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Representatives Galonski, Hillyer

Cosponsors: Representatives Brent, Jarrells, Lightbody, Miller, A., Miller, J., Sobecki, Troy, Click, Humphrey, Miranda, O'Brien, Sheehy

A BILL

To amend sections 5122.01 and 5122.10 of the	1
Revised Code to make changes to the law	2
regarding involuntary treatment for mentally ill	3
persons subject to a court order.	4

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

Section 1. That sections 5122.01 and 5122.10 of the	5
Revised Code be amended to read as follows:	6
Sec. 5122.01. As used in this chapter and Chapter 5119. of	7
the Revised Code:	8
(A) "Mental illness" means a substantial disorder of	9
thought, mood, perception, orientation, or memory that grossly	10
impairs judgment, behavior, capacity to recognize reality, or	11
ability to meet the ordinary demands of life.	12
(B) "Mentally ill person subject to court order" means a	13
mentally ill person who, because of the person's illness:	14
(1) Represents a substantial risk of physical harm to self	15
as manifested by evidence of threats of, or attempts at, suicide	16

(2) Represents a substantial risk of physical harm to
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others as manifested by evidence of recent homicidal or other
violent behavior, evidence of recent threats that place another
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in reasonable fear of violent behavior and serious physical
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harm, or other evidence of present dangerousness;
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(3) Represents a substantial and immediate risk of serious
physical impairment or injury to self as manifested by evidence
that the person is unable to provide for and is not providing
for the person's basic physical needs because of the person's
mental illness and that appropriate provision for those needs
cannot be made immediately available in the community;

(4) Would benefit from treatment for the person's mental
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illness and is in need of such treatment as manifested by
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evidence of behavior that creates a grave and imminent risk to
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substantial rights of others or the person;
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(5) (a) (5) Represents a substantial risk of harm to self or others as manifested by evidence that indicates all of the following:

(a) The person's judgment is impaired by a lack of36understanding of having an illness or a need for treatment, or37both.38

(b) The person refuses treatment or is not adhering to39prescribed treatment.40

(c) The person has been diagnosed with one or more of the41following conditions as defined in the most recent edition of42the diagnostic and statistical manual of mental disorders43published by the American psychiatric association:44

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<u>(i) Schizophrenia;</u>	45
(ii) Schizoaffective disorder;	46
<u>(iii) Bipolar disorder;</u>	47
<u>(iv) Delusional disorder;</u>	48
(v) Major depressive disorder.	49
(d) If not treated and based on the person's prior	50
history, the person is reasonably expected to suffer mental	51
deterioration and, as a result of that deterioration, meet one	52
of the standards specified in division (B)(1), (2), (3), or (4)	53
of this section.	54
<u>(6)(a)</u> Would benefit from treatment as manifested by	55
evidence of behavior that indicates all of the following:	56
(i) The person is unlikely to survive safely in the	57
community without supervision, based on a clinical	58
determination.	59
(ii) The person has a history of lack of compliance with	60
treatment for mental illness and one of the following applies:	61
(I) At least twice within the thirty-six months prior to	62
the filing of an affidavit seeking court-ordered treatment of	63
the person under section 5122.111 of the Revised Code, the lack	64
of compliance has been a significant factor in necessitating	65
hospitalization in a hospital or receipt of services in a	66
forensic or other mental health unit of a correctional facility,	67
provided that the thirty-six-month period shall be extended by	68
the length of any hospitalization or incarceration of the person	69
that occurred within the thirty-six-month period.	70

(II) Within the forty-eight months prior to the filing of

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an affidavit seeking court-ordered treatment of the person under 72 section 5122.111 of the Revised Code, the lack of compliance 73 resulted in one or more acts of serious violent behavior toward 74 self or others or threats of, or attempts at, serious physical 75 harm to self or others, provided that the forty-eight-month 76 period shall be extended by the length of any hospitalization or 77 incarceration of the person that occurred within the forty-78 eight-month period. 79

(iii) The person, as a result of the person's mental80illness, is unlikely to voluntarily participate in necessary81treatment.82

(iv) In view of the person's treatment history and current behavior, the person is in need of treatment in order to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to the person or others.

(b) An individual who meets only the criteria described in division $\frac{(B)(5)(a)}{(B)(6)(a)}$ of this section is not subject to hospitalization.

(C) (1) "Patient" means, subject to division (C) (2) of this
section, a person who is admitted either voluntarily or
involuntarily to a hospital or other place under section
2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code
subsequent to a finding of not guilty by reason of insanity or
incompetence to stand trial or under this chapter, who is under
observation or receiving treatment in such place.

(2) "Patient" does not include a person admitted to a
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hospital or other place under section 2945.39, 2945.40,
2945.401, or 2945.402 of the Revised Code to the extent that the
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reference in this chapter to patient, or the context in which
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the reference occurs, is in conflict with any provision of101sections 2945.37 to 2945.402 of the Revised Code.102

(D) "Licensed physician" means a person licensed under the
 laws of this state to practice medicine or a medical officer of
 the government of the United States while in this state in the
 performance of the person's official duties.

(E) "Psychiatrist" means a licensed physician who has 107 satisfactorily completed a residency training program in 108 psychiatry, as approved by the residency review committee of the 109 American medical association, the committee on post-graduate 110 education of the American osteopathic association, or the 111 American osteopathic board of neurology and psychiatry, or who 112 on July 1, 1989, has been recognized as a psychiatrist by the 113 Ohio state medical association or the Ohio osteopathic 114 association on the basis of formal training and five or more 115 years of medical practice limited to psychiatry. 116

(F) "Hospital" means a hospital or inpatient unit licensed
by the department of mental health and addiction services under
section 5119.33 of the Revised Code, and any institution,
hospital, or other place established, controlled, or supervised
by the department under Chapter 5119. of the Revised Code.

(G) "Public hospital" means a facility that is taxsupported and under the jurisdiction of the department of mental
health and addiction services.

(H) "Community mental health services provider" means an
agency, association, corporation, individual, or program that
provides community mental health services that are certified by
the director of mental health and addiction services under
section 5119.36 of the Revised Code.

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(I) "Licensed clinical psychologist" means a person who 130 holds a current, valid psychologist license issued under section 131 4732.12 of the Revised Code, and in addition, meets the 132 educational requirements set forth in division (B) of section 133 4732.10 of the Revised Code and has a minimum of two years' 1.34 full-time professional experience, or the equivalent as 135 determined by rule of the state board of psychology, at least 136 one year of which shall be a predoctoral internship, in clinical 137 psychological work in a public or private hospital or clinic or 138 in private practice, diagnosing and treating problems of mental 139 illness or intellectual disability under the supervision of a 140 psychologist who is licensed or who holds a diploma issued by 141 the American board of professional psychology, or whose 142 qualifications are substantially similar to those required for 143 licensure by the state board of psychology when the supervision 144 has occurred prior to enactment of laws governing the practice 145 of psychology. 146

(J) "Health officer" means any public health physician;
public health nurse; or other person authorized or designated by
a city or general health district or a board of alcohol, drug
addiction, and mental health services to perform the duties of a
health officer under this chapter.

(K) "Chief clinical officer" means the medical director of 152 a hospital, community mental health services provider, or board 153 of alcohol, drug addiction, and mental health services, or, if 154 there is no medical director, the licensed physician responsible 155 for the treatment provided by a hospital or community mental 156 health services provider. The chief clinical officer may 157 delegate to the attending physician responsible for a patient's 158 care the duties imposed on the chief clinical officer by this 159 chapter. In the case of a community mental health services 160

provider, the chief clinical officer shall be designated by the 161 governing body of the services provider and shall be a licensed 162 physician or licensed clinical psychologist who supervises 163 diagnostic and treatment services. A licensed physician or 164 licensed clinical psychologist designated by the chief clinical 165 officer may perform the duties and accept the responsibilities 166 of the chief clinical officer in the chief clinical officer's 167 absence. 168

(L) "Working day" or "court day" means Monday, Tuesday, 169
Wednesday, Thursday, and Friday, except when such day is a 170
holiday. 171

(M) "Indigent" means unable without deprivation of
 satisfaction of basic needs to provide for the payment of an
 attorney and other necessary expenses of legal representation,
 including expert testimony.

(N) "Respondent" means the person whose detention,
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commitment, hospitalization, continued hospitalization or
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commitment, or discharge is being sought in any proceeding under
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this chapter.

(O) "Ohio protection and advocacy system" has the same180meaning as in section 5123.60 of the Revised Code.181

(P) "Independent expert evaluation" means an evaluation
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 conducted by a licensed clinical psychologist, psychiatrist, or
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 licensed physician who has been selected by the respondent or
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 the respondent's counsel and who consents to conducting the
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 evaluation.

(Q) "Court" means the probate division of the court of 187 common pleas.

(R) "Expunge" means:

(1) The removal and destruction of court files and 190 records, originals and copies, and the deletion of all index 191 references; 192 (2) The reporting to the person of the nature and extent 193 of any information about the person transmitted to any other 194 person by the court; 195 (3) Otherwise insuring that any examination of court files 196 and records in question shall show no record whatever with 197 respect to the person; 198 (4) That all rights and privileges are restored, and that 199 the person, the court, and any other person may properly reply 200 that no such record exists, as to any matter expunged. 201 (S) "Residence" means a person's physical presence in a 202 county with intent to remain there, except that: 203 (1) If a person is receiving a mental health service at a 204 facility that includes nighttime sleeping accommodations, 205 residence means that county in which the person maintained the 206 person's primary place of residence at the time the person 207 entered the facility; 208 (2) If a person is committed pursuant to section 2945.38, 209 2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code, 210 residence means the county where the criminal charges were 211 filed. 212 When the residence of a person is disputed, the matter of 213 residence shall be referred to the department of mental health 214 and addiction services for investigation and determination. 215 Residence shall not be a basis for a board of alcohol, drug 216 addiction, and mental health services to deny services to any 217

person present in the board's service district, and the board

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shall provide services for a person whose residence is in dispute while residence is being determined and for a person in an emergency situation.

(T) "Admission" to a hospital or other place means that a 222patient is accepted for and stays at least one night at the 223hospital or other place. 224

(U) "Prosecutor" means the prosecuting attorney, village solicitor, city director of law, or similar chief legal officer who prosecuted a criminal case in which a person was found not guilty by reason of insanity, who would have had the authority to prosecute a criminal case against a person if the person had not been found incompetent to stand trial, or who prosecuted a case in which a person was found guilty.

(V) (1) "Treatment plan" means a written statement of reasonable objectives and goals for an individual established by the treatment team, with specific criteria to evaluate progress towards achieving those objectives.

(2) The active participation of the patient in 236 establishing the objectives and goals shall be documented. The 237 238 treatment plan shall be based on patient needs and include services to be provided to the patient while the patient is 239 hospitalized, after the patient is discharged, or in an 240 outpatient setting. The treatment plan shall address services to 241 be provided. In the establishment of the treatment plan, 242 consideration should be given to the availability of services, 243 which may include but are not limited to all of the following: 244

(a) Community psychiatric supportive treatment; 245

(b) Assertive community treatment;

(c) Medications;

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(d) Individual or group therapy;	248
(e) Peer support services;	249
(f) Financial services;	250
(g) Housing or supervised living services;	251
(h) Alcohol or substance abuse treatment;	252
(i) Any other services prescribed to treat the patient's	253
mental illness and to either assist the patient in living and	254
functioning in the community or to help prevent a relapse or a	255
deterioration of the patient's current condition.	256
(3) If the person subject to the treatment plan has	257
executed an advance directive for mental health treatment, the	258
treatment team shall consider any directions included in such	259
advance directive in developing the treatment plan.	260
(W) "Community control sanction" has the same meaning as	261
in section 2929.01 of the Revised Code.	262
(X) "Post-release control sanction" has the same meaning	263
as in section 2967.01 of the Revised Code.	264
(Y) "Local correctional facility" has the same meaning as	265
in section 2903.13 of the Revised Code.	266
(Z) "Clinical nurse specialist" and "certified nurse	267
practitioner" have the same meanings as in section 4723.01 of	268
the Revised Code.	269
Sec. 5122.10. (A)(1) Any of the following who has reason	270
to believe that a person is a mentally ill person subject to	271
court order and represents a substantial risk of physical harm	272
to self or others if allowed to remain at liberty pending	273
examination may take the person into custody and may immediately	274

transport the person to a hospital or, notwithstanding section 275
5119.33 of the Revised Code, to a general hospital not licensed 276
by the department of mental health and addiction services where 277
the person may be held for the period prescribed in this 278
section: 279
(a) A psychiatrist; 280
(b) A licensed physician; 281

(c) A licensed clinical psychologist;

(d) A clinical nurse specialist who is certified as a
psychiatric-mental health CNS by the American nurses
credentialing center;

(e) A certified nurse practitioner who is certified as a psychiatric-mental health NP by the American nurses credentialing center;

(f) A health officer;

(g) A parole officer; 290

(h) A police officer;

(i) A sheriff.

(2) If the chief of the adult parole authority or a parole 293 or probation officer with the approval of the chief of the 294 295 authority has reason to believe that a parolee, an offender under a community control sanction or post-release control 296 sanction, or an offender under transitional control is a 297 mentally ill person subject to court order and represents a 298 substantial risk of physical harm to self or others if allowed 299 to remain at liberty pending examination, the chief or officer 300 may take the parolee or offender into custody and may 301

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immediately transport the parolee or offender to a hospital or, 302
notwithstanding section 5119.33 of the Revised Code, to a 303
general hospital not licensed by the department of mental health 304
and addiction services where the parolee or offender may be held 305
for the period prescribed in this section. 306

(B) (B) (1) A written statement shall be given to the 307 hospital by the individual authorized under division (A)(1) or 308 (2) of this section to transport the person. The statement shall 309 specify the circumstances under which such person was taken into 310 custody and the reasons for the belief that the person is a 311 312 mentally ill person subject to court order and represents a substantial risk of physical harm to self or others if allowed 313 to remain at liberty pending examination. This statement shall 314 be made available to the respondent or the respondent's attorney 315 upon request of either. 316

A statement is not invalid if given to a general hospital 317 when a person is transported to the general hospital under 318 division (D) of this section or if the statement identifies a 319 general hospital as the receiving hospital. A general hospital 320 that receives a statement shall transmit the statement to a 321 hospital as defined in section 5122.01 of the Revised Code when 322 transferring a person to the hospital in accordance with this 323 section. 324

(2) If an individual authorized under division (A) (1) or325(2) of this section to transport a person is transporting a326person the individual believes to be a mentally ill person327subject to a court order under division (B) (5) of section3285122.01 of the Revised Code, the individual shall specify, in329addition to the written statement required under division (B) (1)330of this section, any available relevant information about the331

history of the person's mental illness, if the individual	332
determines that the additional information has a reasonable	333
bearing on the decision to transport the person. The additional	334
information shall include information from anyone who has	335
provided mental health or related support services to the person	336
being transported, information from one or more family members	337
of the person being transported, or information from the person	338
being transported or anyone designated to speak on the person's	339
behalf.	340

(C) Every reasonable and appropriate effort shall be made 341 342 to take persons into custody in the least conspicuous manner possible. A person taking the respondent into custody pursuant 343 to this section shall explain to the respondent: the name and 344 professional designation and affiliation of the person taking 345 the respondent into custody; that the custody-taking is not a 346 criminal arrest; and that the person is being taken for 347 examination by mental health professionals at a specified mental 348 health facility identified by name. 349

(D) If Except as otherwise provided in this section, if a 350 person taken into custody under this section is transported to a 351 general hospital, the general hospital may admit the person, or 352 provide care and treatment for the person, or both, 353 notwithstanding section 5119.33 of the Revised Code, but by the 354 end of twenty-four hours after arrival at the general hospital, 355 the person shall be transferred to a hospital as defined in 356 section 5122.01 of the Revised Code. 357

(E) If a person taken into custody and transported to a 358
 general hospital as described in division (D) of this section is 359
 not medically stable at the end of the twenty-four-hour period 360
 described in that division, the general hospital may continue to 361

provide care and treatment for the person until a treating	362
physician deems the person to be medically stable to be	363
transferred to a hospital as defined in section 5122.01 of the	364
Revised Code.	365
(F) If a person taken into custody and transported to a	366
general hospital as described in division (D) of this section is	367
unable to be transferred to a hospital as defined in section	368
5122.01 of the Revised Code within twenty-four hours because of	369
an inability to identify a hospital willing to accept the	370
person, the general hospital may continue to provide care and	371
treatment to the person until the person can be transferred to a	372
hospital willing to accept the person.	373
(G) If a licensed physician responsible for diagnosing or	374
treating mental illness, a licensed clinical psychologist, a	375
psychiatrist, or a health officer examines an individual	376
described in division (D), (E), or (F) of this section at a	377
general hospital and determines that the person is not a	378
mentally ill person subject to a court order, the general	379
hospital may release or discharge the person if the person is	380
medically stable, unless a court has issued a temporary order of	381
detention applicable to the person under section 5122.11 of the	382
Revised Code. Nothing in this section shall be construed as	383
requiring a general hospital to have the resources for or	384
provide a licensed physician responsible for diagnosing or	385
treating mental illness, a licensed clinical psychologist, a	386
psychiatrist, or a health officer to make a determination	387
whether a person is a mentally ill person subject to a court	388
order.	389
(H) A person transported or transferred to a hospital or	390

community mental health services provider under this section

shall be examined by the staff of the hospital or services 392 provider within twenty-four hours after arrival at the hospital 393 or services provider. If to conduct the examination requires 394 that the person remain overnight, the hospital or services 395 provider shall admit the person in an unclassified status until 396 making a disposition under this section. After the examination, 397 if the chief clinical officer of the hospital or services 398 provider believes that the person is not a mentally ill person 399 subject to court order, the chief clinical officer shall release 400 or discharge the person immediately unless a court has issued a 401 temporary order of detention applicable to the person under 402 section 5122.11 of the Revised Code. After the examination, if 403 the chief clinical officer believes that the person is a 404 mentally ill person subject to court order, the chief clinical 405 officer may detain the person for not more than three court days 406 following the day of the examination and during such period 407 admit the person as a voluntary patient under section 5122.02 of 408 the Revised Code or file an affidavit under section 5122.11 of 409 the Revised Code. If neither action is taken and a court has not 410 otherwise issued a temporary order of detention applicable to 411 the person under section 5122.11 of the Revised Code, the chief 412 clinical officer shall discharge the person at the end of the 413 three-day period unless the person has been sentenced to the 414 department of rehabilitation and correction and has not been 415 released from the person's sentence, in which case the person 416 shall be returned to that department. 417

Section 2. That existing sections 5122.01 and 5122.10 of418the Revised Code are hereby repealed.419