resources to serve 9 the county in which the action takes place. A hearing on the 10 allegations in the petition, which may be combined with a hearing 11 on a probable cause petition conducted pursuant to the provisions 12 of section two of this article or a final commitment hearing 13 conducted pursuant to the provisions of section four of this 14 article, shall be held before a circuit judge or mental hygiene 15 commissioner. If the individual is taken into custody and remains 16 in custody as a result of a detention order, the hearing shall be 17 held within forty-eight hours of the time that the individual is 18 taken into custody.

(3) If the allegations in the petition seeking a treatment compliance order are proved by the evidence adduced at the hearing, which must include expert testimony by a psychiatrist or licensed psychologist, the circuit judge or mental hygiene commissioner may and enter a treatment compliance order for a period not to exceed six

1 months upon making the following findings:

(A) That the individual is eighteen years of age or older;
(B) That on two or more occasions within a twenty-four month
period prior to the filing of the petition an individual, as a
result of mental illness, has been hospitalized pursuant to the
provisions of this chapter; or that on at least one occasion within
a twenty-four month period prior to the filing of the petition has
been convicted of a crime of violence against any person;
(C) That the individual's previous hospitalizations due to

10 mental illness or addiction or both occurred as a result of the 11 individual's failure to take prescribed medication or follow a 12 regimen or course of treatment as prescribed by a physician or 13 psychiatrist to treat the individual's mental illness or addiction; 14 or that the individual has been convicted for crimes of violence 15 against any person and the individual's failure to take medication 16 or follow a prescribed regimen or course of treatment of the 17 individual's mental illness or addiction or both was a significant 18 aggravating or contributing factor in the commission of the crime; 19 (D) (A) That a psychiatrist or licensed psychologist who has 20 personally examined the individual within the preceding twenty-four 21 months ninety days has issued a written opinion that the 22 individual, without the aid of the medication or other prescribed 23 treatment, is likely to decompensate in mental health or due to

1 substance abuse to the point that he or she becomes likely to cause 2 serious harm to himself or herself or to others or commit a crime 3 of violence;

4 (E) (B) That the individual, in the absence of a court order 5 requiring him or her to take medication or other treatment as 6 prescribed, is unlikely to do so and that his or her failure to 7 take medication or other treatment as prescribed is likely to lead 8 to further instances in the reasonably near future <u>instances</u> in 9 which the individual <u>is likely to decompensate in mental health or</u> 10 <u>due to substance abuse to the point that he or she</u> becomes likely 11 to cause serious harm or commit a crime of violence; against any 12 person;

13 (F) (C) That, where necessary, a responsible entity or 14 individual is available to assist and monitor the individual's 15 compliance with an order requiring the individual to take the 16 medication or follow other prescribed regimen or course of 17 treatment;

18 (G) (D) That the individual, or the individual's guardian, can 19 obtain and take the prescribed medication or follow other 20 prescribed regimen or course of treatment without undue financial 21 or other hardship; and

22 (H) (E) That, if necessary, a medical provider is available to 23 assess the individual within forty-eight hours of the entry of the

1 treatment compliance order.

2 (4) The order may require an individual to take medication and 3 treatment as prescribed and, if appropriate, to attend scheduled 4 medication and treatment related appointments. *Provided*, That A 5 treatment compliance order shall be is subject to termination or 6 modification by a circuit judge or mental hygiene commissioner if 7 a petition is filed seeking termination or modification of the 8 order and it is shown in a hearing on the petition that there has 9 been a material change in the circumstances that led to the entry 10 of the original order that justifies the order's modification or 11 termination. *Provided, however*, That A treatment compliance order 12 may be extended by a circuit judge or mental hygiene commissioner 13 for additional periods of time, not to exceed six months, upon the 14 filing of a petition seeking an extension and after a hearing on 15 the petition or upon the agreement of the individual.

16 (5) After the entry of a treatment compliance order in 17 accordance with the provisions of subdivisions (3) and (4) of this 18 subsection, if a verified petition is filed alleging that an 19 individual has not complied with the terms of a medication and 20 treatment compliance order and if a circuit judge or mental hygiene 21 commissioner determines from the petition and any supporting 22 evidence that there is probable cause to believe that the 23 allegations in the petition are true, counsel shall be appointed

1 for the individual and a copy of the petition and all supporting 2 evidence shall be furnished to the individual and his or her 3 counsel. If the circuit judge or mental hygiene commissioner 4 considers it necessary to protect the individual or to secure his 5 or her examination, a detention order may be entered to require 6 that the individual be examined by a psychiatrist or psychologist. 7 The examination is to be provided or arranged by a community mental 8 health center designated by the Secretary of the Department of 9 Health and Human Resources to serve the county in which the action 10 takes place.

(A) A hearing on the allegations in the petition, which may be combined with a hearing on a probable cause petition conducted spursuant to section two of this article or a final commitment hearing conducted pursuant to section four of this article, shall be held before a circuit judge or mental hygiene commissioner. If he individual is taken and remains in custody as a result of a detention order, the hearing shall be held within forty-eight hours hours of the time that the individual is taken into custody.

19 (B) At a hearing on any petition filed pursuant to the 20 provisions of paragraph (A) of this subdivision, the circuit judge 21 or mental hygiene commissioner shall determine whether the 22 individual has complied with the terms of the medication and 23 treatment compliance order. If the individual has complied with

1 the order, the petition shall be dismissed. If the evidence 2 presented to the circuit judge or mental hygiene commissioner shows 3 that the individual has complied with the terms of the existing 4 order, but the individual's prescribed medication, dosage or course 5 of treatment needs to be modified, then the newly modified 6 medication treatment prescribed by a psychiatrist and who 7 personally examined the individual may be properly incorporated 8 into a modified order. If the order has not been complied with, 9 the circuit judge or mental hygiene commissioner, after inquiring 10 into the reasons for noncompliance and whether any aspects of the 11 order should be modified, may continue the individual upon the 12 terms of the original order and direct the individual to comply 13 with the order or may modify the order in light of the evidence 14 presented at the hearing. If the evidence shows that the 15 individual at the time of the hearing is likely to cause serious 16 harm to himself or herself, herself or to others as a result of the 17 individual's mental illness, the circuit judge or mental hygiene 18 commissioner may convert the proceeding into a probable cause 19 proceeding and enter a probable cause order directing the 20 involuntary admission of the individual to a mental health facility 21 for examination and treatment. Any Procedures conducted pursuant 22 to this subsection must comply with and satisfy all applicable due 23 process and hearing requirements of sections two and three of this

1 article.

(d) The modified procedures may authorize that upon the 2 3 certification of a qualified mental health professional, as 4 described in subsection (e) of this section, that there is probable 5 cause to believe that an individual who has been hospitalized two 6 or more times in the previous twenty-four months because of mental 7 illness is likely to cause serious harm to himself or herself, or 8 to others as a result of the mental illness if not immediately 9 restrained and that the best interests of the individual would be 10 served by immediate hospitalization, a circuit judge, mental 11 hygiene commissioner or designated magistrate may enter a temporary 12 probable cause order directing the involuntary hospitalization of 13 the individual at a mental health facility for immediate 14 examination and treatment.

(e) The modified procedures may authorize the chief judge of a judicial circuit, or circuit judge if there is no chief judge, to renter orders authorizing specific psychiatrists or licensed psychologists, whose qualifications and training have been reviewed and approved by the Supreme Court of Appeals, to issue certifications that authorize and direct the involuntary admission of an individual subject to the provisions of this section on a temporary probable cause basis to a mental health facility for axamination and treatment. The authorized psychiatrist or licensed

1 psychologist must conclude and certify, based on personal 2 observation prior to certification, that the individual is mentally 3 ill and, because of such mental illness or addiction or both, is 4 imminently likely to cause serious harm to himself or herself or to 5 others if not immediately restrained and promotion of the best 6 interests of the individual requires immediate hospitalization. 7 Immediately upon certification, the psychiatrist or licensed 8 psychologist shall provide notice of the certification to a circuit 9 judge, mental hygiene commissioner or designated magistrate in the 10 county where the individual resides.

11 (f) No involuntary hospitalization pursuant to a temporary 12 probable cause determination issued pursuant to the provisions of 13 this section shall may continue in effect for more than forty-eight 14 hours without the filing of a petition for involuntary 15 hospitalization and the occurrence of a probable cause hearing 16 before a circuit judge, mental hygiene commissioner or designated 17 magistrate. If, at any time, the chief medical officer of the 18 mental health facility to which the individual is admitted 19 determines that the individual is not likely to cause serious harm 20 as a result of mental illness or addiction or both, the chief 21 medical officer shall discharge the individual and immediately 22 forward a copy of the individual's discharge to the circuit judge, 23 mental hygiene commissioner or designated magistrate.

1 §27-5-12. Circuit Court Shared Information Database.

2 Notwithstanding any confidentiality provisions within this 3 chapter or elsewhere in this code to the contrary, a treatment 4 compliance order entered pursuant to section eleven of this article 5 or a voluntary treatment agreement order entered pursuant to 6 section two of this article is open to inspection by any other 7 circuit court pursuant to this section. The Supreme Court of 8 Appeals shall create a centralized database for the exchange of 9 information regarding treatment compliance orders and voluntary 10 treatment agreement orders among circuit courts. When a circuit 11 court enters a treatment compliance order or a voluntary treatment 12 agreement order, the court shall transmit the personal information 13 necessary to identify the individual subject to the order to the 14 Supreme Court of Appeals on a form created by the Supreme Court of 15 Appeals. The information contained on the form shall be placed in 16 the centralized database created by this section and shall be 17 accessible by all circuit courts in the state. Before a circuit 18 court addresses any matter relating to involuntary hospitalization 19 or treatment compliance order, the circuit court shall access the 20 database and determine if a treatment compliance order or voluntary 21 treatment agreement order has been filed in another circuit court 22 on the same individual. The existence of a treatment compliance 23 order or voluntary treatment agreement order may be used by the

1 circuit court in its discretion to limit duplication of efforts by

2 multiple circuit courts.

NOTE: The purpose of this bill is to provide mental health treatment alternatives to involuntary commitment; allow a court to convert an involuntary hospitalization application into a petition for a temporary compliance order; eliminate the sunset provision; modify the requirements and process necessary to enter a treatment compliance order; clarify that persons who use the modified procedures of this section are not subject to reporting to certain databases; and create a new database for compilation of certain persons to be used by the circuit courts.

\$27-5-2a and \$27-5-12 are new; therefore, underscoring and strike-throughs have been omitted.

Strike throughs indicate language that would be stricken from the present law and underscoring indicates new language that would be added.