SEC. 103. ASSISTED OUTPATIENT TREATMENT GRANT PROGRAM.

(a) IN GENERAL.—The Assistant Secretary for Mental Health and Substance Use Disorders (in this section referred to as the ‘‘Assistant Secretary’’), in consultation with the Director of the National Institute of Mental Health and the Attorney General of the United States, shall establish a 4-year pilot program to award not more than 50 grants each year to counties, cities, mental health systems, mental health courts, and any other entities with authority under the law of a State to implement, monitor, and oversee assisted outpatient treatment programs. The Assistant Secretary may only award grants under this section to applicants that have not previously implemented an assisted outpatient treatment program. The Assistant Secretary shall evaluate applicants based on their potential to reduce hospitalization, homelessness, incarceration, and interaction with the criminal justice system while improving health outcomes, such as adherence to medication usage.

(b) USE OF GRANT.—An assisted outpatient treatment program carried out with a grant awarded under this section shall include—
(1) evaluating and seeking out eligible individuals who may benefit from assisted outpatient treatment;

(2) preparing and executing treatment plans for eligible patients and filing petitions for assisted outpatient treatment in appropriate courts;

(3) providing case management services to eligible patients who are participating in the program to provide such patients with resources, monitoring, and oversight, including directly monitoring a participant’s level of compliance and the delivery of services by other providers pursuant to the court order; and

(4) carrying out referrals and medical evaluations, and paying the costs of legal counsel for commitment orders to be submitted and evaluated by the courts.

(c) DATA COLLECTION.—Grantees under this section shall provide in a timely fashion any data collected pursuant to the grant to the National Mental Health Policy Laboratory, as requested by the Assistant Secretary, concerning health outcomes and treatments.

(d) REPORT.—The Assistant Secretary shall submit an annual report to the Committees on Energy and Commerce and the Judiciary of the House of Representatives,
the Committees on Health, Education, Labor, and Pensions and the Judiciary of the Senate, and the Congressional Budget Office on the grant program under this section. Each such report shall include an evaluation of the following:

(1) Cost savings and public health outcomes such as mortality, suicide, substance abuse, hospitalization, and use of services.

(2) Rates of incarceration by patients.

(3) Rates of employment by patients.

(4) Rates of homelessness.

(e) DEFINITIONS.—In this section:

(1) ASSISTED OUTPATIENT TREATMENT.—The term “assisted outpatient treatment” means—

(A) except as provided in subparagraph (B), medically prescribed treatment that an eligible patient must undergo while living in a community under the terms of a law authorizing a State or local court to order such treatment; and

(B) in the case of a State that does not have a law described in subparagraph (A) in effect on the date of enactment—

(i) a court-ordered treatment plan for an eligible patient that requires such pa-
tient to obtain outpatient mental health
treatment while the patient is living in a
community; and

(ii) is designed to improve access and
adherence by such patient to intensive be-
havioral health services in order to—

(I) avert relapse, repeated hos-
pitalizations, arrest, incarceration,
suicide, property destruction, and vio-
lent behavior; and

(II) provide such patient with the
opportunity to live in a less restrictive
alternative to incarceration or involun-
tary hospitalization.

(2) ELIGIBLE PATIENT.—The term “eligible pa-
tient” means an adult, mentally ill person who, as
determined by the court—

(A) has a history of violence, incarceration,
or medically unnecessary hospitalizations;

(B) without supervision and treatment,
may be a danger to self or others in the com-
munity;

(C) is substantially unlikely to voluntarily
participate in treatment;
(D) may be unable, for reasons other than indigence, to provide for any of his or her basic needs, such as food, clothing, shelter, health, or safety;

(E) has a history of mental illness or condition that is likely to substantially deteriorate if the patient is not provided with timely treatment; or

(F) due to mental illness, lacks capacity to fully understand or lacks judgment to make informed decisions regarding his or her need for treatment, care, or supervision.

(f) FUNDING.—

(1) AMOUNT OF GRANTS.—A grant under this section shall be in an amount that is not more than $1,000,000 for each of grant years 2014 through 2017. Subject to the preceding sentence, the Assistant Secretary shall determine the amount of each grant based on the population of patients of the area to be served under the grant.

(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $15,000,000 for each of fiscal years 2014 through 2017.
NOTE: OTHER PROVISIONS OF HR 3717 REQUIRE STATES TO HAVE AN ASSISTED OUTPATIENT TREATMENT LAW ON BOOKS IN ORDER TO ACCESS MENTAL HEALTH BLOCK GRANTS. THE LAW DOES NOT REQUIRE STATES TO USE THE LAW)

SEC. 705. ASSISTED OUTPATIENT TREATMENT UNDER STATE LAW.

Section 1915 of the Public Health Service Act (42 U.S.C. 300x–4), as amended, is further amended by adding at the end the following:

“(d) ASSISTED OUTPATIENT TREATMENT UNDER STATE LAW.—

“(1) IN GENERAL.—A funding agreement for a grant under section 1911 is that the State involved has in effect a law under which a State court may order a treatment plan for an eligible patient that—
“(A) requires such patient to obtain outpatient mental health treatment while the patient is living in a community; and

“(B) is designed to improve access and adherence by such patient to intensive behavioral health services in order to—

“(i) avert relapse, repeated hospitalizations, arrest, incarceration, suicide, property destruction, and violent behavior; and

“(ii) provide such patient with the opportunity to live in a less restrictive alternative to incarceration or involuntary hospitalization.

“(2) Certification of state compliance.—

A funding agreement described in paragraph (1) is effective only if the Assistant Secretary for Mental Health and Substance Use Disorders reviews the State law and certifies that it satisfies the criteria specified in such paragraph.

“(3) Definition.—In this subsection, the term ‘eligible patient’ means an adult, mentally ill person who, as determined by the court—

“(A) has a history of violence, incarceration, or medically unnecessary hospitalizations;
“(B) without supervision and treatment, may be a danger to self or others in the community;

“(C) is substantially unlikely to voluntarily participate in treatment;

“(D) may be unable, for reasons other than indigence, to provide for any of his or her basic needs, such as food, clothing, shelter, health or safety;

“(E) with a history of mental illness or condition that is likely to substantially deteriorate if the patient is not provided with timely treatment; and

“(F) due to mental illness, lacks capacity to fully understand or lacks judgment to make informed decisions regarding his or her need for treatment, care, or supervision.”.