



Commitment Procedures

Role(s) of the Community Behavioral Health Center

Statutory Provisions

Article 2A. Mental Health-Mental Retardation Centers.

§ 27-2A-1. Comprehensive community mental health-mental retardation centers; establishment, operation and location; access to treatment.

- No person who can be treated as an outpatient at a community mental health center shall be admitted involuntarily into a state hospital.

Statutory Provisions

First duty of center is to assure person cannot be treated in an outpatient setting

- Know needs of active clients
- Early Intervention
- Mediation
- Education

Statutory Provisions

§ 27-5-2. Institution of proceedings for involuntary custody for examination; custody; probable cause hearing; examination of individual.

- (4) The circuit court or the mental hygiene commissioner may thereupon enter an order for the individual named in such action to be detained and taken into custody for the purpose of holding a probable cause hearing as provided for in subdivision (5) of this subsection and for the purpose of an examination of the individual by a physician or a psychologist.
- Such examination shall be provided or arranged by a community mental health center designated by the secretary of the department of health and human resources to serve the county in which the action takes place.

Statutory Provisions

- The law allows any physician or psychologist to conduct evaluations, but specifies a role for the behavioral health center
- The behavioral health center is key in this process and in linkages between all the parties in the process

Statutory Provisions

- Where a physician or psychologist has performed the examination required by the provisions of this subdivision, the community mental health center may waive the requirement of a forthwith hearing upon approving such examination. Notwithstanding the provisions of this subsection, subsection (r), section four of this article shall apply regarding payment by the county commission for examinations at hearings.

§ 27-5-2.

Statutory Provisions

- Designated Behavioral Health Centers are to conduct the psychiatric or psychological examination for probable cause hearings
- If a psychologist or physician not working for a Center does the evaluation and certification, the Center has to sign off

Statutory Provisions

- The law envisions the Community Behavioral Health Center playing an active role in this process
- Center should **want** to have this role
 - Required to participate in treatment planning and discharge planning
 - Required to provide follow-up (aftercare) of all persons returning from the hospital
 - Outreach – and also measurement of outreach

Statutory Provisions

- (6) If the magistrate, mental hygiene commissioner or circuit court judge at a probable cause hearing or at a final commitment hearing held pursuant to the provisions of section four of this article finds that the individual, as a result of mental illness, is likely to cause serious harm to himself, herself or others or is addicted and because of such mental illness or addiction requires treatment the magistrate, mental hygiene commissioner or circuit court judge may consider evidence on the question of whether the individual's circumstances make him or her amenable to outpatient treatment in a nonresidential or non hospital setting pursuant to a voluntary treatment agreement.

§ 27-5-2.

Statutory Provisions

- The Voluntary Treatment Agreement process offers an opportunity to engage a person in treatment
- The agreement may consider an individual's advance directive, if there is one
- Much disagreement about this provision

Statutory Provisions

- The failure of an individual released to outpatient treatment pursuant to a voluntary treatment agreement to comply with terms of the voluntary treatment agreement shall constitute evidence that such treatment is insufficient

§ 27-5-2.

Statutory Provisions

- Important to work hard to engage person in treatment: brining a person “back through” the commitment process can be traumatic and damaging to self image, delaying treatment effectiveness

Statutory Provisions

- (7) If the certifying physician or psychologist determines that a person requires involuntary hospitalization for an addiction, creates a reasonable likelihood that withdrawal or detoxification from the substance of addiction will cause significant medical complications, the person certifying the individual shall recommend that the individual be closely monitored for possible medical complications. If the magistrate, mental hygiene commissioner or circuit court judge presiding orders involuntary hospitalization, he or she shall include a recommendation that the individual be closely monitored in the order of commitment.

§ 27-5-2.

Statutory Provisions

- Always err on the side of caution – if your worker believes the respondent may have medical issues, those should be cleared up first
- Court officials should be oriented to this issue, so they understand any delays resulting from this cautious approach

Statutory Provisions

- A person with medical issues may have a difficult time “making it” to inpatient treatment
- A person with medical issues may “make it” to the hospital, but need to be taken to a medical/surgical hospital for care.

Statutory Provisions

§ 27-7-2. Release of patients on convalescent status.

- (a) The chief medical officer of a mental health facility may release an involuntary patient on convalescent status (trial visit) when the chief medical officer believes such release is in the best interest of the patient. Release on convalescent status shall include provisions for continuing responsibility to and by a mental health facility, not necessarily the facility in which the patient was previously hospitalized, including a plan of treatment on an outpatient basis to ensure that the patient receives whatever care and treatment he or she might require. At the end of six months on convalescent status, the patient must be discharged from any involuntary commitment order that might have been entered against him or her and he or she cannot be involuntarily returned to any mental health facility unless a new commitment proceeding has been instituted against him or her.

Statutory Provisions

§ 27-7-2. Release of patients on convalescent status.

- When a patient released on convalescent status is discharged from his or her involuntary commitment, it shall be the responsibility of the chief medical officer of the mental health facility of which the individual was a patient prior to being placed on convalescent status to immediately make a report of the discharge of the patient to the circuit court or mental hygiene commissioner of the county in which the involuntary hospitalization was ordered and to the circuit court or mental hygiene commissioner of the county wherein the individual is a resident.

Statutory Provisions

- Convalescent status discharge offers an opportunity to engage a person in treatment
- Used infrequently – perhaps too infrequently – for persons with multiple admissions or several admissions in quick succession

Statutory Provisions

- Only for persons who have been committed (not probable cause)
- Should be an issue in discharge planning
- Would not recommend convalescent status discharge for person with substance abuse issues

Statutory Provisions

- (b) Notwithstanding any provision of this code to the contrary, anytime an individual is involuntarily committed to a mental health facility for inpatient treatment pursuant to the provisions of article five of this chapter due to a mental director of the mental health facility that the use of medication by the individual is necessary to avoid the recurrence of the behavior which caused the involuntary hospitalization, initial release from the mental health facility shall be on convalescent status with the requirement that the individual follow a designated treatment plan which may include the taking of medication unless the medical director makes a written finding that release on convalescent status will serve no treatment purpose.

Statutory Provisions

- If an individual released on convalescent status does not comply with the terms and conditions of convalescent status, any person may file a petition to revoke such convalescent status and said petition shall be subject to the procedures and provisions of this article.

§ 27-7-2.

Statutory Provisions

- This is a new section of the law
- Requires discharge on convalescent status if person has re-entered hospital because of a failure to take medication.
- Again, opportunity to engage a person in treatment.

From Grant Agreement

- Quarterly reports of outcomes of the mental hygiene process for each county in the Grantee's Service Area. The Department shall provide a reporting format and form for the information required. The Grantee shall complete all information requested in this form.

From Grant Agreement

- These reports should be used internally
 - The extent and effectiveness of diversion activities
 - Frequency of capacity to identify and use alternative, less restrictive environments.

From Grant Agreement

- These reports should be circulated externally
 - Parts of system and outcomes
 - Local tracking ability
 - Resource needs identification

From Grant Agreement

- The Department shall monthly report to the Grantee concerning disposition of applications for probable cause hearings and compare Grantee's outcomes with outcomes of all providers

From Grant Agreement

- These reports should be used for quality improvement
 - More diversion from involuntary treatment
 - More diversion from state hospital with involuntary treatment is necessary

From Grant Agreement

- Standards for crisis services
 - Repeat expectations of law and practices standards
 - Offer opportunity to measure organization against a standard and an opportunity for quality improvement

Summary

- Center role prescribed by law and Grant Agreement
- Center role reflects preferred practice
- Center role, if followed, produces better outcomes for the individual