

12103375D

**HOUSE BILL NO. 476**

Offered January 11, 2012

Prefiled January 10, 2012

*A BILL to amend and reenact §§ 37.2-805 and 37.2-817 of the Code of Virginia, relating to mandatory outpatient treatment hearing prior to release from commitment.*

---

Patron—Albo

---

Referred to Committee for Courts of Justice

**Be it enacted by the General Assembly of Virginia:****1. That §§ 37.2-805 and 37.2-817 of the Code of Virginia are amended and reenacted as follows:****§ 37.2-805. Voluntary admission.**

Any state facility shall admit any person requesting admission who has been (i) screened by the community services board or behavioral health authority that serves the city or county where the person resides or, if impractical, where the person is located, (ii) examined by a physician on the staff of the state facility, and (iii) deemed by the board or authority and the state facility physician to be in need of treatment, training, or habilitation in a state facility. *Upon motion of the treating physician, a family member or personal representative of the person, or the community services board serving the area where the facility is located, a hearing shall be held prior to the release of any person who has voluntarily admitted himself to determine whether such person should be ordered to mandatory outpatient treatment pursuant to subsection D of § 37.2-817 upon release if such person, on at least two previous occasions, has voluntarily admitted himself pursuant to this section or has been involuntarily admitted pursuant to § 37.2-817.*

**§ 37.2-817. Involuntary admission and mandatory outpatient treatment orders.**

A. The district court judge or special justice shall render a decision on the petition for involuntary admission after the appointed examiner has presented the report required by § 37.2-815, and after the community services board that serves the county or city where the person resides or, if impractical, where the person is located has presented a preadmission screening report with recommendations for that person's placement, care, and treatment pursuant to § 37.2-816. These reports, if not contested, may constitute sufficient evidence upon which the district court judge or special justice may base his decision. The examiner, if not physically present at the hearing, and the treating physician at the facility of temporary detention shall be available whenever possible for questioning during the hearing through a two-way electronic video and audio or telephonic communication system as authorized in § 37.2-804.1.

B. Any employee or designee of the local community services board, as defined in § 37.2-809, representing the community services board that prepared the preadmission screening report shall attend the hearing in person or, if physical attendance is not practicable, shall participate in the hearing through a two-way electronic video and audio or telephonic communication system as authorized in § 37.2-804.1. Where a hearing is held outside of the service area of the community services board that prepared the preadmission screening report, and it is not practicable for a representative of the board to attend or participate in the hearing, arrangements shall be made by the board for an employee or designee of the board serving the area in which the hearing is held to attend or participate on behalf of the board that prepared the preadmission screening report. The employee or designee of the local community services board, as defined in § 37.2-809, representing the community services board that prepared the preadmission screening report or attending or participating on behalf of the board that prepared the preadmission screening report shall not be excluded from the hearing pursuant to an order of sequestration of witnesses. The community services board that prepared the preadmission screening report shall remain responsible for the person subject to the hearing and, prior to the hearing, shall send the preadmission screening report through certified mail, personal delivery, facsimile with return receipt acknowledged, or other electronic means to the community services board attending the hearing. Where a community services board attends the hearing on behalf of the community services board that prepared the preadmission screening report, the attending community services board shall inform the community services board that prepared the preadmission screening report of the disposition of the matter upon the conclusion of the hearing. In addition, the attending community services board shall transmit the disposition through certified mail, personal delivery, facsimile with return receipt acknowledged, or other electronic means.

At least 12 hours prior to the hearing, the court shall provide to the community services board that prepared the preadmission screening report the time and location of the hearing. If the representative of the community services board will be present by telephonic means, the court shall provide the telephone

INTRODUCED

HB476

59 number to the board.

60 C. After observing the person and considering (i) the recommendations of any treating or examining  
61 physician or psychologist licensed in Virginia, if available, (ii) any past actions of the person, (iii) any  
62 past mental health treatment of the person, (iv) any examiner's certification, (v) any health records  
63 available, (vi) the preadmission screening report, and (vii) any other relevant evidence that may have  
64 been admitted, if the judge or special justice finds by clear and convincing evidence that (a) the person  
65 has a mental illness and there is a substantial likelihood that, as a result of mental illness, the person  
66 will, in the near future, (1) cause serious physical harm to himself or others as evidenced by recent  
67 behavior causing, attempting, or threatening harm and other relevant information, if any, or (2) suffer  
68 serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human  
69 needs, and (b) all available less restrictive treatment alternatives to involuntary inpatient treatment,  
70 pursuant to subsection D, that would offer an opportunity for the improvement of the person's condition  
71 have been investigated and determined to be inappropriate, the judge or special justice shall by written  
72 order and specific findings so certify and order that the person be admitted involuntarily to a facility for  
73 a period of treatment not to exceed 30 days from the date of the court order. Such involuntary  
74 admission shall be to a facility designated by the community services board that serves the city or  
75 county in which the person was examined as provided in § 37.2-816. If the community services board  
76 does not designate a facility at the commitment hearing, the person shall be involuntarily admitted to a  
77 facility designated by the Commissioner. Upon the expiration of an order for involuntary admission, the  
78 person shall be released unless he is involuntarily admitted by further petition and order of a court,  
79 which shall be for a period not to exceed 180 days from the date of the subsequent court order, or such  
80 person makes application for treatment on a voluntary basis as provided for in § 37.2-805 or is ordered  
81 to mandatory outpatient treatment pursuant to subsection D. *Upon motion of the treating physician, a*  
82 *family member or personal representative of the person, or the community services board serving the*  
83 *area where the facility is located, a hearing shall be held prior to the release of any involuntarily*  
84 *admitted person to determine whether such person should be ordered to mandatory outpatient treatment*  
85 *pursuant to subsection D upon release if such person, on at least two previous occasions, has been*  
86 *involuntarily admitted pursuant to this section or voluntarily admitted himself pursuant to § 37.2-805.*

87 C1. In the order for involuntary admission, the judge or special justice may authorize the treating  
88 physician to discharge the person to mandatory outpatient treatment not to exceed the length of such  
89 order under a discharge plan developed pursuant to subsection C2, if the judge or special justice further  
90 finds by clear and convincing evidence that (i) the person has a history of lack of compliance with  
91 treatment for mental illness that at least twice within the past 36 months has resulted in the person being  
92 subject to an order for involuntary admission pursuant to subsection C; (ii) in view of the person's  
93 treatment history and current behavior, the person is in need of mandatory outpatient treatment following  
94 inpatient treatment in order to prevent a relapse or deterioration that would be likely to result in the  
95 person meeting the criteria for involuntary inpatient treatment; (iii) as a result of mental illness, the  
96 person is unlikely to voluntarily participate in outpatient treatment unless the court enters an order  
97 authorizing discharge to mandatory outpatient treatment following inpatient treatment; and (iv) the  
98 person is likely to benefit from mandatory outpatient treatment.

99 C2. Prior to discharging the person to mandatory outpatient treatment under a discharge plan as  
100 authorized pursuant to subsection C1 of this section, the treating physician shall determine, based upon  
101 his professional judgment, that (1) the person (a) in view of the person's treatment history and current  
102 behavior, no longer needs inpatient hospitalization, (b) requires mandatory outpatient treatment at the  
103 time of discharge to prevent relapse or deterioration of his condition that would likely result in his  
104 meeting the criteria for involuntary inpatient treatment, (c) has sufficient capacity to understand the  
105 stipulations of his treatment, (d) has expressed an interest in living in the community and has agreed to  
106 abide by his discharge plan, (e) is deemed to have the capacity to comply with the discharge plan and  
107 understand and adhere to conditions and requirements of the treatment and services, and (f) the ordered  
108 treatment can be delivered on an outpatient basis by the community services board or designated  
109 provider; and (2) at the time of discharge, services are actually available in the community and providers  
110 of services have actually agreed to deliver the services. In no event shall the treating physician discharge  
111 a person to mandatory outpatient treatment under a discharge plan as authorized pursuant to subsection  
112 C1 if the person meets the criteria for involuntary commitment set forth in subsection C. The discharge  
113 plan developed by the treating physician and facility staff in conjunction with the community services  
114 board and the person shall serve as and shall contain all the components of the comprehensive  
115 mandatory outpatient treatment plan set forth in subsection G, and no initial mandatory outpatient  
116 treatment plan set forth in subsection F shall be required. The discharge plan shall be submitted to the  
117 court for approval and, upon approval by the court, shall be filed and incorporated into the order entered  
118 pursuant to subsection C1. The discharge plan shall be provided to the person by the community  
119 services board at the time of the person's discharge from the inpatient facility. The community services  
120 board where the person resides upon discharge shall monitor the person's compliance with the discharge

plan and report any material noncompliance to the court in accordance with § 37.2-817.1.

D. After observing the person and considering (i) the recommendations of any treating or examining physician or psychologist licensed in Virginia, if available, (ii) any past actions of the person, (iii) any past mental health treatment of the person, (iv) any examiner's certification, (v) any health records available, (vi) the preadmission screening report, and (vii) any other relevant evidence that may have been admitted, if the judge or special justice finds by clear and convincing evidence that (a) the person has a mental illness and that there exists a substantial likelihood that, as a result of mental illness, the person will, in the near future, (1) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or (2) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs; (b) less restrictive alternatives to involuntary inpatient treatment that would offer an opportunity for improvement of his condition have been investigated and are determined to be appropriate; and (c) the person (A) has sufficient capacity to understand the stipulations of his treatment, (B) has expressed an interest in living in the community and has agreed to abide by his treatment plan, and (C) is deemed to have the capacity to comply with the treatment plan and understand and adhere to conditions and requirements of the treatment and services; and (d) the ordered treatment can be delivered on an outpatient basis by the community services board or designated provider, the judge or special justice shall by written order and specific findings so certify and order that the person be admitted involuntarily to mandatory outpatient treatment. Less restrictive alternatives shall not be determined to be appropriate unless the services are actually available in the community and providers of the services have actually agreed to deliver the services.

E. Mandatory outpatient treatment may include day treatment in a hospital, night treatment in a hospital, outpatient involuntary treatment with anti-psychotic medication pursuant to Chapter 11 (§ 37.2-1100 et seq.), or other appropriate course of treatment as may be necessary to meet the needs of the person. The community services board that serves the city or county in which the person resides shall recommend a specific course of treatment and programs for the provision of mandatory outpatient treatment. The duration of mandatory outpatient treatment shall be determined by the court based on recommendations of the community services board, but shall not exceed 90 days. Upon expiration of an order for mandatory outpatient treatment, the person shall be released from the requirements of the order unless the order is continued in accordance with § 37.2-817.4.

F. Any order for mandatory outpatient treatment entered pursuant to subsection D shall include an initial mandatory outpatient treatment plan developed by the community services board that completed the preadmission screening report. The plan shall, at a minimum, (i) identify the specific services to be provided, (ii) identify the provider who has agreed to provide each service, (iii) describe the arrangements made for the initial in-person appointment or contact with each service provider, and (iv) include any other relevant information that may be available regarding the mandatory outpatient treatment ordered. The order shall require the community services board to monitor the implementation of the mandatory outpatient treatment plan and report any material noncompliance to the court.

G. No later than five days, excluding Saturdays, Sundays, or legal holidays, after an order for mandatory outpatient treatment has been entered pursuant to subsection D, the community services board where the person resides that is responsible for monitoring compliance with the order shall file a comprehensive mandatory outpatient treatment plan. The comprehensive mandatory outpatient treatment plan shall (i) identify the specific type, amount, duration, and frequency of each service to be provided to the person, (ii) identify the provider that has agreed to provide each service included in the plan, (iii) certify that the services are the most appropriate and least restrictive treatment available for the person, (iv) certify that each provider has complied and continues to comply with applicable provisions of the Department's licensing regulations, (v) be developed with the fullest possible involvement and participation of the person and his family, with the person's consent, and reflect his preferences to the greatest extent possible to support his recovery and self-determination, (vi) specify the particular conditions with which the person shall be required to comply, and (vii) describe how the community services board shall monitor the person's compliance with the plan and report any material noncompliance with the plan. The community services board shall submit the comprehensive mandatory outpatient treatment plan to the court for approval. Upon approval by the court, the comprehensive mandatory outpatient treatment plan shall be filed with the court and incorporated into the order of mandatory outpatient treatment. Any subsequent substantive modifications to the plan shall be filed with the court for review and attached to any order for mandatory outpatient treatment.

H. If the community services board responsible for developing the comprehensive mandatory outpatient treatment plan determines that the services necessary for the treatment of the person's mental illness are not available or cannot be provided to the person in accordance with the order for mandatory outpatient treatment, it shall notify the court within five business days of the entry of the order for mandatory outpatient treatment. Within two business days of receiving such notice, the judge or special

182 justice, after notice to the person, the person's attorney, and the community services board responsible  
183 for developing the comprehensive mandatory outpatient treatment plan shall hold a hearing pursuant to  
184 § 37.2-817.2.

185 I. Upon entry of any order for mandatory outpatient treatment entered pursuant to subsection D, the  
186 clerk of the court shall provide a copy of the order to the person who is the subject of the order, to his  
187 attorney, and to the community services board required to monitor compliance with the plan. The  
188 community services board shall acknowledge receipt of the order to the clerk of the court on a form  
189 established by the Office of the Executive Secretary of the Supreme Court and provided by the court for  
190 this purpose.

191 J. The court may transfer jurisdiction of the case to the district court where the person resides at any  
192 time after the entry of the mandatory outpatient treatment order. The community services board  
193 responsible for monitoring compliance with the mandatory outpatient treatment plan or discharge plan  
194 shall remain responsible for monitoring the person's compliance with the plan until the community  
195 services board serving the locality to which jurisdiction of the case has been transferred acknowledges  
196 the transfer and receipt of the order to the clerk of the court on a form established by the Office of the  
197 Executive Secretary of the Supreme Court and provided by the court for this purpose.

198 K. Any order entered pursuant to this section shall provide for the disclosure of medical records  
199 pursuant to § 37.2-804.2. This subsection shall not preclude any other disclosures as required or  
200 permitted by law.