As Introduced

127th General Assembly **Regular Session** 2007-2008

H. B. No. 299

Representative Patton

Cosponsors: Representatives McGregor, J., Hagan, R., Ujvagi, Boyd

A BILL

То	amend section 5119.01 and to enact sections	1
	340.20, 340.21, 340.22, 340.23, 340.24, and 340.25	2
	of the Revised Code regarding assisted outpatient	3
	treatment.	4

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That section 5119.01 be amended and sections	5
340.20, 340.21, 340.22, 340.23, 340.24, and 340.25 of the Revised	6
Code be enacted to read as follows:	7
Sec. 340.20. (A) As used in sections 340.20 to 340.25 of the	8
Revised Code:	9
(1) "Assisted outpatient" means the person who is the subject	10
of a court order to receive assisted outpatient treatment.	11
(2) "Assisted outpatient treatment" means services provided	12
pursuant to a court order to a person who is suffering from a	13
mental illness that include medication; periodic blood tests or	14
urinalysis to determine compliance with prescribed medications or	15
the presence of alcohol or illegal drugs; individual or group	16
therapy; educational and vocational training or activities;	17
supervision of living arrangements; and any other services	18
prescribed to treat a person's mental illness, assist the person	19

in living and functioning in the community, or attempt to prevent	20
a relapse or further deterioration that may be reasonably	21
predicted to result in suicide or the need for hospitalization.	22
(3) "Court" means the probate division of the court of common	23
pleas.	24
(4) "Mental health professional" means any of the following	25
persons:	26
(a) A physician authorized under Chapter 4731. of the Revised	27
Code to practice medicine and surgery or osteopathic medicine and	28
<pre>surgery;</pre>	29
(b) Subject to the supervision, control, and direction of a	30
physician, a physician's assistant licensed under Chapter 4730. of	31
the Revised Code;	32
(c) A clinical nurse specialist, certified nurse-midwife, or	33
certified nurse practitioner that holds a certificate issued under	34
section 4723.48 of the Revised Code;	35
(d) A psychologist licensed under Chapter 4732. of the	36
Revised Code;	37
(e) A professional clinical counselor, or a professional	38
counselor under the supervision of a psychologist, psychiatrist,	39
professional clinical counselor, or independent social worker,	40
licensed under Chapter 4757. of the Revised Code;	41
(f) An independent social worker, or a social worker under	42
the supervision of a psychologist, psychiatrist, professional	43
clinical counselor, independent social worker, or registered nurse	44
who holds a master's degree in psychiatric nursing, licensed under	45
Chapter 4757. of the Revised Code;	46
(g) An independent marriage and family therapist, or a	47
marriage and family therapist under the supervision of a	48
psychologist, psychiatrist, professional clinical counselor.	49

independent social worker, or independent marriage and family	50
therapist, licensed under Chapter 4757. of the Revised Code.	51
(5) "Mental illness" has the same meaning as in section	52
5122.01 of the Revised Code.	53
(6) "Substantive change" means any addition, deletion, or	54
amendment to a written assisted outpatient treatment plan that	55
would affect the mental health of the assisted outpatient.	56
(B) Each board of alcohol, drug addiction, and mental health	57
services shall establish and maintain an assisted outpatient	58
treatment program. All programs, through mental health	59
professionals employed in that alcohol, drug addiction, and mental	60
health services district, shall provide timely assisted outpatient	61
treatment, monitor compliance with assisted outpatient treatment,	62
evaluate and address the conditions or needs of assisted	63
outpatients, and ensure compliance with court orders of assisted	64
outpatient treatment. The executive director of each board of	65
alcohol, drug addiction, and mental health services shall appoint	66
a mental health professional employed in that alcohol, drug	67
addiction, and mental health services district to oversee and	68
coordinate the operations of the assisted outpatient treatment	69
program in the district. On a quarterly basis, the local	70
coordinator shall collect and report nonidentifying statistical	71
data regarding the assisted outpatient treatment program in the	72
local coordinator's alcohol, drug addiction, and mental health	73
services district to the director of mental health, or the	74
director's designee.	75
(C) The director of mental health, or the director's	76
designee, shall oversee and coordinate all assisted outpatient	77
treatment programs in the state. The director or the director's	78
designee shall compile statistical data collected pursuant to	79
division (B) of this section and report the findings to the	80
governor, the general assembly, and the executive directors of all	81

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person;	111
(ii) Attempted to examine the respondent regarding the	112
respondent's mental health, has been unsuccessful in examining the	113
respondent, and has reason to suspect that the respondent meets	114
the criteria described in division (B)(2) of this section.	115
(2) The respondent must meet all of the following criteria	116
before the court may order that the respondent participate in	117
assisted outpatient treatment:	118
(a) The respondent is at least eighteen years old.	119
(b) The respondent is suffering from mental illness.	120
(c) The respondent is unlikely to survive safely in the	121
community without supervision based on determination by a mental	122
health professional.	123
(d) The respondent has a history of lack of compliance with	124
treatment for mental illness and either of the following has	125
occurred:	126
(i) At least twice in thirty-six months prior to filing the	127
petition, the respondent's mental illness has been a significant	128
factor in hospitalization, services, or other related treatment,	129
not including any current period of hospitalization, services, or	130
other related treatment or period of hospitalization, services, or	131
other related treatment ending in the six months prior to filing	132
the petition.	133
(ii) In the forty-eight months prior to filing the petition,	134
the respondent's mental illness has been a significant cause of	135
one or more acts of serious violent behavior toward the	136
respondent's self or others or the cause of threats of, or	137
attempts at, serious physical harm to the respondent's self or	138
others, not including any current period of hospitalization,	139
services, or other related treatment or period of hospitalization,	140

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services, or other related treatment ending in the six months	141
prior to filing the petition.	142
(e) The respondent is unlikely to voluntarily participate in	143
treatment for the respondent's mental illness that would enable	144
the respondent to live safely in the community.	145
(f) The respondent is in need of assisted outpatient	146
treatment based on the respondent's treatment history and current	147
behavior in order to prevent relapse of the mental illness or	148
additional damage to the respondent's mental health and such	149
relapse or damage would result in serious harm to the respondent	150
or others.	151
(g) The respondent is likely to benefit from assisted	152
outpatient treatment.	153
(C) If the respondent refuses examination under division	154
(B)(1)(c) of this section, the court may request that a	155
court-appointed mental health professional examine the respondent.	156
If the respondent refuses the court-requested examination and	157
there is reasonable cause to believe that the respondent meets the	158
criteria in division (B)(2) of this section, the court may order	159
the respondent to be taken into custody by a police officer or	160
sheriff to undergo examination by a court-appointed mental health	161
professional. Examination under this division shall be conducted	162
within twenty-four hours of receiving custody of the respondent	163
and may be by a mental health professional described in division	164
(B)(1)(c)(ii) of this section. The respondent shall not be in	165
custody for longer than twenty-four hours.	166
(D) All of the following persons shall personally, or by	167
mail, be given notice of, and a copy of, a petition filed pursuant	168
to division (A) of this section:	169
(1) The respondent;	170
(2) The executive director of the board of alcohol, drug	171

(C)(1) If the court finds by clear and convincing evidence	203
that the respondent meets all of the criteria for assisted	204
outpatient treatment as described in section 340.21 of the Revised	205
Code, the written assisted outpatient treatment plan created	206
pursuant to this section provides the least restrictive services	207
necessary for treating the respondent, and the court hears	208
testimony from relevant persons, including the mental health	209
professional creating the assisted outpatient treatment plan,	210
regarding the respondent and the plan, the court may order the	211
respondent to participate in the assisted outpatient treatment	212
contained in the plan for an initial period not to exceed six	213
months.	214
(2) If the court does not find by clear and convincing	215
evidence that the respondent meets all of the criteria for	216
assisted outpatient treatment as described in section 340.21 of	217
the Revised Code, the court may dismiss the petition. If the court	218
does not find by clear and convincing evidence that the written	219
assisted outpatient treatment plan created pursuant to this	220
section provides the least restrictive services necessary for	221
treating the respondent, the court may continue the proceeding for	222
ten business days to obtain a revised plan. Upon receiving the	223
revised plan, the court shall either dismiss the petition or order	224
the respondent to participate in the assisted outpatient treatment	225
contained in a revised written assisted outpatient treatment plan	226
for an initial period not to exceed six months.	227
(3) A copy of the order issued under division (C)(1) or (2)	228
of this section shall be sent to the petitioner, persons listed in	229
division (D) of section 340.21 of the Revised Code, and the mental	230
health professional providing assisted outpatient treatment to the	231
assisted outpatient.	232
(D) Not earlier than thirty days prior to the expiration of	233
an order issued under division (C) of this section, the executive	234

director of the board of alcohol, drug addiction, and mental	235
health service district in which the assisted outpatient is	236
participating in assisted outpatient treatment or the person who	237
filed a petition under division (A) of section 340.21 of the	238
Revised Code may petition the court to order continued assisted	239
outpatient treatment up to one year after the expiration of the	240
original order. Subject to this section, the court may order	241
continued assisted outpatient treatment if the respondent meets	242
the criteria described in division (B)(2) of section 340.21 of the	243
Revised Code.	244
(E)(1) The respondent or assisted outpatient has the right to	245
counsel, be present at any hearing, present evidence, examine or	246
cross-examine witnesses, and appeal any decision, regarding	247
assisted outpatient treatment under sections 340.20 to 340.24 of	248
the Revised Code. To the extent not inconsistent with sections	249
340.20 to 340.24 of the Revised Code, the Rules of Civil Procedure	250
are applicable.	251
(2) On motion of the respondent or assisted outpatient, or on	252
the court's own motion, for good cause shown, the court may order	253
a continuance of the hearing held pursuant to this section.	254
Sec. 340.23. The mental health professional providing	255
assisted outpatient treatment to the assisted outpatient shall	256
petition the court in which the original petition for assisted	257
outpatient treatment was filed to make any substantive change in	258
the written assisted outpatient treatment plan created under	259
section 340.22 of the Revised Code. Notice of the petition shall	260
be delivered by mail to the persons listed in division (D) of	261
section 340.21 of the Revised Code. The court may approve any	262
changes without a hearing if the assisted outpatient consents to	263
the changes, unless one or more of the notified parties objects to	264
the change. If the assisted outpatient does not consent, or any of	265

the notified parties object to the changes, the court shall	266
schedule a hearing on the proposed change within five business	267
days of receiving the petition. The mental health professional may	268
make any nonsubstantive changes to the written assisted outpatient	269
treatment plan without petitioning the court.	270
Sec. 340.24. An assisted outpatient who fails to participate	271
in assisted outpatient treatment according to the provisions of	272
the written assisted outpatient treatment plan shall be subject to	273
sections 5122.11 to 5122.15 of the Revised Code regarding	274
hospitalization of a person pursuant to a court order.	275
Sec. 340.25. (A) A person who knowingly makes a false	276
statement on a petition, written statement, or other documentation	277
as required under sections 340.20 to 340.24 of the Revised Code is	278
quilty of falsification under section 2921.13 of the Revised Code.	279
(B) A person who knowingly makes a false statement in any	280
proceeding held pursuant to sections 340.20 to 340.24 of the	281
Revised Code is guilty of perjury under section 2921.11 of the	282
Revised Code.	283
Sec. 5119.01. The director of mental health is the chief	284
executive and administrative officer of the department of mental	285
health. The director may establish procedures for the governance	286
of the department, conduct of its employees and officers,	287
performance of its business, and custody, use, and preservation of	288
departmental records, papers, books, documents, and property.	289
Whenever the Revised Code imposes a duty upon or requires an	290
action of the department or any of its institutions, the director	291
shall perform the action or duty in the name of the department,	292
except that the medical director appointed pursuant to section	293
5119.07 of the Revised Code shall be responsible for decisions	294

relating to medical diagnosis, treatment, rehabilitation, quality	295
assurance, and the clinical aspects of the following: licensure of	296
hospitals and residential facilities, research, community mental	297
health plans, and delivery of mental health services.	298
The director shall:	299

- (A) Adopt rules for the proper execution of the powers and 300 duties of the department with respect to the institutions under 301 its control, and require the performance of additional duties by 302 the officers of the institutions as necessary to fully meet the 303 requirements, intents, and purposes of this chapter. In case of an 304 apparent conflict between the powers conferred upon any managing 305 officer and those conferred by such sections upon the department, 306 the presumption shall be conclusive in favor of the department. 307
- (B) Adopt rules for the nonpartisan management of the 308 institutions under the department's control. An officer or 309 employee of the department or any officer or employee of any 310 institution under its control who, by solicitation or otherwise, 311 exerts influence directly or indirectly to induce any other 312 officer or employee of the department or any of its institutions 313 to adopt the exerting officer's or employee's political views or 314 to favor any particular person, issue, or candidate for office 315 shall be removed from the exerting officer's or employee's office 316 or position, by the department in case of an officer or employee, 317 and by the governor in case of the director. 318
- (C) Appoint such employees, including the medical director, 319 as are necessary for the efficient conduct of the department, and 320 prescribe their titles and duties; 321
- (D) Prescribe the forms of affidavits, applications, medical 322 certificates, orders of hospitalization and release, and all other 323 forms, reports, and records that are required in the 324 hospitalization or admission and release of all persons to the 325

institutions under the control of the department, or are otherwise	326
required under this chapter or Chapter 5122. of the Revised Code;	327
(E) Contract with hospitals licensed by the department under	328
section 5119.20 of the Revised Code for the care and treatment of	329
mentally ill patients, or with persons, organizations, or agencies	330
for the custody, supervision, care, or treatment of mentally ill	331
persons receiving services elsewhere than within the enclosure of	332
a hospital operated under section 5119.02 of the Revised Code;	333
(F) Exercise the powers and perform the duties relating to	334
community mental health facilities and services that are assigned	335
to the director under this chapter and Chapter 340. of the Revised	336
Code;	337
(G) Develop and implement clinical evaluation and monitoring	338
of services that are operated by the department;	339
(H) At the director's discretion, adopt rules establishing	340
standards for the adequacy of services provided by community	341
mental health facilities, and certify the compliance of such	342
facilities with the standards for the purpose of authorizing their	343
participation in the health care plans of health insuring	344
corporations under Chapter 1751. and sickness and accident	345
insurance policies issued under Chapter 3923. of the Revised Code.	346
The director shall cease to certify such compliance two years	347
after June 6, 2001. The director shall rescind the rules after the	348
date the director ceases to certify such compliance.	349
(I) Adopt rules establishing standards for the performance of	350
evaluations by a forensic center or other psychiatric program or	351
facility of the mental condition of defendants ordered by the	352
court under section 2919.271, or 2945.371 of the Revised Code, and	353
for the treatment of defendants who have been found incompetent to	354
stand trial and ordered by the court under section 2945.38,	355
2945.39, 2945.401, or 2945.402 of the Revised Code to receive	356

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treatment in facilities;	357
(J) On behalf of the department, have the authority and	358
responsibility for entering into contracts and other agreements;	359
(K) Prepare and publish regularly a state mental health plan	360
that describes the department's philosophy, current activities,	361
and long-term and short-term goals and activities;	362
(L) Adopt rules in accordance with Chapter 119. of the	363
Revised Code specifying the supplemental services that may be	364
provided through a trust authorized by section 5815.28 of the	365
Revised Code;	366
(M) Adopt rules in accordance with Chapter 119. of the	367
Revised Code establishing standards for the maintenance and	368
distribution to a beneficiary of assets of a trust authorized by	369
section 5815.28 of the Revised Code:	370
(N) Adopt rules regarding assisted outpatient treatment as	371
described in sections 340.20 to 340.24 of the Revised Code that	372
<pre>establish the following:</pre>	373
(1) To the extent necessary, training and education of mental	374
health professionals, judges, or other relevant persons involved	375
with assisted outpatient treatment;	376
(2) Contents of the written assisted outpatient treatment	377
plans described in section 340.22 of the Revised Code;	378
(3) Collection and dissemination of statistical data	379

Section 2. That existing section 5119.01 of the Revised Code

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described in section 340.20 of the Revised Code.

is hereby repealed.