

- 1 SB240
- 2 7LQ822E-1
- 3 By Senator Barfoot
- 4 RFD: Judiciary
- 5 First Read: 21-Mar-24



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## SYNOPSIS:

Under existing law an individual may petition the probate court to seek the involuntarily commitment of another individual to the custody of the Alabama Department of Mental Health for inpatient or outpatient treatment of a mental illness upon a finding that clear and convincing evidence establishes commitment criteria.

This bill would provide for the commitment of respondents who meet the criteria for involuntary commitment to the custody of the Alabama Department of Mental Health to include individuals suffering from a substance use disorder that occurs secondarily to a primary diagnosis of one or more mental illnesses.

This bill would require the judge of probate, upon review of the petition, to order the sheriff, in the county where the respondent was previously located when the original petition was filed, to serve on the respondent a copy of the petition seeking involuntary commitment and give notice of the hearing.

This bill would provide that when the petitioner is seeking limitations on the respondent's liberty pending a final hearing on the merits, and the judge of probate determines limitations on the respondent's liberty is necessary to prevent respondent from posing



a real and present threat to self or others, the judge of probate is authorized to order the sheriff in the county where the respondent was located at the time of initial filing, within a reasonable time, if the judge of probate determines it is likely the respondent will not appear or if the respondent fails to voluntarily appear, to bring the respondent before the court for an interview to determine whether to place limits, or which ones, on the respondent's liberty.

This bill would authorize the judge of probate, when determining whether to place limitations on the respondent's liberty pending a final hearing, to interview respondent and any other available individual, seek an evaluation by a licensed medical physician or qualified mental health provider who has willingly consented to treating the respondent.

This bill would further provide a procedure for a probate court to petition the district court or municipal court to suspend criminal proceedings temporarily in order for a subsequently entered commitment order to be fulfilled.

This bill would provide that a mental health provider is not required to expand existing services beyond current availability of funds for the provision of mental health services.

56 A BILL



57	TO BE ENTITLED
58	AN ACT
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60	Relating to the Alabama Department of Mental Health; to
61	amend Sections 22-52-1.1, 22-52-1.2, 22-52-3, 22-52-7,
62	22-52-10.1, as last amended by Act 2023-472 of the 2023
63	Regular Session, 22-52-10.2, 22-52-10.4, 22-52-10.11, and
64	22-52-11 of the Code of Alabama 1975; to authorize a judge of
65	probate to involuntarily commit an individual who suffers from
66	a substance use disorder that occurs secondarily to a primary
67	diagnosis of one or more mental illnesses; to provide for a
68	change in jurisdiction of the sheriff who is required to serve
69	the commitment petition on the respondent; to authorize the
70	judge of probate to establish a procedure for placing
71	limitations on the respondent's liberty, if any, pending a
72	final hearing; to allow the judge of probate to determine the
73	appropriate medical evaluation process, if any, for the
74	respondent prior to final hearing; and to add Section 15-16-26
75	to the Code of Alabama 1975, to provide a process for the
76	committing judge of probate to seek relief for the respondent
77	from temporary criminal confinement, under certain
78	circumstances, to fulfill a pending commitment order; and to
79	provide that mental health providers are not required to
80	expand existing services unless its currently available funds
81	support the expansion.
82	BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:
83	Section 1. Sections 22-52-1.1, 22-52-1.2, 22-52-3,
84	22-52-7, 22-52-10.1, as last amended by Act 2023-472, of the



- 85 2023 Regular Session, 22-52-10.2, 22-52-10.4, 22-52-10.11 and
- 86 22-52-11, Code of Alabama 1975, are amended to read as
- 87 follows:
- 88 "\$22-52-1.1
- 89 (a) When used in this article, the following terms
- 90 shall have the following meanings, respectively, unless the
- 91 context clearly indicates otherwise:
- 92 (1) COMMISSIONER. The Commissioner of the Alabama State
- 93 Department of Mental Health.
- 94 (2) CO-OCCURRING SUBSTANCE USE DISORDER. A substance
- 95 use disorder that occurs secondarily to a primary diagnosis of
- one or more mental illnesses.
- 97 (2) (3) DEPARTMENT. The Alabama State Department of
- 98 Mental Health.
- 99 (4) DESIGNATED MENTAL HEALTH FACILITY. A mental
- 100 health facility, other than a state mental health facility,
- 101 which is designated by the State Department of Mental Health
- 102 to receive individuals for evaluation, examination, admission,
- 103 detention, or treatment pursuant to this article.
- 104 (5) INPATIENT TREATMENT. Treatment being provided to
- 105 an individual at a state mental health facility or a
- designated mental health facility which has been specifically
- 107 designated by the department for inpatient treatment.
- 108 (5) (6) INVOLUNTARY COMMITMENT. Court-ordered mental
- 109 health services in either an outpatient or inpatient setting.
- 110 (6) (7) MENTAL ILLNESS. A psychiatric disorder of
- 111 thought or mood which significantly impairs judgment,
- behavior, capacity to recognize reality, or ability to cope



- 113 with the ordinary demands of life-, or a diagnosis designated as a Serious Mental Illness (SMI), as defined in the then 114 115 current edition of the Diagnostic and Statistical Manual of 116 Mental Disorders. The term specifically excludes the primary 117 diagnosis of epilepsy, a substance use disorder, an 118 intellectual disability, substance abuse, including 119 alcoholism, or a developmental disability. 120 (7) (8) OUTPATIENT TREATMENT. Treatment being provided 121 to an individual in a nonresidential setting who is not admitted for 24-hour-a-day care. 122 123 (8) (9) REAL AND PRESENT THREAT OF SUBSTANTIAL HARM TO 124 SELF OR OTHERS. A significant risk that an individual who is 125 exhibiting behavior consistent with a mental illness, as a 126 result of the mental illness, will do either of the following: 127 a. By action or inaction, cause, allow, or inflict 128 serious bodily harm upon himself, herself, or another 129 individual. 130 b. Be unable to satisfy his or her need for 131 nourishment, medical care, shelter, or self-protection so that 132 there is a substantial likelihood of death, serious bodily 133 harm, serious physical debilitation, serious mental 134 debilitation, or life-threatening disease. 135 (9) (10) RESPONDENT. An individual for whom a petition 136 for commitment to mental health services has been filed. 137 (10) (11) STATE MENTAL HEALTH FACILITY. A mental health 138 facility operated by the Alabama State Department of Mental
- 140 (12) SUBSTANCE USE DISORDER. A cluster of cognitive,

Health.



141	behavioral, and physiological symptoms indicating that the
142	individual continues using a substance despite significant
143	substance-related problems, such as impaired control, social
144	impairment, risky behaviors, and pharmacological tolerance and
145	withdrawal.

- (b) The Legislature finds for purposes of this article substance use disorder is commonly associated with mental illness and providers who provide these services serve a public purpose."
- 150 "\$22-52-1.2

- (a) Any person individual may file a petition seeking the involuntary commitment of another person individual. The petition shall be filed in the probate court of the county in which the respondent is located. The petition shall be in writing, executed under oath, and shall include the following information:
  - (1) The name and address, if known, of the respondent.
- 158 (2) The name and address, if known, of the respondent's 159 spouse, legal counsel, or next-of-kin.
  - (3) That the petitioner has reason to believe the respondent is mentally ill or is mentally ill with a secondary diagnosis of co-occurring substance use disorder.
  - (4) That the beliefs of the petitioner are based on specific behavior, acts, attempts, or threats, which shall be specified and described in detail.





169 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."

"\$22-52-3

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When any petition has been filed seeking the involuntary commitment of a respondent and such the petition has been reviewed by the probate judge of probate, the probate judge judge of probate shall order the sheriff of the county in which the respondent is was 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. Said The 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."

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(a) (1) When a petition has been filed seeking to have

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limitations placed upon the liberty of a respondent pending
the outcome of a final hearing on the merits, the probate
<pre>judge of probate shall order the sheriff of the county</pre>
in which the respondent <code>iswas</code> located at the time of the
filing to serve a copy of the petition upon the respondent and
to <u>either</u> bring the respondent before the <u>judge of probate</u>
<pre>probate judge instanteror be evaluated as provided in</pre>
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 judge judge of probate, the probate judge judge 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 judge judge of probate may order the respondent 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 judgejudge 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."
- 251 "\$22-52-10.1

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252 (a) If at the final hearing on a petition seeking to



- 253 involuntarily commit a respondent, the judge of probate finds, 254 based on clear and convincing evidence, that the respondent
- 255 meets the criteria for involuntary commitment, an order shall
- 256 be entered for either of the following:
- 257 (1) Outpatient treatment.
- 258 (2) Inpatient treatment.
- 259 (b) The least restrictive alternative necessary and
  260 available for the treatment of the respondent's mental illness
  261 or mental illness with a secondary diagnosis of co-occurring
  262 substance use disorder shall be ordered.
- 263 (c) The petition for involuntary commitment shall be 264 dismissed if the criteria for commitment is not proved.
- 265 (d)(1) The judge of probate shall immediately report an
  266 order for involuntary commitment to the Alabama State Law
  267 Enforcement Agency, in a manner prescribed by the Alabama
  268 Justice Information Commission, for entry into the state
  269 firearms prohibited person database and the National Instant
  270 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 reversal of petition or appeal."
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278 (a) A respondent may be committed to outpatient 279 treatment if the probate court, based upon clear and 280 convincing evidence, finds all of the following:



281 (1) The respondent has a mental illness or a mental
282 <u>illness with a secondary diagnosis of co-occurring substance</u>
283 use disorder.

- (2) As a result of the mental illness, or mental illness with secondary diagnosis of co-occurring substance use disorder, the respondent, if not treated, will suffer mental distress and experience deterioration of the ability to 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 judge of probate court finds, based upon clear and convincing evidence, all of the following:
- (1) The respondent has a mental illness or a mental illness with a secondary diagnosis of co-occurring substance use disorder.



- 309 (2) As a result of the mental illness or mental illness
  310 with a secondary diagnosis of co-occurring substance use
  311 disorder, the respondent, if treatment is not continued, will
  312 suffer mental distress and experience deterioration of the
  313 ability to function independently.
- 314 (3) The respondent remains unable to maintain
  315 consistent engagement with outpatient treatment on a voluntary
  316 basis."
- 317 "\$22-52-10.4

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- (a) A respondent may be committed to inpatient treatment if the <a href="judge of probate-court">judge of probate-court</a>, based upon clear and convincing evidence, finds that all of the following are true:
- 321 (1) The respondent has a mental illness or a mental
  322 <u>illness with a secondary diagnosis of co-occurring substance</u>
  323 use disorder.
- 324 (2) As a result of the mental illness, or mental
  325 <u>illness with a secondary diagnosis of co-occurring substance</u>
  326 <u>use disorder</u>, the respondent poses a real and present threat
  327 of substantial harm to self or others.
  - (3) The respondent, if not treated, will continue to suffer mental distress and continue to experience deterioration of the ability to function independently.
  - (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.
- 335 (b) If the <a href="probate judge of probate">probate</a> finds that no treatment is presently available for the respondent's mental



- 337 illness or mental illness with a secondary diagnosis of co-occurring substance use disorder, but that confinement is necessary to prevent the respondent from causing substantial harm to himself or herself or to others, the order committing the respondent shall provide that, should treatment for the 342 respondent's mental illness or mental illness with a secondary diagnosis of co-occurring substance use disorder become available at any time during the period of the respondent's confinement, the treatment shall be made available to him or 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."

356 "\$22-52-10.11

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(a) The director of a state mental health facility or designated mental health facility to which a respondent is currently committed for inpatient treatment, not later than 30 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:
- 370 (1) State the grounds for the director's determination
  371 that outpatient treatment is the least restrictive alternative
  372 necessary and available for the treatment of the respondent's
  373 mental illness or mental illness with a secondary diagnosis of
  374 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.
- 378 (c) Notice of the recommendation under subsection (a) 379 shall be provided to both of the following:
- 380 (1) The respondent.

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- 381 (2) The director of the designated mental health 382 facility identified under subsection (b), unless the director 383 is the individual making the recommendation.
- 384 (d) Upon request of the respondent or any other

  385 interested party, the probate court shall hold a hearing on

  386 the recommendation. The probate court judge of probate shall

  387 appoint an attorney to represent the respondent at the

  388 hearing. The hearing shall be conducted in accordance with

  389 Section 22-52-9.
- 390 (e) If a hearing is not requested, the <u>judge of probate</u>
  391 court may make a decision regarding the facility director's
  392 recommendation based upon both of the following:



- 393 (1) The grounds stated in the recommendation.
- 394 (2) Consultation with the director of the designated
  395 mental health facility, or his or her designee, concerning the
  396 availability of resources to treat the respondent as an
  397 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."
  Section 2. Section 15-16-26 is added to the Code of
- 404 Alabama 1975, to read as follows:

405 \$15-16-26

Notwithstanding Section 15-16-20, Code of Alabama 1975, if a commitment order has been issued pursuant to Title 22, Chapter 52, Code of Alabama 1975, but cannot be fulfilled because the respondent is subsequently confined solely for misdemeanor charges or municipal ordinance violations, the judge of probate who issued the commitment order may petition the district court or the municipal court to discharge the respondent from confinement and suspend the criminal proceedings temporarily so that the commitment order may be fulfilled. The district court or municipal court shall conduct a hearing on the petition and issue an order granting or denying the petition.

Section 3. This act shall become effective on January 1, 2025.

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