

Assisted Outpatient Treatment Provisions of HR 3717 “Helping Families in Mental Health Crisis Act”

1 SEC. 103. ASSISTED OUTPATIENT TREATMENT GRANT PRO-
2 GRAM.

3 (a) IN GENERAL.—The Assistant Secretary for Men-
4 tal Health and Substance Use Disorders (in this section
5 referred to as the “Assistant Secretary”), in consultation
6 with the Director of the National Institute of Mental
7 Health and the Attorney General of the United States,
8 shall establish a 4-year pilot program to award not more
9 than 50 grants each year to counties, cities, mental health
10 systems, mental health courts, and any other entities with
11 authority under the law of a State to implement, monitor,
12 and oversee assisted outpatient treatment programs. The
13 Assistant Secretary may only award grants under this sec-
14 tion to applicants that have not previously implemented
15 an assisted outpatient treatment program. The Assistant
16 Secretary shall evaluate applicants based on their poten-
17 tial to reduce hospitalization, homelessness, incarceration,
18 and interaction with the criminal justice system while im-
19 proving health outcomes, such as adherence to medication
20 usage.

21 (b) USE OF GRANT.—An assisted outpatient treat-
22 ment program carried out with a grant awarded under this
23 section shall include—

1 (1) evaluating and seeking out eligible individ-
2 uals who may benefit from assisted outpatient treat-
3 ment;

4 (2) preparing and executing treatment plans for
5 eligible patients and filing petitions for assisted out-
6 patient treatment in appropriate courts;

7 (3) providing case management services to eligi-
8 ble patients who are participating in the program to
9 provide such patients with resources, monitoring,
10 and oversight, including directly monitoring a par-
11 ticipant's level of compliance and the delivery of
12 services by other providers pursuant to the court
13 order; and

14 (4) carrying out referrals and medical evalua-
15 tions, and paying the costs of legal counsel for com-
16 mitment orders to be submitted and evaluated by
17 the courts.

18 (c) DATA COLLECTION.—Grantees under this section
19 shall provide in a timely fashion any data collected pursu-
20 ant to the grant to the National Mental Health Policy
21 Laboratory, as requested by the Assistant Secretary, con-
22 cerning health outcomes and treatments.

23 (d) REPORT.—The Assistant Secretary shall submit
24 an annual report to the Committees on Energy and Com-
25 merce and the Judiciary of the House of Representatives,

1 the Committees on Health, Education, Labor, and Pen-
2 sions and the Judiciary of the Senate, and the Congres-
3 sional Budget Office on the grant program under this sec-
4 tion. Each such report shall include an evaluation of the
5 following:

6 (1) Cost savings and public health outcomes
7 such as mortality, suicide, substance abuse, hos-
8 pitalization, and use of services.

9 (2) Rates of incarceration by patients.

10 (3) Rates of employment by patients.

11 (4) Rates of homelessness.

12 (e) DEFINITIONS.—In this section:

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

15 (A) except as provided in subparagraph
16 (B), medically prescribed treatment that an eli-
17 gible patient must undergo while living in a
18 community under the terms of a law author-
19 izing a State or local court to order such treat-
20 ment; and

21 (B) in the case of a State that does not
22 have a law described in subparagraph (A) in ef-
23 fect on the date of enactment—

24 (i) a court-ordered treatment plan for
25 an eligible patient that requires such pa-

1 tient to obtain outpatient mental health
2 treatment while the patient is living in a
3 community; and

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

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

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

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

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

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

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

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

5 (E) has a history of mental illness or con-
6 dition that is likely to substantially deteriorate
7 if the patient is not provided with timely treat-
8 ment; or

9 (F) due to mental illness, lacks capacity to
10 fully understand or lacks judgment to make in-
11 formed decisions regarding his or her need for
12 treatment, care, or supervision.

13 (f) FUNDING.—

14 (1) AMOUNT OF GRANTS.—A grant under this
15 section shall be in an amount that is not more than
16 \$1,000,000 for each of grant years 2014 through
17 2017. Subject to the preceding sentence, the Assist-
18 ant Secretary shall determine the amount of each
19 grant based on the population of patients of the area
20 to be served under the grant.

21 (2) AUTHORIZATION OF APPROPRIATIONS.—
22 There is authorized to be appropriated to carry out
23 this section \$15,000,000 for each of fiscal years
24 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)

1 **SEC. 705. ASSISTED OUTPATIENT TREATMENT UNDER**
2 **STATE LAW.**

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

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

8 “(1) IN GENERAL.—A funding agreement for a
9 grant under section 1911 is that the State involved
10 has in effect a law under which a State court may
11 order a treatment plan for an eligible patient that—

1 “(A) requires such patient to obtain out-
2 patient mental health treatment while the pa-
3 tient is living in a community; and

4 “(B) is designed to improve access and ad-
5 herence by such patient to intensive behavioral
6 health services in order to—

7 “(i) avert relapse, repeated hos-
8 pitalizations, arrest, incarceration, suicide,
9 property destruction, and violent behavior;
10 and

11 “(ii) provide such patient with the op-
12 portunity to live in a less restrictive alter-
13 native to incarceration or involuntary hos-
14 pitalization.

15 “(2) CERTIFICATION OF STATE COMPLIANCE.—
16 A funding agreement described in paragraph (1) is
17 effective only if the Assistant Secretary for Mental
18 Health and Substance Use Disorders reviews the
19 State law and certifies that it satisfies the criteria
20 specified in such paragraph.

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

24 “(A) has a history of violence, incarcer-
25 ation, or medically unnecessary hospitalizations;

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

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

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

10 “(E) with a history of mental illness or
11 condition that is likely to substantially deterio-
12 rate if the patient is not provided with timely
13 treatment; and

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