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| 5 | A BILL |
| 6 | TO BE ENTITLED |
| 7 | AN ACT |
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| 9 | Relating to the Alabama Department of Mental Health; to |
| 10 | amend Sections 22-52-1.1, 22-52-1.2, 22-52-3, 22-52-7, |
| 11 | 22-52-10.1, as last amended by Act 2023-472 of the 2023 |
| 12 | Regular Session, 22-52-10.2, 22-52-10.4, 22-52-10.11, and |
| 13 | 22-52-11 of the Code of Alabama 1975; to authorize a judge of |
| 14 | probate to involuntarily commit an individual who suffers from |
| 15 | a substance use disorder that occurs secondarily to a primary |
| 16 | diagnosis of one or more mental illnesses; to provide for a |
| 17 | change in jurisdiction of the sheriff who is required to serve |
| 18 | the commitment petition on the respondent; to authorize the |
| 19 | judge of probate to establish a procedure for placing |
| 20 | limitations on the respondent's liberty, if any, pending a |
| 21 | final hearing; to allow the judge of probate to determine the |
| 22 | appropriate medical evaluation process, if any, for the |
| 23 | respondent prior to final hearing; and to add Section 15-16-26 |
| 24 | to the Code of Alabama 1975, to provide a process for the |
| 25 | committing judge of probate to seek relief for the respondent |
| 26 | from temporary criminal confinement, under certain |
| 27 | circumstances, to fulfill a pending commitment order; and to |
| 28 | provide that mental health providers are not required to |



- 29 expand existing services unless its currently available funds
- 30 support the expansion.
- 31 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:
- 32 Section 1. Sections 22-52-1.1, 22-52-1.2, 22-52-3,
- 33 22-52-7, 22-52-10.1, as last amended by Act 2023-472, of the
- 34 2023 Regular Session, 22-52-10.2, 22-52-10.4, 22-52-10.11 and
- 35 22-52-11, Code of Alabama 1975, are amended to read as
- 36 follows:
- 37 "\$22-52-1.1
- 38 (a) When used in this article, the following terms
- 39 shall have the following meanings, respectively, unless the
- 40 context clearly indicates otherwise:
- 41 (1) COMMISSIONER. The Commissioner of the Alabama State
- 42 Department of Mental Health.
- 43 (2) CO-OCCURRING SUBSTANCE USE DISORDER. A substance
- 44 use disorder that occurs secondarily to a primary diagnosis of
- one or more mental illnesses.
- 46 $\frac{(2)}{(3)}$ DEPARTMENT. The Alabama State Department of
- 47 Mental Health.
- 48 (3) (4) DESIGNATED MENTAL HEALTH FACILITY. A mental
- 49 health facility, other than a state mental health facility,
- 50 which is designated by the State Department of Mental Health
- 51 to receive individuals for evaluation, examination, admission,
- detention, or treatment pursuant to this article.
- 53 (4)(5) INPATIENT TREATMENT. Treatment being provided to
- 54 an individual at a state mental health facility or a
- 55 designated mental health facility which has been specifically
- designated by the department for inpatient treatment.



| 57 | $\frac{(5)}{(6)}$ INVOLUNTARY COMMITMENT. Court-ordered mental |
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| 58 | health services in either an outpatient or inpatient setting. |
| 59 | $\frac{(6)}{(7)}$ MENTAL ILLNESS. A psychiatric disorder of |
| 60 | thought or mood which significantly impairs judgment, |
| 61 | behavior, capacity to recognize reality, or ability to cope |
| 62 | with the ordinary demands of life-, or a diagnosis designated |
| 63 | as a Serious Mental Illness (SMI), as defined in the then |
| 64 | current edition of the Diagnostic and Statistical Manual of |
| 65 | Mental Disorders. The term specifically excludes the primary |
| 66 | diagnosis of epilepsy, a substance use disorder, an |
| 67 | intellectual disability, substance abuse, including |
| 68 | alcoholism, or a developmental disability. |
| 69 | $\frac{(7)}{(8)}$ OUTPATIENT TREATMENT. Treatment being provided |
| 70 | to an individual in a nonresidential setting who is not |
| 71 | admitted for 24-hour-a-day care. |
| 72 | (8) (9) REAL AND PRESENT THREAT OF SUBSTANTIAL HARM TO |
| 73 | SELF OR OTHERS. A significant risk that an individual who is |
| 74 | exhibiting behavior consistent with a mental illness, as a |
| 75 | result of the mental illness, will do either of the following: |
| 76 | a. By action or inaction, cause, allow, or inflict |
| 77 | serious bodily harm upon himself, herself, or another |
| 78 | individual. |
| 79 | b. Be unable to satisfy his or her need for |
| 80 | nourishment, medical care, shelter, or self-protection so that |
| 81 | there is a substantial likelihood of death, serious bodily |
| 82 | harm, serious physical debilitation, serious mental |
| 83 | debilitation, or life-threatening disease. |
| 84 | $\frac{(9)}{(10)}$ RESPONDENT. An individual for whom a petition |



- 85 for commitment to mental health services has been filed.
- 86 $\frac{(10)}{(11)}$ STATE MENTAL HEALTH FACILITY. A mental health
- 87 facility operated by the Alabama State Department of Mental
- 88 Health.
- 89 (12) SUBSTANCE USE DISORDER. A cluster of cognitive,
- behavioral, and physiological symptoms indicating that the
- 91 individual continues using a substance despite significant
- 92 substance-related problems, such as impaired control, social
- 93 impairment, risky behaviors, and pharmacological tolerance and
- 94 withdrawal.
- 95 (b) The Legislature finds for purposes of this article
- 96 substance use disorder is commonly associated with mental
- 97 illness and providers who provide these services serve a
- 98 public purpose."
- 99 "\$22-52-1.2
- 100 (a) Any person_individual may file a petition seeking
- 101 the involuntary commitment of another personindividual. The
- 102 petition shall be filed in the probate court of the county in
- 103 which the respondent is located. The petition shall be in
- 104 writing, executed under oath, and shall include the following
- 105 information:
- 106 (1) The name and address, if known, of the respondent.
- 107 (2) The name and address, if known, of the respondent's
- 108 spouse, legal counsel, or next-of-kin.
- 109 (3) That the petitioner has reason to believe the
- respondent is mentally ill or is mentally ill with a secondary
- 111 diagnosis of co-occurring substance use disorder.
- 112 (4) That the beliefs of the petitioner are based on



specific behavior, acts, attempts, or threats, which shall be specified and described in detail.

(5) The names and addresses of other persons

individuals with knowledge of the respondent's mental illness

or mental illness with a secondary diagnosis of co-occurring

substance use disorder who may be called as witnesses.

The petition may be accompanied by any other relevant information.

(b) The home address and the telephone number of the petitioner shall be excluded from the copy of the petition seeking the involuntary commitment provided to the respondent, however, if there is no other available address to contact the petitioner, then the home address of the petitioner shall be provided."

127 "\$22-52-3

When any petition has been filed seeking the involuntary commitment of a respondent and—such_the petition has been reviewed by the probate judgejudge of probate, the probate judgejudge of probate shall order the sheriff of the county in which the respondent iswas located at the time of the filing to serve a copy of the petition, together with a copy of the order setting the petition for a hearing, upon the respondent. SaidThe notice shall include the date, time and place of the hearing; a clear statement of the purpose of the proceeding and the possible consequences to the subject thereof; the alleged factual basis for the proposed commitment; a statement of the legal standards upon which commitment is authorized; and a list of the names and



addresses of the witnesses who may be called to testify in support of the petition. The hearing shall be preceded by adequate notice to the respondent."

144 "\$22-52-7

- (a) (1) When a petition has been filed seeking to have limitations placed upon the liberty of a respondent pending the outcome of a final hearing on the merits, the probate judge judge of probate shall order the sheriff of the county in which the respondent iswas located at the time of the filing to serve a copy of the petition upon the respondent and to either bring the respondent before the judge of probate probate judge instanter or be evaluated as provided in subsection (2).
- (2) When any respondent against whom a petition has been filed seeking to have limitations placed upon the respondent's liberty pending the outcome of a full and final hearing on the merits is initially brought before the probate judgejudge of probate, the probate judgejudge of probate shall determine from an interview with the respondent and with other available persons what limitations, if any, shall be imposed upon the respondent's liberty and what temporary treatment, if any, shall be imposed upon the respondent pending further hearings. In making these determinations, the judge of probate may also interview any other available individuals or officers and may consult with or seek an evaluation by a licensed medical physician or qualified mental health professional. If limitations on the respondent's liberty are ordered, the probate judgejudge of probate may order the respondent

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detained under the provisions of this section at a designated mental health facility or a hospital.

- (b) No limitations shall be placed upon the respondent's liberty nor treatment imposed upon the respondent unless such limitations are determined necessary by the judge of probate to prevent the respondent from doing substantial and immediate harm to himself or to others posing a real and present threat of substantial harm to self or others or to prevent the respondent from leaving the jurisdiction of the court. No respondent shall be placed in a jail or other facility for persons individuals accused of or convicted of committing crimes.
- (c) The probate judge judge of probate shall order the respondent to appear at the times and places set for hearing the petition and may order the respondent to appear at designated times and places to be examined by licensed medical doctors or qualified mental health professionals. If the respondent does not appear as ordered by the probate judge judge of probate, or if the judge of probate determines it is likely the respondent will not appear, the probate judge judge of probate may order the sheriff of the county in which the respondent is was located at the time of the filing to take the respondent into custody and compel the respondent's attendance as ordered by the probate judge of probate. If temporary treatment or admittance to a hospital is ordered for the respondent, such the treatment shall be supervised by a licensed medical doctor physician or qualified mental health professional who has willingly consented to treat the



- respondent, and admission to a hospital shall be ordered by a licensed medical doctor who has willingly consented to admit and treat the respondent."
- 200 "\$22-52-10.1

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- (a) If at the final hearing on a petition seeking to involuntarily commit a respondent, the judge of probate finds, based on clear and convincing evidence, that the respondent meets the criteria for involuntary commitment, an order shall be entered for either of the following:
 - (1) Outpatient treatment.
 - (2) Inpatient treatment.
- (b) The least restrictive alternative necessary and available for the treatment of the respondent's mental illness or mental illness with a secondary diagnosis of co-occurring substance use disorder shall be ordered.
- 212 (c) The petition for involuntary commitment shall be 213 dismissed if the criteria for commitment is not proved.
 - (d) (1) The judge of probate shall immediately report an order for involuntary commitment to the Alabama State Law Enforcement Agency, in a manner prescribed by the Alabama Justice Information Commission, for entry into the state firearms prohibited person database and the National Instant Criminal Background Check (NICS) system.
 - (2) The judge of probate shall report to the Alabama State Law Enforcement Agency, in a method determined by the commission, updates to any order for involuntary commitment that was previously forwarded to the Alabama State Law Enforcement Agency under this section, including notice of any



- 225 reversal of petition or appeal."
- 226 "\$22-52-10.2

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- (a) A respondent may be committed to outpatient treatment if the probate court, based upon clear and convincing evidence, finds all of the following:
- 230 (1) The respondent has a mental illness or a mental
 231 <u>illness with a secondary diagnosis of co-occurring substance</u>
 232 use disorder.
- 233 (2) As a result of the mental illness, or mental
 234 illness with secondary diagnosis of co-occurring substance use
 235 disorder, the respondent, if not treated, will suffer mental
 236 distress and experience deterioration of the ability to
 237 function independently.
 - (3) The respondent is unable to maintain consistent engagement with outpatient treatment on a voluntary basis, as demonstrated by either of the following:
 - a. The respondent's actions occurring within the two-year period immediately preceding the hearing.
 - b. Specific aspects of the respondent's clinical condition that significantly impair the respondent's ability to consistently make rational and informed decisions as to whether to participate in treatment for mental illness.
 - (b) Upon a recommendation made by the designated mental health facility currently providing outpatient treatment that the respondent's outpatient commitment order should be renewed, a probate court may enter an order to renew the commitment order upon the expiration of time allotted for treatment by the original outpatient treatment order if the



- 253 <u>judge of probate court</u> finds, based upon clear and convincing
 254 evidence, all of the following:
- 255 (1) The respondent has a mental illness or a mental
 256 <u>illness with a secondary diagnosis of co-occurring substance</u>
 257 use disorder.
- 258 (2) As a result of the mental illness or mental illness

 259 with a secondary diagnosis of co-occurring substance use

 260 disorder, the respondent, if treatment is not continued, will

 261 suffer mental distress and experience deterioration of the

 262 ability to function independently.
- 263 (3) The respondent remains unable to maintain
 264 consistent engagement with outpatient treatment on a voluntary
 265 basis."
- 266 "\$22-52-10.4
- 267 (a) A respondent may be committed to inpatient
 268 treatment if the <u>judge of probate court</u>, based upon clear and
 269 convincing evidence, finds that all of the following are true:
- 270 (1) The respondent has a mental illness or a mental
 271 <u>illness with a secondary diagnosis of co-occurring substance</u>
 272 use disorder.
- 273 (2) As a result of the mental illness or mental

 274 <u>illness with a secondary diagnosis of co-occurring substance</u>

 275 <u>use disorder</u>, the respondent poses a real and present threat

 276 of substantial harm to self or others.
- 277 (3) The respondent, if not treated, will continue to
 278 suffer mental distress and continue to experience
 279 deterioration of the ability to function independently.
- 280 (4) The respondent is unable to make a rational and



- informed decision as to whether or not treatment for mental illness or mental illness with a secondary diagnosis of co-occurring substance use disorder would be desirable.
- 284 (b) If the probate judge of probate finds that no 285 treatment is presently available for the respondent's mental 286 illness or mental illness with a secondary diagnosis of co-occurring substance use disorder, but that confinement is 287 288 necessary to prevent the respondent from causing substantial 289 harm to himself or herself or to others, the order committing 290 the respondent shall provide that, should treatment for the 291 respondent's mental illness or mental illness with a secondary diagnosis of co-occurring substance use disorder become 292 293 available at any time during the period of the respondent's 294 confinement, the treatment shall be made available to him or 295 her immediately.
 - (c) In determining whether an individual poses a real and present threat of substantial harm to self or others, all available relevant information shall be considered, including any known relevant aspects of the individual's psychosocial, medical, and psychiatric history, in addition to the individual's current behavior.
 - (d) Nothing in this section shall be construed as requiring a mental health provider to expand their current services if necessary funding is not provided."
- 305 "\$22-52-10.11

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306 (a) The director of a state mental health facility or
307 designated mental health facility to which a respondent is
308 currently committed for inpatient treatment, not later than 30



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days prior to the expiration of the current commitment order, shall assess the appropriateness of transferring the respondent to outpatient treatment as the least restrictive alternative necessary and available for the treatment of the respondent's mental illness or mental illness with a secondary diagnosis of co-occurring substance use disorder. The director may recommend to the probate court in writing that the order be modified to commit the respondent to outpatient treatment.

- (b) A recommendation under subsection (a) shall do both of the following:
- (1) State the grounds for the director's determination that outpatient treatment is the least restrictive alternative necessary and available for the treatment of the respondent's mental illness or mental illness with a secondary diagnosis of co-occurring substance use disorder.
- (2) Identify the designated mental health facility to which the director recommends that the respondent be committed for outpatient treatment.
- (c) Notice of the recommendation under subsection (a) shall be provided to both of the following:
- 329 (1) The respondent.
- 330 (2) The director of the designated mental health
 331 facility identified under subsection (b), unless the director
 332 is the individual making the recommendation.
 - (d) Upon request of the respondent or any other interested party, the probate court shall hold a hearing on the recommendation. The probate shall appoint an attorney to represent the respondent at the



- hearing. The hearing shall be conducted in accordance with Section 22-52-9.
- 339 (e) If a hearing is not requested, the <u>judge of probate</u>
 340 court may make a decision regarding the facility director's
 341 recommendation based upon both of the following:
 - (1) The grounds stated in the recommendation.
- 343 (2) Consultation with the director of the designated 344 mental health facility, or his or her designee, concerning the 345 availability of resources to treat the respondent as an 346 outpatient.
 - (f) If the <u>probate</u> court modifies the order, the modified order shall conform to all requirements of an original commitment to outpatient treatment under Section 22-52-10.3, except that the modified order may not extend beyond the term of the original order by more than 60 days."
- 352 Section 2. Section 15-16-26 is added to the Code of 353 Alabama 1975, to read as follows:
- 354 \$15-16-26

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355 Notwithstanding Section 15-16-20, Code of Alabama 1975, 356 if a commitment order has been issued pursuant to Title 22, 357 Chapter 52, Code of Alabama 1975, but cannot be fulfilled 358 because the respondent is subsequently confined solely for 359 misdemeanor charges or municipal ordinance violations, the 360 judge of probate who issued the commitment order may 361 communicate with the judge of the district, municipal, or circuit court who ordered the respondent to be confined to 362 discuss whether he or she will issue an order to discharge the 363

respondent from confinement and suspend the criminal

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| 365 | proceedings temporarily so that the commitment order may be |
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| 366 | fulfilled. |
| 367 | Section 3. This act shall become effective on January |
| 368 | 1, 2025. |
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