

House Bill 178

By: Representatives Hogan of the 179th, Hawkins of the 27th, Stephens of the 164th, Dempsey of the 13th, Blackmon of the 146th, and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 3 of Title 37 of the Official Code of Georgia Annotated, relating to
2 examination and treatment for mental illness, so as to provide for assisted outpatient
3 treatment programs; to provide for definitions; to create a unit within the Department of
4 Behavioral Health and Developmental Disability to provide support and coordination; to
5 provide for an advisory council; to provide for applicability; to provide for a pilot program;
6 to provide for procedures, standards, and criteria; to provide for due process; to provide for
7 services and treatment plans; to provide for evaluative information and reports; to provide
8 for training; to provide for patient's right to refuse medication; to provide for an annual
9 report; to provide for procedures for persons who no longer reside in the county where the
10 petition was filed; to provide for related matters; to repeal conflicting laws; and for other
11 purposes.

12 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

13 style="text-align:center">**SECTION 1.**

14 Chapter 3 of Title 37 of the Official Code of Georgia Annotated, relating to examination and
15 treatment for mental illness, is amended by adding a new article to read as follows:

16 style="text-align:center">"ARTICLE 7

17 37-3-180.

18 As used in this article, the term:

19 (1) 'Assisted outpatient' means the person under a court order to receive assisted
20 outpatient treatment.

21 (2) 'Assisted outpatient agent' means a person appointed by an assisted outpatient to have
22 power of attorney to act for and on behalf of the assisted outpatient to make decisions
23 related to consent to, refusal of, or withdrawal from any type of assisted outpatient

24 treatment when an assisted outpatient is unable or chooses not to make decisions related
25 to assisted outpatient treatment for himself or herself.

26 (3) 'Assisted outpatient treatment' means certain outpatient services which have been
27 ordered by the court pursuant to this article. Such treatment shall include care
28 management services or multidisciplinary community treatment services to provide care
29 coordination, and may also include any of the following categories of services:
30 medication; periodic blood tests or urinalysis to determine compliance with prescribed
31 medications; individual or group therapy; day or partial day programming activities;
32 educational or vocational training or activities; alcohol or addictive disease treatment and
33 counseling and periodic tests for the presence of alcohol or illegal drugs for persons with
34 a history of addictive disease; supervision of living arrangements; and any other services
35 within a treatment plan developed pursuant to Code Section 37-3-187, prescribed to treat
36 the assisted outpatient's mental illness and to assist such assisted outpatient in living and
37 functioning in the community, or to attempt to prevent a relapse or deterioration that may
38 reasonably be predicted to result in suicide or the need for hospitalization.

39 (4) 'Assisted outpatient treatment program' means a set of coordinated services arranged
40 for the provision of assisted outpatient treatment, to monitor treatment compliance by
41 assisted outpatients, to evaluate the condition or needs of assisted outpatients, to take
42 appropriate steps to address the needs of such assisted outpatients, and to ensure
43 compliance with court orders.

44 (5) 'Assisted outpatient treatment program director' or 'program director' means the
45 individual, or his or her designee, who serves as a liaison between the court and the
46 assisted outpatient program, assures that services in a court ordered treatment plan are
47 made available to an assisted outpatient, monitors the work of the care manager assigned
48 to the assisted outpatient, and is employed by or under contract with a community service
49 board or other provider under contract with the department to operate an assisted
50 outpatient treatment program.

51 (6) 'Care manager' means the person designated by the assisted outpatient treatment
52 program director to coordinate services made available to an assisted outpatient,
53 including assessing the assisted outpatient's treatment needs, the development of the
54 assisted outpatient's treatment plan, assuring linkage with all appropriate community
55 services, monitoring the quality and follow-through of services, and providing necessary
56 advocacy to ensure that each assisted outpatient receives those services which are agreed
57 to in the treatment plan.

58 (7) 'Community service board' means a public mental health, developmental disabilities,
59 and addictive diseases board established pursuant to Code Section 37-2-6.

60 (8) 'Correctional facility' means any state prison, county or municipal jail, or other penal
 61 or correctional institution having physical custody of inmates.

62 (9) 'Court' or 'probate court' means the probate court of a county as defined in
 63 subparagraph (A) of paragraph (4) of Code Section 37-3-1.

64 (10) 'Licensed mental health treatment professional' means a physician, psychologist,
 65 clinical social worker, clinical nurse specialist in psychiatric/mental health, professional
 66 counselor, or marriage and family therapist. For the purposes of this paragraph, the term
 67 'clinical social worker' means any person authorized under the laws of this state to
 68 practice as a licensed clinical social worker. The term 'clinical nurse specialist in
 69 psychiatric/mental health' means any person authorized under the laws of this state to
 70 practice as a registered professional nurse and who is recognized by the Georgia Board
 71 of Nursing to be engaged in the advanced nursing practice as a clinical nurse specialist
 72 in psychiatric/mental health. The term 'professional counselor' means any person
 73 authorized under the laws of this state to practice as a licensed professional counselor.
 74 The term 'marriage and family therapist' means any person authorized under the laws of
 75 this state to practice as a licensed marriage and family therapist.

76 (11) 'Subject of the petition' means the person who is alleged in a petition, filed pursuant
 77 to the provisions of this article, to meet the criteria for assisted outpatient treatment.

78 37-3-181.

79 There is created within the department a unit to provide state supervision and coordination
 80 of and support to the assisted outpatient treatment programs established in accordance with
 81 subsection (a) of Code Section 37-3-184, with a coordinator thereof.

82 37-3-182.

83 (a) There is created an assisted outpatient treatment program advisory council. Such
 84 council shall consist of the following members:

85 (1) The commissioner or his or her designee;

86 (2) The president of the Council of Probate Court Judges or his or her designee, who
 87 shall serve as chairperson of such council;

88 (3) The disability services ombudsman established in Code Section 37-2-31 or his or her
 89 designee; and

90 (4) Three additional members appointed by the president of the Council of Probate Court
 91 Judges; one of whom shall be a representative of a community service board providing
 92 services in an assisted outpatient treatment program; one of whom shall be an advocate
 93 for persons who are subjects of a petition filed under this article; and one of whom shall
 94 be a consumer of disability services who has received treatment as an involuntary

95 inpatient in a hospital pursuant to Article 3 of this chapter, as an involuntarily admitted
 96 resident of a crisis stabilization unit established pursuant to Code Section 37-1-129, or
 97 as an involuntary outpatient pursuant to Part 4 of Article 3 of this chapter. To the extent
 98 possible, three members appointed pursuant to this paragraph shall not represent more
 99 than one county or more than one assisted outpatient treatment program.

100 (b) Such council shall meet at the call of the chairperson, but no less frequently than
 101 quarterly.

102 (c) Such council shall have the following duties:

103 (1) To periodically evaluate aggregate data collected pursuant to Code Section 37-3-189;

104 (2) To receive and comment on the annual report required under Code Section 37-3-191;

105 (3) To review the contents of the training and education program established pursuant
 106 to Code Section 37-3-190 and offer recommendations for improvement of such program;

107 and

108 (4) To comment on or offer advice on other matters related to the assisted outpatient
 109 treatment program when requested by the chairperson or the commissioner.

110 (d) The department shall provide administrative support for the activities of the advisory
 111 council.

112 37-3-183.

113 The provisions of Part 4 of Article 3 of this chapter, relating to involuntary outpatient care,
 114 shall not be applicable or have any force or effect in any county where an assisted
 115 outpatient treatment program has been established in accordance with this article.

116 37-3-184.

117 (a) Notwithstanding the provisions of Part 4 of Article 3 of this chapter, with the consent
 118 of the probate court of the county, the commissioner may establish an assisted outpatient
 119 treatment program in each county of the state with access to available services in
 120 accordance with Code Section 37-3-187. Such program shall be supervised and operated
 121 by a community service board serving the county in which such program is established.
 122 The commissioner may establish an assisted outpatient treatment program that serves more
 123 than one county with the consent of the probate courts of the counties to be served by such
 124 program.

125 (b) The commissioner may, at his or her discretion, limit the initial establishment of
 126 assisted outpatient treatment programs to a select number or counties or to only counties
 127 in a select mental health, developmental disabilities, and addictive diseases region as
 128 established pursuant to Code Section 37-2-3 for the purpose of creating a pilot program.
 129 In the event that the commissioner conducts such a pilot program, he or she shall, upon

130 completion of the pilot program term, provide a report to the General Assembly. Such
131 report shall include an evaluation of such program, recommendations on whether to expand
132 the establishment of assisted outpatient treatment programs to other counties or regions,
133 and any recommended legislative changes to such program.

134 37-3-185.

135 (a) In any county which is served by an assisted outpatient treatment program pursuant to
136 Code Section 37-3-184, a court may order a person who is the subject of a petition filed
137 pursuant to this Code section to obtain assisted outpatient treatment if the court finds, by
138 clear and convincing evidence, that the facts stated in such petition are true and establishes
139 that all of the requisite criteria set forth in this Code section are met including, but not
140 limited to, the following:

141 (1) The person is 17 years of age or older;

142 (2) The person is suffering from a mental illness as defined in paragraph (12) of Code
143 Section 37-1-1;

144 (3) There has been a clinical determination by a physician or psychologist that the person
145 is unlikely to survive safely in the community without supervision;

146 (4) The person has a history of lack of compliance with treatment for his or her mental
147 illness, in that at least one of the following is true:

148 (A) The person's mental illness has, at least twice within the previous 36 months, been
149 a substantial factor in necessitating hospitalization or the receipt of services in a
150 forensic or other mental health unit of a correctional facility, not including any period
151 during which such person was hospitalized or incarcerated immediately preceding the
152 filing of the petition; or

153 (B) The person's mental illness has resulted in one or more acts of serious and violent
154 behavior toward himself or herself or another or threatens or attempts to cause serious
155 physical injury to himself or herself or another within the preceding 48 months, not
156 including any period in which such person was hospitalized or incarcerated
157 immediately preceding the filing of the petition;

158 (5) The person has been offered an opportunity to participate in a treatment plan by the
159 department, a state mental health facility, a community service board, or other provider
160 under contract with the department and such person continues to fail to engage in
161 treatment;

162 (6) The person's condition is substantially deteriorating;

163 (7) Participation in the assisted outpatient treatment program would be the least
164 restrictive placement necessary to ensure such person's recovery and stability;

165 (8) In view of the person's treatment history and current behavior, such person is in need
166 of assisted outpatient treatment in order to prevent a relapse or deterioration that would
167 be likely to result in grave disability or serious harm to himself or herself or to others; and

168 (9) It is likely that the person may benefit from assisted outpatient treatment.

169 (b)(1) A petition for an order authorizing assisted outpatient treatment may be filed by
170 an assisted outpatient treatment program director in the probate court in the county in
171 which the person who is the subject of the petition resides or is reasonably believed to
172 reside.

173 (2) Any of the following persons may submit a request to an assisted outpatient treatment
174 program director for the filing of a petition to obtain an order authorizing assisted
175 outpatient treatment:

176 (A) Any person 18 years of age or older with whom the person who is the subject of
177 the petition resides;

178 (B) Any person who is the parent, spouse, sibling, or child 18 years of age or older of
179 the person who is the subject of the petition;

180 (C) The chief executive officer of any public or private agency, treatment facility,
181 charitable organization, or licensed residential care facility providing mental health
182 services to the person who is the subject of the petition in whose institution the subject
183 of the petition resides;

184 (D) The chief executive officer of a hospital in which the person who is the subject of
185 the petition is hospitalized;

186 (E) A licensed mental health treatment professional who is either treating or
187 supervising the treatment of the person who is the subject of the petition for mental
188 illness; or

189 (F) A peace officer, parole officer, or probation officer assigned to supervise the person
190 who is the subject of the petition.

191 (3) Upon receiving a request pursuant to paragraph (2) of this subsection, the assisted
192 outpatient treatment program director shall conduct an investigation into the
193 appropriateness of the filing of the petition. Such program director shall file the petition
194 only if he or she determines that there is a reasonable likelihood that all the necessary
195 elements to sustain such petition can be proven in a court of law by clear and convincing
196 evidence.

197 (4) The petition shall state the following:

198 (A) Criteria for assisted outpatient treatment as set forth in subsection (a) of this Code
199 section;

200 (B) Facts that support the petitioner's belief that the person who is the subject of the
201 petition meets each criterion, provided that the hearing on the petition shall be limited

202 to issues raised by the stated facts in the verified petition and such petition contains all
203 the grounds on which the petition is based, and such petition shall ensure adequate
204 notice to the person who is the subject of the petition and his or her counsel;

205 (C) That the person who is the subject of the petition resides or is reasonably believed
206 to reside within the county where the petition is filed; and

207 (D) That the person who is the subject of the petition has the right to be represented by
208 counsel in all stages of the proceeding under the petition in accordance with
209 subsection (c) of this Code section.

210 (5) The petition shall be accompanied by an affidavit of a licensed mental health
211 treatment professional, approved by the assisted outpatient treatment program director,
212 stating:

213 (A) That the licensed mental health treatment professional has personally examined the
214 person who is the subject of the petition not more than ten days prior to the submission
215 of the petition, the facts and reasons why the person who is the subject of the petition
216 meets the criteria in subsection (a) of this Code section, that the licensed mental health
217 treatment professional recommends assisted outpatient treatment for the person who is
218 the subject of the petition, and that the licensed mental health treatment professional is
219 willing and able to testify at the hearing on the petition; or

220 (B) That not more than ten days prior to the filing of the petition, the licensed mental
221 health treatment professional, or his or her designee, has made appropriate attempts to
222 elicit the cooperation of the person who is the subject of the petition, but has not been
223 successful in persuading such person to submit to an examination, that the licensed
224 mental health treatment professional has reason to believe that the person who is the
225 subject of the petition meets the criteria for assisted outpatient treatment, and that such
226 licensed mental health treatment professional is willing and able to examine the person
227 who is the subject of the petition and testify at the hearing on the petition.

228 (c) The person who is the subject of the petition shall have the right to be represented by
229 counsel in all stages of a proceeding commenced under this Code section. The court shall
230 immediately appoint an attorney who shall assist such person in all stages of the
231 proceedings unless the person who is the subject of the petition notifies the court within
232 five business days of service on such person that he or she has retained private counsel.
233 The person who is the subject of the petition shall pay the costs of the legal services if he
234 or she is able.

235 (d)(1) Upon receipt by the court of a petition submitted pursuant to subsection (b) of this
236 Code section, the court shall fix a date for a hearing at a time not later than five days from
237 the date the petition is received by the court, excluding Saturdays, Sundays, and legal
238 holidays. The court shall promptly cause service of a copy of the petition, together with

239 written notice of the hearing date, to be made personally on the person who is the subject
240 of the petition, and shall send a copy of the petition and notice to the department and to
241 any current health care or mental health care provider appointed for the person who is the
242 subject of the petition, if any such provider is known to the petitioner. Continuances shall
243 be permitted only for good cause shown. In granting continuances, the court shall
244 consider the need for further examination by a licensed mental health care professional
245 or the potential need to provide expeditiously assisted outpatient treatment. Upon the
246 hearing date, or upon any other date or dates to which the proceeding may be continued,
247 the court shall hear testimony. If it is deemed advisable by the court, and if the person
248 who is the subject of the petition is available and has received notice pursuant to this
249 Code section, the court may examine the person who is the subject of the petition. If the
250 person who is the subject of the petition does not appear at the hearing, and appropriate
251 attempts to elicit the attendance of such person have failed, the court may conduct the
252 hearing in such person's absence. If the hearing is conducted without the person who is
253 the subject of the petition present, the court shall set forth the factual basis for conducting
254 the hearing without such person's presence.

255 (2) The court shall not order assisted outpatient treatment unless a licensed mental health
256 treatment professional who has personally examined the person who is the subject of the
257 petition and who has reviewed such person's available treatment history within the time
258 period commencing ten days before the filing of the petition testifies in person at the
259 hearing.

260 (3) If the person who is the subject of the petition has refused to be examined by a
261 licensed mental health treatment professional, the court may request that such person
262 consent to an examination by a licensed mental health treatment professional appointed
263 by the court. If the person who is the subject of the petition does not consent and the
264 court finds reasonable cause to believe that the allegations contained in the petition are
265 true, the court may order a peace officer to take such person who is the subject of the
266 petition into custody and transport him or her, or cause him or her to be transported, to
267 the nearest emergency receiving facility for examination by a licensed mental health
268 treatment professional as soon as is practicable. Detention of the person who is the
269 subject of the petition under the order shall not exceed 72 hours. If the examination at
270 the emergency receiving facility is performed by another licensed mental health treatment
271 professional, such examining licensed mental health treatment professional may consult
272 with the licensed mental health treatment professional whose affirmation or affidavit
273 accompanied the petition regarding the issues of whether the allegations in such petition
274 are true and whether the person meets the criteria for assisted outpatient treatment.

275 (4) The person who is the subject of the petition shall have the right to:

276 (A) Ten days' notice of the hearings to the person who is the subject of the petition, as
277 well as to parties designated by the person who is the subject of the petition;
278 (B) Receive a copy of the court ordered evaluation;
279 (C) Counsel. Unless the person retains counsel, the court shall appoint counsel;
280 (D) Be informed of his or her right to judicial review by habeas corpus;
281 (E) Be present at the hearing unless he or she waives the right to be present;
282 (F) Present evidence;
283 (G) Call witnesses on his or her behalf;
284 (H) Cross-examine witnesses; and
285 (I) Appeal decisions and to be informed of his or her right to appeal.
286 (5)(A) If, after hearing all relevant evidence, the court finds that the person who is the
287 subject of the petition does not meet the criteria for assisted outpatient treatment, the
288 court shall deny the petition; or
289 (B) If, after hearing all relevant evidence, the court finds that the person who is the
290 subject of the petition meets the criteria for assisted outpatient treatment, and there is
291 no appropriate and feasible less restrictive alternative, the court may order the person
292 who is the subject of the petition to receive assisted outpatient treatment for an initial
293 period not to exceed 12 months. In fashioning the order the court shall specify that the
294 proposed treatment is the least restrictive treatment appropriate and feasible for the
295 person who is the subject of the petition. The order shall state the types of assisted
296 outpatient treatment, as set forth in Code Section 37-3-187, that the person who is the
297 subject of the petition is to receive, and the court shall not order treatment that has not
298 been recommended by the examining licensed mental health treatment professional and
299 included in the written treatment plan for assisted outpatient treatment as required by
300 subsection (e) of this Code section. If the person who is the subject of the petition has
301 appointed or designated an assisted outpatient agent and if the person who is the subject
302 of the petition consents, the court may consider any directions made to the assisted
303 outpatient agent by the person who is the subject of the petition in formulating the
304 written treatment plan.
305 (6) If the person who is the subject of the petition for an order for assisted outpatient
306 treatment pursuant to subparagraph (B) of paragraph (5) of this subsection refuses to
307 participate in the assisted outpatient treatment program, the court may order such
308 person to meet with one or more licensed mental health treatment professionals
309 designated by the assisted outpatient treatment program director. Such professional or
310 professionals shall attempt to gain such person's cooperation with treatment ordered by
311 the court. Such person may be subject to a 72 hour hold pursuant to subsection (f) of
312 this Code section only after such professional has or such professionals have attempted

313 to gain such person's cooperation with treatment ordered by the court, and has been
314 unable to do so.

315 (e) Assisted outpatient treatment shall not be ordered unless the licensed mental health
316 treatment professional recommending assisted outpatient treatment to the court has
317 submitted to the court a written treatment plan that includes services as set forth in Code
318 Section 37-3-187 and the court finds, in consultation with the assisted outpatient treatment
319 program director, that:

320 (1) The services are available from a community service board or a provider approved
321 by the department or the community service board for the duration of the court order;

322 (2) The services have been offered to the person who is the subject of the petition by the
323 assisted outpatient treatment program director and such person has been given an
324 opportunity to participate on a voluntary basis and such person has failed to engage in or
325 has refused such services;

326 (3) All of the elements of the petition required by this Code section have been met; and

327 (4) The treatment plan will be delivered to the assistant outpatient treatment program
328 director.

329 (f) If, in the clinical judgment of a licensed mental health treatment professional, the
330 person who is the subject of the petition has failed or refused to comply with the treatment
331 ordered by the court, and, in the clinical judgment of the licensed mental health treatment
332 professional, efforts were made to solicit compliance, and, in the clinical judgment of the
333 licensed mental health treatment professional, such person may be in need of involuntary
334 admission to an emergency receiving or evaluating facility for evaluation, the licensed
335 mental health treatment professional may request the assisted outpatient treatment program
336 director to request the court to direct a peace officer to take into custody such person who
337 is the subject of the petition and transport him or her, or cause him or her to be transported,
338 to the nearest emergency receiving facility to be held for up to 72 hours for examination
339 by a licensed mental health treatment professional to determine if such person is in need
340 of treatment pursuant to Part 1 of Article 3 of this chapter. Any continued involuntary
341 retention in an emergency receiving or evaluating facility beyond the initial 72 hour period
342 shall be pursuant to Part 1 of Article 3 of this chapter. If at any time during the 72 hour
343 period, the person is determined not to meet the criteria of Part 1 of Article 3 of this chapter
344 and does not agree to stay in the emergency receiving or evaluating facility as a voluntary
345 patient, such person shall be released and any subsequent involuntary detention in an
346 emergency receiving or evaluating facility shall be pursuant to Part 1 of Article 3 of this
347 chapter. Failure to comply with an order of assisted outpatient treatment alone may not be
348 grounds for involuntary commitment or a finding that the person who is the subject of the
349 petition is in contempt of court.

350 (g) If the assisted outpatient treatment program director determines that the condition of
351 the patient requires further assisted outpatient treatment beyond the treatment initially
352 ordered by the court, such program director shall, prior to the expiration of the period of
353 the initial assisted outpatient treatment order, apply to the court for an order authorizing
354 continued assisted outpatient treatment for a period not to exceed 12 months from the date
355 of such order. The procedures for obtaining any order pursuant to this subsection shall be
356 in accordance with subsections (a) through (f) of this Code section. The period for further
357 involuntary outpatient treatment authorized by any subsequent order under this subsection
358 shall not exceed 12 months from the date of such order.

359 (h) At intervals of not less than 90 days during an assisted outpatient treatment order, the
360 assisted outpatient treatment program director shall file an affidavit with the court that
361 ordered the assisted outpatient treatment affirming that the person who is the subject of the
362 order continues to meet the criteria for assisted outpatient treatment. At such intervals and
363 if the person who is the subject of the order disagrees with such program director's
364 affidavit, such person shall have the right to a hearing on whether he or she continues to
365 meet the criteria for assisted outpatient treatment. The burden of proof shall be on such
366 program director.

367 (i) If, during each 90 day period specified in subsection (h) of this Code section, the person
368 who is the subject of the order believes that he or she is being wrongfully retained in the
369 assisted outpatient treatment program, he or she may file a petition for a writ of habeas
370 corpus, thus requiring the assisted outpatient treatment program director to prove that the
371 person who is the subject of the order continues to meet the criteria for assisted outpatient
372 treatment.

373 (j) Any person ordered to undergo assisted outpatient treatment pursuant to this Code
374 section who was not present at the hearing at which the order was issued may immediately
375 petition the court for a writ of habeas corpus. Treatment under the order for assisted
376 outpatient treatment shall not commence until the resolution of that petition.

377 37-3-186.

378 (a) Any person who is determined by the court to meet the criteria in subsection (a) of
379 Code Section 37-3-185 may voluntarily enter into an agreement for services under this
380 article.

381 (b)(1) After a petition for an order for assisted outpatient treatment is filed, but before
382 the conclusion of the hearing on the petition, the person who is the subject of the petition,
383 or such person's legal counsel with such person's consent, may waive the right to an
384 assisted outpatient treatment hearing for the purpose of obtaining treatment under a
385 settlement agreement, provided, however, that an examining licensed mental health

386 treatment professional states that such person can survive safely in the community. The
 387 settlement agreement shall not exceed 12 months in duration and shall be agreed to by
 388 all parties.

389 (2) The settlement agreement shall be in writing, shall be approved by the court, and
 390 shall include a treatment plan developed by a community service board or provider
 391 approved by the department that shall provide services that provide treatment in the least
 392 restrictive manner consistent with the needs of the person who is the subject of the
 393 petition.

394 (3) Either party may request that the court modify the treatment plan at any time during
 395 the 12 month period.

396 (4) The court shall designate an appropriate individual or agency to monitor such
 397 person's treatment under, and compliance with, the settlement agreement. The
 398 department, if requested by the court, shall assist the court in identifying a monitor. If
 399 such person fails to comply with the treatment according to the agreement, the court shall
 400 notify such person's counsel of such person's noncompliance.

401 (5) A settlement agreement approved by the court pursuant to this subsection shall have
 402 the same force and effect as an order for assisted outpatient treatment.

403 (6) At a hearing on the issue of noncompliance with such agreement, the written
 404 statement of noncompliance submitted shall be prima facie evidence that a violation of
 405 the conditions of the agreement has occurred. If the person who is the subject of the
 406 petition denies any of the facts as stated in the statement, he or she shall have the burden
 407 of proving by a preponderance of the evidence that the alleged facts are false.

408 37-3-187.

409 The department shall make available, or assure the availability of, assisted outpatient
 410 treatment services to any county which is served by an assisted outpatient treatment
 411 program pursuant to Code Section 37-3-184 through a community service board or other
 412 provider under contract with the department. While it is desirable that existing services
 413 located in the assisted outpatient's county of residence are utilized whenever practicable,
 414 a service ordered by a court pursuant to this article may not be physically located within
 415 such county, but such service shall be available at appropriate times and within reasonable
 416 distances, and shall include, but shall not be limited to:

417 (1) A treatment planning and service delivery process that includes:

418 (A) Determination of the numbers of persons to be served and the programs and
 419 services that will be provided to meet the needs of assisted outpatients. To facilitate the
 420 provision of services, the assisted outpatient treatment program director, or his or her
 421 designee, shall consult with the sheriff, local chiefs of police, probation officers, the

422 county boards of health, county departments of family and children services, contract
423 agencies, and family, client, ethnic, and advocacy groups as determined by such
424 program director;

425 (B) Plans for services, including outreach to families with an adult member who is
426 mentally ill and is living with them, design of mental health services, coordination and
427 access to medications, psychiatric and psychological services, addictive disease
428 services, supportive housing or other housing assistance, vocational rehabilitation, and
429 veterans' services. Plans shall also contain evaluation strategies that shall consider
430 cultural, linguistic, gender, age, and special needs of minorities in the target
431 populations. Provision shall be made for staff with the cultural background and
432 linguistic skills necessary to remove barriers to mental health services as a result of
433 individuals having limited English-speaking ability and cultural differences. Recipients
434 of outreach services may include families, the public, primary care physicians, and
435 others who are likely to come into contact with individuals who may be suffering from
436 an untreated severe mental illness who would be likely to become homeless or suffer
437 harm if the illness continued to be untreated for a substantial period of time. Outreach
438 to adults may include adults voluntarily or involuntarily hospitalized as a result of
439 mental illness;

440 (C) Provisions for services to meet the needs of persons with a physical disability;

441 (D) Provisions for services to meet the special needs of older adults;

442 (E) Provisions for family support and consultation services, parenting support and
443 consultation services, and peer support or self-help group support, when appropriate;

444 (F) Provisions for services that employ psychosocial rehabilitation and recovery
445 principles;

446 (G) Provisions for psychiatric and psychological services that are integrated with other
447 services and for psychiatric and psychological collaboration in overall service planning;

448 (H) Provisions for services specifically directed to young adults 25 years of age or
449 younger who have a mental illness and who are homeless or at significant risk of
450 becoming homeless. These provisions may include continuation of services that would
451 still be received through other funds had eligibility not been terminated as a result of
452 age;

453 (I) Services reflecting special needs of women from diverse cultural backgrounds,
454 including supportive housing that accepts children, addictive disease treatment
455 programs that address gender specific trauma and abuse in the lives of persons with
456 mental illness, and vocational rehabilitation programs that offer job training programs
457 free of gender bias and sensitive to the needs of women;

458 (J) Provisions for housing that is immediate, transitional, permanent, or all of these;
459 and

460 (K) Provisions for individuals who have been suffering from an untreated mental
461 illness for less than one year and who do not require the full range of services but are
462 at risk of becoming homeless unless a comprehensive individual and family support
463 services plan is implemented. These clients shall be served in a manner that is designed
464 to meet their needs.

465 (2) A care manager designated by the assisted outpatient treatment program director for
466 each assisted outpatient who may be part of a multidisciplinary treatment team
467 responsible for providing and assuring needed services. Responsibilities of such care
468 manager shall include services coordination, complete assessment of the assisted
469 outpatient's treatment needs, development of the assisted outpatient's treatment plan,
470 linkage with all appropriate community services, monitoring of the quality and follow
471 through of services, and necessary advocacy to ensure each assisted outpatient receives
472 those services which are agreed to in the treatment plan. Each assisted outpatient shall
473 participate in the development of his or her treatment plan and the designated care
474 manager, with the consent of the assisted outpatient, shall consult with the family,
475 assisted outpatient agent if one has been designated, and other significant persons as
476 appropriate.

477 (3) A treatment plan that shall ensure that an assisted outpatient receives age, gender, and
478 culturally appropriate services designed, to the extent feasible, to enable an assisted
479 outpatient to:

480 (A) Live in the most independent, least restrictive housing feasible in the local
481 community, and, for persons subject to assisted outpatient treatment programs with
482 children, to live in a supportive housing environment that strives for reunification with
483 their children or assists persons subject to assisted outpatient treatment programs in
484 maintaining custody of their children as appropriate;

485 (B) Engage in the highest level of work or productive activity appropriate to an assisted
486 outpatient's abilities and experience;

487 (C) Create and maintain a support system consisting of friends, family, and
488 participation in community activities;

489 (D) Access an appropriate level of academic education or vocational training;

490 (E) Obtain an adequate income;

491 (F) Self-manage his or her illness or illnesses and exert as much control as possible
492 over both the day-to-day and long-term decisions that affect his or her life;

493 (G) Access necessary physical health care and maintain the best possible physical
494 health;

495 (H) Reduce or eliminate serious antisocial or criminal behavior, and thereby reducing
 496 or eliminating their contact with the criminal justice system;
 497 (I) Reduce or eliminate the distress caused by the symptoms of mental illness; and
 498 (J) Have freedom from dangerous addictive substances.
 499 (4) A treatment plan that shall describe the service array that meets the requirements of
 500 paragraph (3) of this Code section and, to the extent applicable to the individual, the
 501 requirements of paragraph (1) of this Code section.

502 37-3-188.

503 The right of an assisted outpatient to refuse medication is protected; provided, however,
 504 that such right may be abridged in an emergency receiving, evaluating, or treatment facility
 505 in accordance with subsection (b) of Code Section 37-3-163.

506 37-3-189.

507 Each assisted outpatient treatment program shall provide data to the department in order
 508 for the department to, at a minimum, evaluate the effectiveness of the strategies employed
 509 by each program operated pursuant to Code Section 37-3-184 in reducing the homelessness
 510 and hospitalization of persons in assisted outpatient treatment programs and in reducing
 511 involvement with local law enforcement by persons in such programs. The department
 512 may identify any other measures regarding persons in such programs. Such measures shall,
 513 at a minimum, include all of the following based upon information that is available:

514 (1) The number of persons served by the program and, of those, the number who are able
 515 to maintain housing and the number who maintain contact with the treatment system;

516 (2) The number of persons in the program with contacts with local law enforcement and
 517 the extent to which local and state incarceration of persons in the program has been
 518 reduced or avoided;

519 (3) The number of persons in the program participating in the employment services
 520 programs, including competitive employment;

521 (4) The days of hospitalization of persons in the program that have been reduced or
 522 avoided;

523 (5) Adherence to prescribed treatment by persons in the program;

524 (6) Other indications of successful engagement, if any, by persons in the program;

525 (7) Victimization of persons in the program;

526 (8) Violent behavior of persons in the program;

527 (9) Abuse of alcohol or other addictive substances by persons in the program;

528 (10) Type, intensity, and frequency of treatment of persons in the program;

- 529 (11) Extent to which enforcement mechanisms are used by the program, when
 530 applicable;
 531 (12) Social functioning of persons in the program;
 532 (13) Independent living skills of persons in the program; and
 533 (14) Satisfaction with program services both by those receiving such services and by
 534 their families, when relevant.

535 37-3-190.

536 (a) The department shall develop a training and education program for purposes of
 537 improving the delivery of services to individuals with mental illness who are, or who are
 538 at risk of being, served by an assisted outpatient treatment program. Such training shall be
 539 provided to courts and assisted outpatient treatment programs and to other individuals,
 540 including, but not limited to, licensed mental health treatment professionals, care managers,
 541 law enforcement officials, and hearing officers involved in making treatment and
 542 involuntary commitment decisions.

543 (b) Such training program shall include:

- 544 (1) Information relative to legal requirements for detaining a person for involuntary
 545 inpatient and outpatient treatment and assisted outpatient treatment; and
 546 (2) Methods for ensuring that decisions regarding court ordered treatment, as provided
 547 for in this article, direct individuals toward the most effective treatment. Training shall
 548 include an emphasis on each patient's right to provide informed consent to assistance.

549 37-3-191.

550 No later than December 31 of each year, the department shall provide an annual report on
 551 the effectiveness of the strategies used by the department and the assisted outpatient
 552 treatment programs, both collectively and individually, to the chairperson of the Senate
 553 Health and Human Services Committee and the chairperson of the House Committee on
 554 Health and Human Services. A copy of such report shall also be provided to the members
 555 of the assisted outpatient treatment program advisory council.

556 37-3-192.

557 In the event a person who is the subject of a petition filed pursuant to Code Section
 558 37-3-184 no longer resides in or is no longer found within the county where such petition
 559 was filed, the community service board serving such county shall make a good faith effort
 560 to locate such person. If such community service board is successful in locating such
 561 person within another county of the state, then such community service board shall notify
 562 the court where such petition was filed and the court serving the county where such person

563 resides or is found. If the county where such person resides or is found is not served by an
564 assisted outpatient treatment program established in accordance with this article, the court
565 of such county may elect to determine if such person meets the criteria for involuntary
566 outpatient treatment as set forth in Part 4 of Article 3 of this chapter. If the county where
567 such person resides or is found is served by an assisted outpatient treatment program
568 established in accordance with this article, such court shall assume jurisdiction over the
569 assisted outpatient treatment of such person. The community service board serving the
570 county where such petition was originally filed, upon being notified such person is
571 receiving or is to receive involuntary outpatient treatment, assisted outpatient treatment,
572 or other disability services, shall transfer any clinical records or other records related to
573 such person, including any records, if available, related to such person's history of lack of
574 compliance with treatment as described in paragraph (4) of subsection (a) of Code Section
575 37-3-185, to the community service board serving the county where such person resides
576 or is found."

577 **SECTION 2.**

578 All laws and parts of laws in conflict with this Act are repealed.