UNOFFICIAL COPY 22 RS BR 1049

1 AN ACT relating to court-ordered mental health treatment.

2 Be it enacted by the General Assembly of the Commonwealth of Kentucky:

- 3 → Section 1. KRS 202A.0811 is amended to read as follows:
- 4 (1) Proceedings for court-ordered assisted outpatient treatment of a person shall be
- 5 initiated by the filing of a verified petition for that purpose in District Court.
- 6 (2) The petition and all subsequent court documents shall be entitled: "In the interest of name of respondent)."
- 8 (3) The petition shall be filed by a qualified mental health professional; peace officer;
- 9 county attorney; Commonwealth's attorney; spouse, relative, friend, or guardian of
- the person concerning whom the petition is filed; or any other interested person.
- 11 (4) The petition shall set forth:
- 12 (a) Petitioner's relationship to the respondent;
- 13 (b) Respondent's name, residence, and current location, if known;
- 14 (c) Petitioner's belief, including the factual basis therefor, that the respondent
- meets the criteria for court-ordered assisted outpatient treatment as set forth in
- 16 KRS 202A.0817; and
- 17 (d) Whether, within five (5) days prior to the filing of the petition, the respondent
- has been evaluated examined by a qualified mental health professional to
- determine whether the respondent meets the criteria for court-ordered assisted
- 20 outpatient treatment pursuant to KRS 202A.0815.
- 21 (5) Upon receipt of the petition, the court shall examine the petitioner under oath as to
- 22 the contents of the petition. If the petitioner is a qualified mental health
- professional, the court may dispense with the examination.
- 24 (6) If, after reviewing the allegations contained in the petition and examining the
- 25 petitioner under oath, it appears to the court that there is probable cause to believe
- the respondent should be court-ordered to assisted outpatient treatment, the court
- shall:

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1	(a)	Order the respondent to be $\underline{evaluated}$ [examined] without unnecessary delay by
2		a qualified mental health professional to determine whether the respondent
3		meets the criteria for court-ordered assisted outpatient treatment set forth in
4		KRS 202A.0815, unless the court has already received the certified findings of
5		such an <i>evaluation</i> [examination] conducted no earlier than five (5) days prior
6		to the filing of the petition. The qualified mental health professional shall
7		certify his or her findings to the court within seventy-two (72) hours from
8		receipt of the order, excluding weekends and holidays; and
9	(b)	Set a date for a hearing within six (6) days from the date of the <i>filing of the</i>
10		<u>petition</u> [examination] under the provisions of this section, excluding
11		weekends and holidays, to determine if the respondent should be court-
12		ordered to assisted outpatient treatment.
13	(7) If th	ne court finds there is no probable cause to believe the respondent should be
14	cou	rt-ordered to assisted outpatient treatment, the proceedings against the
15	resp	ondent shall be dismissed.
16	→ S	ection 2. KRS 202A.0815 is amended to read as follows:
17	No person shall be court-ordered to assisted outpatient mental health treatment unless the	
18	person:	
19	(1) [Ha	s been involuntarily hospitalized pursuant to KRS 202A.051 at least two (2)
20	time	es in the past twenty-four (24) months;
21	(2)] Is d	liagnosed with a serious mental illness;
22	<u>(2)</u> [(3)]	Has a history of repeated nonadherence with mental health treatment,
23	whi	ch has:
24	<u>(a)</u>	At least twice within the last forty-eight (48) months, been a significant
25		factor in necessitating hospitalization or arrest of the person; or
26	<u>(b)</u>	Within the last twenty-four (24) months, resulted in an act, threat, or
27		attempt at serious physical harm to self or others;

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1	<u>(3)</u>	Is unlikely to adequately adhere to outpatient treatment on a voluntary basis based
2		on a qualified mental health professional's:
3		(a) Clinical observation; <u>and</u>
4		(b) [Review of treatment history, including the person's prior history of repeated
5		treatment nonadherence; and
6		(e) Identification of specific characteristics of the person's clinical condition that
7		significantly impair the person's ability to make and maintain a rational
8		and informed decision as to whether to engage in outpatient treatment
9		voluntarily described as anosognosia, or failure to recognize his or her
10		diagnosis of serious mental illness]; and
11	(4)	Is in need of court-ordered assisted outpatient treatment as the least restrictive
12		alternative mode of treatment presently available and appropriate.