

2021 Regular Session

HOUSE BILL NO. 589

BY REPRESENTATIVE DUPLESSIS

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

MENTAL HEALTH: Provides relative to civil involuntary outpatient treatment for persons suffering from mental illness

1 AN ACT

2 To amend and reenact R.S. 28:66, 67(introductory paragraph) and (1) through (4), 68,
3 69(A)(2) and (B) through (F), 70(A), (B)(1), (D)(2)(introductory paragraph), (E), and
4 (F), 71, 72(A), 73, and 75 and to enact R.S. 28:69(G) and (H) and 77, relative to
5 behavioral health; to provide for persons who may petition to the court to authorize
6 involuntary outpatient treatment; to provide criteria and procedures for civil
7 involuntary outpatient treatment; to provide for written treatment plans; to exempt
8 certain proceedings from fees and court costs; and to provide for related matters.

9 Be it enacted by the Legislature of Louisiana:

10 Section 1. R.S. 28:66, 67(introductory paragraph) and (1) through (4), 68, 69(A)(2)
11 and (B) through (F), 70(A), (B)(1), (D)(2)(introductory paragraph), (E), and (F), 71, 72(A),
12 73, and 75 are hereby amended and reenacted and R.S. 28:69(G) and (H) and 77 are hereby
13 enacted to read as follows:

14 §66. Criteria for civil involuntary outpatient treatment

15 A. A patient respondent may be ordered to obtain civil involuntary outpatient
16 treatment if the court finds that all of the following conditions apply:

- 17 (1) The patient respondent is eighteen years of age or older.
- 18 (2) The patient respondent is suffering from a mental illness.
- 19 (3) The patient respondent is unlikely to survive safely in the community
- 20 without supervision, ~~based on a clinical determination.~~

1 (4) The patient respondent has a history of lack of compliance with treatment
2 for mental illness, ~~that has resulted in either of the following:~~

3 ~~(a) At least twice within the last thirty-six months, the lack of compliance~~
4 ~~with treatment for mental illness has been a significant factor resulting in an~~
5 ~~emergency certificate for hospitalization, or receipt of services in a forensic or other~~
6 ~~mental health unit of a correctional facility or a local correctional facility, not~~
7 ~~including any period during which the person was hospitalized or incarcerated~~
8 ~~immediately preceding the filing of the petition.~~

9 ~~(b) One or more acts of serious violent behavior toward self or others or~~
10 ~~threats of, or attempts of, serious physical harm to self or others within the last~~
11 ~~thirty-six months as a result of mental illness, not including any period in which the~~
12 ~~person was hospitalized or incarcerated immediately preceding the filing of the~~
13 ~~petition.~~

14 (5) The patient respondent is, as a result of his mental illness, unlikely to
15 voluntarily participate in the recommended treatment pursuant to the treatment plan.

16 (6) In view of the treatment history and current behavior of the patient
17 respondent, the patient respondent is in need of involuntary outpatient treatment to
18 prevent a relapse or deterioration which would be likely to result in the patient
19 respondent's becoming dangerous to self or others or gravely disabled as defined in
20 R.S. 28:2.

21 (7) It is likely that the patient respondent will benefit from involuntary
22 outpatient treatment.

23 B.(1) If the patient respondent has executed an advance directive as defined
24 in R.S. 28:221, any directions included in the directive shall be taken into account
25 by the court in determining the written treatment plan.

26 (2) Nothing herein in this Section shall preclude a person with an advance
27 directive from being subject to a petition pursuant to this Part.

1 §67. Petition to the court

2 A petition for an order authorizing involuntary outpatient treatment may be
3 filed in the judicial district in the parish in which the ~~patient~~ respondent is present or
4 reasonably believed to be present. A petition to obtain an order authorizing
5 involuntary outpatient treatment may be initiated by one of the following persons:

6 (1) The director, administrator, or treating physician of a hospital in which
7 the ~~patient~~ respondent is hospitalized.

8 (2) The director, administrator, or treating physician of an emergency
9 receiving center in which the ~~patient~~ respondent is receiving services.

10 (3) The director of the local governing entity, or his designee, in the parish
11 in which the ~~patient~~ respondent is present or reasonably believed to be present.

12 (4)(a) Any interested person through counsel ~~with written concurrence of the~~
13 ~~coroner in the jurisdiction in which the person is found.~~

14 (b) For the purposes of this Section, "interested person" means anyone of
15 legal age who has an interest in the outcome of a particular case, which may include
16 but shall not be limited to any adult relative or friend of the respondent, any official
17 or representative of a public or private agency, corporation, or association that is
18 concerned with the respondent's welfare, or any other person found suitable by the
19 court.

20 * * *

21 §68. Petition

22 A. The petition shall contain the facts which are the basis of the assertion that
23 the ~~patient~~ respondent meets each of the criteria in R.S. 28:66 that he is present or
24 reasonably believed to be present in the parish where filed, and provide the
25 respondent with adequate notice and knowledge relative to the nature of the
26 proceeding.

27 B.(1) In addition to the content specified in Subsection A of this Section, the
28 petition shall contain the following information regarding the respondent:

29 (a) Name.

1 of the petition shall also be served upon the curator for the interdict ~~and the attorney~~
2 ~~who represented the interdict in the interdict proceedings.~~

3 * * *

4 B.(1) As soon as is practical after the filing of the petition, the court shall
5 review the petition and supporting documents and determine whether there exists
6 probable cause to believe that the respondent is suffering from mental illness which
7 renders him unlikely to voluntarily participate in the recommended treatment and,
8 in view of the treatment history and current behavior of the respondent, he is in need
9 of involuntary outpatient treatment to prevent a relapse or deterioration which would
10 be likely to result in him becoming dangerous to self or others or gravely disabled
11 as defined in R.S. 28:2.

12 (2) If the court determines that probable cause exists, the court shall appoint
13 a physician, psychiatric mental health nurse practitioner, or psychologist to examine
14 the respondent and to provide a written Physician's Report to Court and testify at the
15 hearing. The Physician's Report to Court shall be completed on the form provided
16 by the office of behavioral health of the Louisiana Department of Health and
17 provided to the court, the respondent's counsel, and the petitioner's counsel at least
18 three days before the hearing.

19 (3) The Physician's Report to Court shall set forth specifically the objective
20 factors leading to the conclusion that the respondent has a mental illness that renders
21 him unlikely to voluntarily participate in the recommended treatment and, in view
22 of the treatment history and current behavior of the respondent, he is in need of
23 involuntary outpatient treatment to prevent a relapse or deterioration which would
24 be likely to result in his becoming dangerous to self or others or gravely disabled as
25 defined in R.S. 28:2. The report shall also include recommendations for a treatment
26 plan.

27 (4) The court-appointed physician, psychiatric mental health nurse
28 practitioner, or medical psychologist may be the respondent's treating physician,
29 treating psychiatric nurse practitioner, or treating medical psychologist.

1 ~~B.~~ C. The court shall conduct a hearing on the petition which shall take
2 precedence over all other matters, except pending cases of the same type. The court
3 shall admit evidence according to the Louisiana Code of Evidence. Witnesses and
4 evidence tending to show that the patient respondent is a proper subject for
5 outpatient placement shall be presented first. If the patient respondent does not
6 appear at the hearing, and service of process was proper and appropriate attempts to
7 elicit attendance failed, the court may conduct the hearing in the absence of the
8 patient respondent, but the court shall state the factual basis for conducting the
9 hearing without the patient respondent.

10 ~~C.~~ D. The court shall not order involuntary outpatient treatment unless an
11 examining physician, psychiatric mental health nurse practitioner, or psychologist,
12 who has personally examined the patient ~~within the time period commencing ten~~
13 ~~days before the filing of the petition~~ respondent, testifies at the hearing, in person or
14 via electronic means, with consent of all the parties, regarding the categories of
15 involuntary outpatient treatment recommended, the rationale for each category, facts
16 which establish that such treatment is the least restrictive alternative, and₂ if
17 recommended, the beneficial and detrimental physical and mental effects of
18 medication; and whether such medication should be self-administered or
19 administered by an authorized professional.

20 ~~D.~~ E. If the patient respondent has refused to be examined by a the court-
21 ordered physician, psychiatric mental health nurse practitioner, or psychologist, ~~the~~
22 ~~court may order the subject to undergo an examination by a physician, psychiatric~~
23 ~~mental health nurse practitioner, or psychologist appointed by the court. If the patient~~
24 ~~refuses to undergo the court-ordered examination and the court finds reasonable~~
25 ~~cause to believe that the allegations in the petition are true,~~ the court may shall order
26 the sheriff's department to take the patient respondent into custody and transport him
27 to a psychiatrist's office, behavioral health center, hospital, or emergency receiving
28 center ~~for examination~~. Retention of the patient respondent in accordance with the
29 court order shall not exceed twenty-four hours. ~~The examination of the patient may~~

1 ~~be performed by the physician, psychiatric mental health nurse practitioner, or~~
2 ~~psychologist whose affidavit or Physician's Report to Court accompanied the petition~~
3 ~~pursuant to R.S. 28:68(B), if he is privileged or otherwise authorized by the hospital~~
4 ~~or emergency receiving center. If such examination is performed by another The~~
5 ~~examining physician, psychiatric mental health nurse practitioner, or psychologist;~~
6 ~~he shall be authorized to consult with the respondent's treating physician, psychiatric~~
7 ~~mental health nurse practitioner, or psychologist whose affidavit or Physician's~~
8 ~~Report to Court accompanied the petition regarding the issues of whether the~~
9 ~~allegations in the petition are true and whether the patient meets the criteria for~~
10 ~~involuntary outpatient treatment.~~

11 E. F. A physician, psychiatric mental health nurse practitioner, or
12 psychologist who testifies pursuant to Subsection ~~E~~ D of this Section shall state the
13 facts which support the allegation that the ~~patient~~ respondent meets each of the
14 criteria for involuntary outpatient treatment, the treatment is the least restrictive
15 alternative, the recommended involuntary outpatient treatment, and the rationale. If
16 the recommended involuntary outpatient treatment includes medication, the
17 testimony of the physician, psychiatric mental health nurse practitioner, or medical
18 psychologist shall describe the types or classes of medication which should be
19 authorized, the beneficial and detrimental physical and mental effects of such
20 medication, and whether the medication should be self-administered or administered
21 by authorized personnel.

22 ~~F. The patient~~ G. The respondent shall be afforded an opportunity to present
23 evidence, to call witnesses on his behalf, and to cross-examine adverse witnesses.

24 H. Each court shall keep a record of cases relating to persons who have a
25 mental illness coming before the court pursuant to the provisions of this Title and the
26 disposition of those cases. Each court shall also keep on file the original petition and
27 certificates of physicians required by this Section, or a microfilm duplicate of such
28 records. All records maintained in courts pursuant to the provisions of this Section
29 shall be sealed and available only to the parties to the case, unless a court, after a

1 hearing held with notice to the respondent, determines such records should be
2 disclosed to a petitioner for cause shown. Any hearing conducted in accordance with
3 this Subsection shall be closed to the public.

4 §70. Written treatment plan for involuntary outpatient treatment

5 A. The court shall not order involuntary outpatient treatment unless an
6 examining physician, psychiatric mental health nurse practitioner, or psychologist
7 develops and provides to the court a proposed written treatment plan. The written
8 treatment plan shall be developed in consultation with the respondent and, upon his
9 request, an individual significant to him and concerned with his welfare and deemed
10 appropriate by the director as well as the patient and upon his request, an individual
11 significant to him and concerned with his welfare. The written treatment plan shall
12 include appropriate services to provide care coordination. The written treatment plan
13 shall also include appropriate categories of services, as set forth in Subsection D of
14 this Section, which the ~~patient~~ respondent is recommended to receive and are
15 available to the ~~patient~~ respondent. The written treatment plan shall specify a
16 provider that has agreed to provide each of the specified services. If the written
17 treatment plan includes medication, it shall state whether the medication should be
18 self-administered or administered by authorized personnel, and shall specify type and
19 dosage range of medication most likely to provide maximum benefit for the ~~patient~~
20 respondent.

21 B. If the written treatment plan includes substance-related or addictive
22 disorder counseling and treatment, it may include a provision requiring testing for
23 either alcohol or illegal substances provided the clinical basis for recommending
24 such plan provides sufficient facts for the court to find all of the following:

25 (1) The ~~patient~~ respondent has a history of a substance-related or addictive
26 disorder that is clinically related to the mental illness.

27 * * *

28 D.

29 * * *

1 (2) Services may include but are not limited to the following categories and
2 will depend upon the availability in the ~~patient's~~ respondent's area:

3 * * *

4 E. ~~The director or his designee of the local governing entity shall certify~~ It
5 shall be certified to the court that the services ordered in the plan are available and
6 can be reasonably accessed by the ~~patient~~ respondent.

7 F.(1) The written treatment plan is subject to reviews before the court with
8 the ~~patient~~ respondent and at least one representative of the treatment team. The
9 initial frequency shall be stipulated in the treatment plan and modified with the
10 court's approval.

11 (2) The ~~court order required~~ court-ordered blood or laboratory testing ~~shall~~
12 may be subject to review after six months by the physician, psychiatric mental health
13 nurse practitioner, or psychologist who developed the written treatment plan or who
14 is designated by the director, and the blood or laboratory testing may be terminated
15 without further action of the court.

16 §71. Disposition

17 A. If the court determines that the ~~patient~~ respondent does not meet the
18 criteria for involuntary outpatient treatment, the court shall dismiss the petition.

19 B. If the court finds by clear and convincing evidence that the ~~patient~~
20 respondent meets the criteria for involuntary outpatient treatment, and no ~~less~~
21 ~~restrictive~~ less-restrictive alternative is feasible, the court shall order that the ~~patient~~
22 respondent receive involuntary outpatient treatment for an initial period not to
23 exceed one year. The court shall state reasons why the proposed treatment plan is the
24 least restrictive treatment appropriate and feasible for the ~~patient~~ respondent. The
25 order shall state the categories of involuntary outpatient treatment as set forth in R.S.
26 28:70, which the ~~patient~~ respondent is to receive, and the court may not order
27 treatment that has not been recommended by the physician, psychiatric mental health
28 nurse practitioner, or psychologist in consultation with the treatment team and
29 included in the written treatment plan. The court shall not order an outpatient

1 commitment unless ~~the director or his designee certifies~~ it is certified to the court
2 that the services are available.

3 C. If the court finds by clear and convincing evidence that the patient
4 respondent meets the criteria for involuntary outpatient treatment, and a written
5 proposed treatment plan has not been approved, the court shall order the director of
6 the local governing entity to provide a plan and testimony within five days of the
7 date of the order.

8 D. The court may order the patient respondent to self-administer psychotropic
9 drugs or order the administration of such drugs by authorized personnel as part of an
10 involuntary outpatient treatment program. The order shall specify the type of
11 psychotropic drugs and it shall be effective for the duration of such involuntary
12 outpatient treatment.

13 E. ~~If the petitioner is affiliated with a hospital that operates an involuntary~~
14 ~~outpatient treatment program that is willing to treat the patient, the court order shall~~
15 ~~direct the hospital to provide all available categories of involuntary outpatient~~
16 ~~treatment services. If the hospital does not have such a program or if the patient is~~
17 ~~discharged to a different local governing entity, or if the director of the local~~
18 ~~governing entity has filed the petition and certified services are available, the court~~
19 ~~order shall require the appropriate director to provide all available categories of~~
20 ~~involuntary outpatient treatment services.~~

21 F. The treatment provider shall apply for court approval prior to instituting
22 a proposed material change in the involuntary outpatient treatment order unless such
23 change is contemplated in the order. For purposes of this Subsection, a material
24 change shall mean an addition or deletion of a category of involuntary outpatient
25 treatment service, or any deviation without the consent of the patient respondent
26 from the terms of an existing order relating to the administration of psychotropic
27 drugs, or a change of residence from one local governing entity to another. A
28 material change shall not mean a change in the dosage or the specific psychotropic
29 drug within the type ordered by the court. Any application for court approval shall

1 be served upon all persons required to be served with notice of a petition for an order
2 authorizing involuntary outpatient treatment. Either party may move for a hearing
3 on the application. If a motion is not filed within five days from the date the
4 application is filed, the court shall grant the application.

5 ~~G.~~ F. Failure to comply with an order of ~~assisted~~ assistive outpatient
6 treatment shall not be grounds, in and of itself, for involuntary civil commitment or
7 a finding of contempt of court.

8 §72. Application for additional periods of treatment

9 A. The court order for outpatient treatment shall expire at the end of the
10 specified period unless a petition for an extension has been filed. If any person or
11 entity authorized within R.S. 28:67 determines that a ~~patient~~ respondent requires
12 further involuntary outpatient treatment, he shall file a petition for continued
13 treatment prior to the expiration of the involuntary outpatient treatment ordered by
14 the court. If a ~~patient~~ respondent has been ordered to receive outpatient treatment for
15 four consecutive six-month to one-year periods, the period of any subsequent order
16 may exceed one year but shall not exceed two years.

17 * * *

18 §73. Application to stay, vacate, or modify

19 In addition to any right or remedy available by law, the ~~patient~~ respondent
20 may apply to the court to stay, vacate, or modify the order based on a change in
21 circumstances and he shall notify the director of the local governing entity or
22 designee of his application.

23 * * *

24 §75. Failure to comply with involuntary outpatient treatment

25 A. ~~If either party alleges noncompliance under the written treatment plan, a~~
26 ~~judicial review can be scheduled and all persons listed in R.S. 28:69(A) are to~~
27 ~~receive notice.~~ When a physician, psychiatric mental health nurse practitioner, or
28 psychologist determines the respondent has failed to comply with the ordered
29 treatment, the local governing entity, case manager, or assertive community

1 treatment provider shall make reasonable efforts to solicit the compliance of the
2 respondent.

3 B. ~~When a physician, psychiatric mental health nurse practitioner, or~~
4 ~~psychologist determines the patient has failed to comply with the ordered treatment,~~
5 ~~efforts were made to solicit compliance by the local governing entity, case manager,~~
6 ~~or assertive community treatment provider, and the patient may be in need of~~
7 ~~involuntary admission to a treatment facility; If either party alleges noncompliance~~
8 ~~despite the efforts referred to in Subsection A of this Section, a judicial hearing shall~~
9 ~~be scheduled and all persons listed in R.S. 28:69(A) are to receive notice.~~

10 C. When a physician, psychiatric mental health nurse practitioner, or
11 psychologist determines that the respondent meets the relevant criteria, he may
12 execute an emergency certificate in accordance with R.S. 28:53, request an order for
13 custody in accordance with R.S. 28:53.2, or seek a judicial commitment in
14 accordance with R.S. 28:54. Any period of hospitalization shall not invalidate the
15 order for assistive outpatient treatment.

16 ~~C. If the patient~~ D. If the respondent refuses to take medication or refuses to
17 take or fails blood or other laboratory tests as required by court order, the physician,
18 psychiatric mental health nurse practitioner, or psychologist may consider his refusal
19 in determining whether the ~~patient~~ respondent is in need of inpatient treatment
20 services.

21 * * *

22 §77. Fees and court costs

23 Assistive outpatient treatment proceedings shall be exempt from charges for
24 filing fees or taxing of court costs.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 589 Reengrossed

2021 Regular Session

Duplessis

Abstract: Revises laws relative to civil involuntary outpatient treatment for persons suffering from mental illness.

Present law, Part III-A of Chapter 1 of Title 28 of the La. R.S., provides relative to civil involuntary outpatient treatment for persons suffering from mental illness; for petitions for court orders authorizing involuntary outpatient treatment; and for procedures of courts with respect to such petitions.

Proposed law changes the term "patient" to "respondent" throughout present law.

Proposed law deletes present law requiring that a person's history of lack of compliance with mental health treatment must result in certain outcomes in order to qualify him for court-ordered involuntary outpatient treatment. Provides instead that the person's history of lack of compliance with mental health treatment, ipso facto, qualifies him for court-ordered involuntary outpatient treatment pursuant to present law and proposed law.

Present law provides that a petition to obtain an order authorizing involuntary outpatient treatment may be initiated by several authorized persons including any interested person through counsel with written concurrence of the coroner in the jurisdiction in which the person is found. Proposed law deletes from present law the requirement for written concurrence of the coroner.

Proposed law adds to present law items of information to be included in petitions to the court for orders authorizing involuntary outpatient treatment.

Proposed law requires that as soon as is practical after the filing of the petition for an order authorizing involuntary outpatient treatment, the court shall review the petition and supporting documents and determine whether there exists probable cause to believe that the respondent is suffering from mental illness which renders him unlikely to voluntarily participate in the recommended treatment and, in view of the treatment history and current behavior of the respondent, he is in need of involuntary outpatient treatment to prevent a relapse or deterioration which would be likely to result in him becoming dangerous to self or others or gravely disabled as defined in present law.

Proposed law requires that if the court determines that probable cause exists, it shall appoint a physician, psychiatric mental health nurse practitioner, or psychologist to examine the respondent and to provide a report provided for in present law (Physician's Report to Court) and testify at the hearing. Requires that the report set forth specifically the objective factors leading to the conclusion that the person has a mental illness that renders him unlikely to voluntarily participate in the recommended treatment and, in view of the treatment history and current behavior of the respondent, he is in need of involuntary outpatient treatment to prevent a relapse or deterioration which would be likely to result in him becoming dangerous to self or others or gravely disabled defined in present law. Stipulates that the report shall also include recommendations for a treatment plan.

Proposed law revises present law concerning procedures of courts with respect to petitions for orders authorizing involuntary outpatient treatment. Adds to present law a requirement that each court keep a record of the cases relating to persons who have a mental illness coming before it pursuant to present law and the disposition of those cases.

Proposed law provides that all records maintained in courts pursuant to present law and proposed law shall be sealed and available only to the parties to the case, unless a court, after a hearing held with notice to the respondent, determines such records should be disclosed to a petitioner for cause shown. Requires that any such hearing shall be closed to the public.

Proposed law revises present law concerning written treatment plans for involuntary outpatient treatment.

Proposed law deletes present law providing all of the following:

- (1) If the petitioner is affiliated with a hospital that operates an involuntary outpatient treatment program that is willing to treat the patient, the court order shall direct the hospital to provide all available categories of involuntary outpatient treatment services.
- (2) If the hospital does not have such a program or if the patient is discharged to a different local governing entity, or if the director of the local governing entity has filed the petition and certified services are available, the court order shall require the appropriate director to provide all available categories of involuntary outpatient treatment services.

Proposed law deletes present law providing that if either party alleges noncompliance under a written treatment plan, a judicial review can be scheduled and all persons listed in present law, R.S. 28:69(A), are to receive notice. Adds in lieu thereof a requirement that when a physician, psychiatric mental health nurse practitioner, or psychologist determines the respondent has failed to comply with the ordered treatment, the local governing entity, case manager, or treatment provider shall make reasonable efforts to solicit the compliance of the respondent.

Proposed law revises present law concerning noncompliance with written treatment plans and hearings on such noncompliance.

Proposed law stipulates that assistive outpatient treatment proceedings conducted pursuant to present law and proposed law shall be exempt from charges for filing fees or taxing of court costs.

Proposed law defines "interested person" as anyone of legal age who has an interest in the outcome of a particular case, which may include but shall not be limited to any adult relative or friend of the respondent, any official or representative of a public or private agency, corporation, or association that is concerned with the respondent's welfare, or any other person found suitable by the court.

(Amends R.S. 28:66, 67(intro. para.) and (1)-(4), 68, 69(A)(2) and (B)-(F), 70(A), (B)(1), (D)(2)(intro. para.), (E), and (F), 71, 72(A), 73, and 75; Adds R.S. 28:69(G) and (H) and 77)

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Health and Welfare to the original bill:

1. Change the term "patient" to "respondent" in present law relative to civil involuntary outpatient treatment for persons suffering from mental illness (Part III-A of Chapter 1 of Title 28 of the La. R.S.).
2. Delete present law requiring that a person's history of lack of compliance with mental health treatment must result in certain outcomes in order to qualify him for court-ordered involuntary outpatient treatment, thereby providing that the person's history of lack of compliance with mental health treatment, ipso facto,

qualifies him for court-ordered involuntary outpatient treatment pursuant to present law and proposed law.

3. Add to present law items of information to be included in petitions to the court for orders authorizing involuntary outpatient treatment.
4. Require that as soon as is practical after the filing of the petition for an order authorizing involuntary outpatient treatment, the court shall review the petition and supporting documents and determine whether there exists probable cause to believe that the respondent is suffering from mental illness which renders him unlikely to voluntarily participate in the recommended treatment and, in view of the treatment history and current behavior of the respondent, he is in need of involuntary outpatient treatment to prevent a relapse or deterioration which would be likely to result in him becoming dangerous to self or others or gravely disabled as defined in present law.
5. Require that if the court determines that probable cause exists, it shall appoint a physician, psychiatric mental health nurse practitioner, or psychologist to examine the respondent and to provide a report provided for in present law (Physician's Report to Court) and testify at the hearing. Require that the report set forth specifically the objective factors leading to the conclusion that the person has a mental illness that renders him unlikely to voluntarily participate in the recommended treatment and, in view of the treatment history and current behavior of the respondent, he is in need of involuntary outpatient treatment to prevent a relapse or deterioration which would be likely to result in him becoming dangerous to self or others or gravely disabled defined in present law. Stipulate that the report shall also include recommendations for a treatment plan.
6. Revise present law concerning procedures of courts with respect to petitions for orders authorizing involuntary outpatient treatment. Add to such law a requirement that each court keep a record of the cases relating to persons who have a mental illness coming before it pursuant to present law and the disposition of those cases.
7. Provide that all records maintained in courts pursuant to present law and proposed law shall be sealed and available only to the parties to the case, unless a court, after a hearing held with notice to the respondent, determines such records should be disclosed to a petitioner for cause shown. Require that any such hearing shall be closed to the public.
8. Revise present law concerning written treatment plans for involuntary outpatient treatment.
9. Delete present law providing all of the following:
 - a. If the petitioner is affiliated with a hospital that operates an involuntary outpatient treatment program that is willing to treat the patient, the court order shall direct the hospital to provide all available categories of involuntary outpatient treatment services.
 - b. If the hospital does not have such a program or if the patient is discharged to a different local governing entity, or if the director of the local governing entity has filed the petition and certified services are available, the court order shall require the appropriate director to provide all available categories of involuntary outpatient treatment services.
10. Delete present law providing that if either party alleges noncompliance under a written treatment plan, a judicial review can be scheduled and all persons listed

in present law, R.S. 28:69(A), are to receive notice. Add in lieu thereof a requirement that when a physician, psychiatric mental health nurse practitioner, or psychologist determines the respondent has failed to comply with the ordered treatment, the local governing entity, case manager, or treatment provider shall make reasonable efforts to solicit the compliance of the respondent.

11. Revise present law concerning noncompliance with written treatment plans and hearings on such noncompliance.
12. Stipulate that assistive outpatient treatment proceedings conducted pursuant to present law and proposed law shall be exempt from charges for filing fees or taxing of court costs.

The House Floor Amendments to the engrossed bill:

1. Define "interested person", for the purposes of present law and proposed law, as anyone of legal age who has an interest in the outcome of a particular case, which may include but shall not be limited to any adult relative or friend of the respondent, any official or representative of a public or private agency, corporation, or association that is concerned with the respondent's welfare, or any other person found suitable by the court.
2. Change "patient" to "respondent" in present law for consistency.
3. Make technical changes.