

HOUSE BILL 878

IN THE HOUSE

February 19, 1979

Introduced and referred to
Committee on Judiciary.

February 20, 1979

Committee recommend bill, do
not pass.

February 21, 1979

Report adopted.

*Curtiss
Foster
Mason
J. Smith*

House BILL NO. *878*

INTRODUCED BY *Kelly Conway, Seifert, Pastoris, Wadsworth, George, Fraz, Vort, Spalding, Manning*

BILL FOR AN ACT ENTITLED: "AN ACT TO PROHIBIT THE INVOLUNTARY COMMITMENT OF ANY PERSON TO A MENTAL HEALTH FACILITY; AMENDING SECTIONS 53-21-102, 53-21-104, 53-21-111

THROUGH 53-21-113, 53-21-130, 53-21-141, 53-21-142, 53-21-144, 53-21-147, 53-21-148, 53-21-162, 53-21-165, 53-21-185, 53-21-187, 53-21-188, 53-21-190; REPEALING SECTIONS 53-21-103, 53-21-114 THROUGH 53-21-129, 53-21-131 THROUGH 53-21-133, 53-21-163, 53-21-181 THROUGH 53-21-183, 53-21-186, AND 72-5-322, MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 53-21-102, MCA, is amended to read:

"53-21-102. Definitions. As used in this part, the following definitions apply:

- (1) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors created by 2-15-211.
- (2) "Court" means any district court of the state of Montana.
- (3) "Department" means the department of institutions provided for in Title 2, chapter 15, part 23.
- (4) "Emergency situation" means a situation in which

any person is in imminent danger of death or serious bodily harm from the activity of a person who appears to be seriously mentally ill.

(5) "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on an individual's cognitive or volitional functions.

(6) "Mental health facility" or "facility" means a public hospital or a licensed private hospital which is equipped and staffed to provide treatment for persons with mental disorders or a community mental health center or any mental health clinic or treatment center approved by the department. No correctional institution or facility or jail is a mental health facility within the meaning of this part.

(7) "Next of kin" shall include but need not be limited to the spouse, parents, adult children, and adult brothers and sisters of a person.

(8) "Patient" means a person committed-by-the-court admitted for treatment for any period of time.

(9) "Peace officer" means any sheriff, deputy sheriff, marshal, policeman, or other peace officer.

(10) "Professional person" means:

- (a) a medical doctor; or
- (b) a person trained in the field of mental health and certified by the department in accordance with standards of professional licensing boards, federal regulations, and the

1 joint commission on accreditation of hospitals.

2 (1) "Reasonable medical certainty" means reasonable
3 certainty as judged by the standards of a professional
4 person.

5 ~~(12) "Respondent" means a person alleged in a petition
6 filed pursuant to this part to be seriously mentally ill.~~

7 ~~(13)(12) "Responsible person" means any person willing
8 and able to assume responsibility for a seriously mentally
9 ill person or person alleged to be seriously mentally ill,
10 including next of kin, the person's conservator or legal
11 guardian, if any, or representatives of a charitable or
12 religious organization, or any other person appointed by the
13 court to perform the functions of a responsible person set
14 out in this part. Only one person may at any one time be the
15 responsible person within the meaning of this part. In
16 appointing a responsible person, the court shall consider
17 the preference of the respondent. The court may at any time
18 for good cause shown, change its designation of the
19 responsible person.~~

20 ~~(14)(13) "Seriously mentally ill" means suffering from
21 a mental disorder which has resulted in self-inflicted
22 injury or injury to others or the imminent threat thereof or
23 which has deprived the person afflicted of the ability to
24 protect his life or health. No person may be involuntarily
25 committed to a mental health facility or detained for~~

1 ~~evaluation and treatment because he is an epileptic
2 mentally deficient, mentally retarded, senile or suffering
3 from a mental disorder unless the condition causes him to be
4 seriously mentally ill within the meaning of this part.~~

5 ~~(15)(15) "State hospital" means the Warm Springs state
6 hospital."~~

7 Section 2. Section 53-21-104, MCA, is amended to read:
8 "53-21-104. Powers and duties of mental disabilities
9 board of visitors. (1) The board shall be an independent
10 board of inquiry and review to assure that the treatment of
11 all persons either voluntarily or involuntarily admitted to
12 a mental facility is humane and decent and meets the
13 requirements set forth in this part.

14 (2) The board shall review all plans for experimental
15 research involving persons admitted to a mental health
16 facility to assure that the research project is humane and
17 not unduly hazardous and that it complies with the
18 principles of the statement on the use of human subjects for
19 research of the American association on mental deficiency
20 and with the principles for research involving human
21 subjects required by the United States department of health,
22 education, and welfare. No experimental research project
23 involving persons admitted to a mental health facility
24 affected by this part may be commenced unless it is approved
25 by the mental disabilities board of visitors.

1 (3) The board shall at least annually inspect every
2 mental health facility which is providing treatment and
3 evaluation to any person pursuant to this part. The board
4 shall inspect the physical plant, including residential,
5 recreational, dining, and sanitary facilities. It shall
6 visit all wards and treatment areas. The board shall
7 inquire concerning all treatment programs being implemented
8 by the facility.

9 (4) The board shall annually insure that a treatment
10 plan exists and is being implemented for each patient
11 admitted or committed to a mental health facility under this
12 part. The board shall inquire concerning all use of
13 restraints, isolation, or other extraordinary measures.

14 (5) The board may assist any patient at a mental
15 health facility in resolving any grievance he may have
16 concerning his ~~commitment~~ admittance or his course of
17 treatment in the facility.

18 (6) The board shall employ and be responsible for
19 full-time legal counsel at the state hospital, whose
20 responsibility shall be to act on behalf of all patients at
21 the institution. The board shall insure that there is
22 sufficient legal staff and facilities to insure availability
23 to all patients and shall require that the appointed counsel
24 periodically interview every patient and examine his files
25 and records. The board may employ additional legal counsel

1 for representation of patients in a similar manner at any
2 other mental health facility having inpatient capability.

3 (7) If the board believes that any facility is failing
4 to comply with the provisions of this part in regard to its
5 physical facilities or its treatment of any patient, it
6 shall report its findings at once to the professional person
7 in charge of the facility and the director of the
8 department, and if appropriate, after waiting a reasonable
9 time for a response from such professional person, the board
10 may notify the next of kin or guardian of any patient
11 involved, the responsible person ~~appointed by the court~~ for
12 any patient involved, and the district court which has
13 jurisdiction over the facility.

14 (8) The board shall report annually to the governor
15 and shall report to each session of the legislature
16 concerning the status of the mental health facilities and
17 treatment programs which it has inspected.*

18 Section 3. Section 53-21-111, MCA, is amended to read:

19 "53-21-111. ~~Voluntary~~ Involuntary ~~commitment~~
20 ~~prohibited -- procedures for voluntary admission.~~ (1) ~~Nothing~~
21 ~~in this part may be construed in any way as limiting the~~
22 ~~right of any person to make voluntary application for~~
23 ~~admission at any time to any mental health facility or~~
24 ~~professional persons.~~ No person may be involuntarily
25 committed to a mental health facility except for criminal

1 ~~defendants pursuant to Title 46, chapter 14, part 3. All~~
 2 ~~admissions to mental health facilities shall be voluntary.~~

3 (2) An application for admission to a mental health
 4 facility shall be in writing on a form prescribed by the
 5 facility and approved by the department. It is not valid
 6 unless it is approved by a professional person and a copy is
 7 given to the person voluntarily admitting himself. The form
 8 shall contain a statement of the rights of the person
 9 voluntarily applying for admission, as set out in this part,
 10 including the right to release.

11 ~~(3)(1)~~ Any applicant who wishes to voluntarily apply
 12 for admission to the state hospital shall first obtain
 13 certification from a professional person that the applicant
 14 is suffering from a mental disorder and that the facilities
 15 available to the mental health region in which the applicant
 16 resides are unable to provide adequate evaluation and
 17 treatment.

18 ~~(3)(4)~~ An application for voluntary admission shall
 19 give the facility the right to detain the applicant for no
 20 more than 5 days, excluding weekends and holidays, past his
 21 written request for release.

22 ~~(4) Any person voluntarily entering or remaining in~~
 23 ~~any mental health facility shall enjoy all the rights~~
 24 ~~secured to a person involuntarily committed to the~~
 25 ~~facility."~~

1 Section 4. Section 53-21-112, MCA, is amended to read:

2 "53-21-112. Voluntary admission of minors. (1)
 3 Notwithstanding any other provision of law, a minor who is
 4 16 years of age or older may consent to receive mental
 5 health services to be rendered by a facility or a person
 6 licensed to practice medicine or psychology in this state.

7 (2) Except as provided by this subsection, voluntary
 8 admission of a minor to a mental health facility for an
 9 inpatient course of treatment shall be for the same period
 10 of time as that for an adult. A minor voluntarily admitted
 11 shall have the right to be released within 5 days of his
 12 request as provided in ~~53-21-111(3)~~ 53-21-111(4). The minor
 13 himself may make such request. Unless there has been a
 14 periodic review and a voluntary readmission consented to by
 15 the minor patient and his counsel, voluntary admission
 16 terminates at the expiration of 1 year. Counsel shall be
 17 appointed for the minor.

18 ~~(3) If, in any voluntary admission for any period of~~
 19 ~~time to a mental health facility, a minor fails to join in~~
 20 ~~the consent of his parents or guardian to the voluntary~~
 21 ~~admission, then the admission shall be treated as an~~
 22 ~~involuntary commitment. Notice of the substance of this~~
 23 ~~subsection and of the right to counsel shall be set forth in~~
 24 ~~conspicuous type in a conspicuous location on any form or~~
 25 ~~application used for the voluntary admission of a minor to a~~

1 ~~mental health facility. The notice shall be explained to~~
 2 ~~the minor by the professional person approving the~~
 3 ~~application."~~

4 Section 5. Section 53-21-113, MCA, is amended to read:

5 "53-21-113. ~~Costs of committing a patient already~~
 6 ~~voluntarily admitted transportation~~ transportation costs
 7 for voluntary admission. ~~{1} The cost of involuntarily~~
 8 ~~committing a patient who is voluntarily admitted to a mental~~
 9 ~~health facility at the time the involuntary proceedings are~~
 10 ~~commenced shall be borne by the county of the patient's~~
 11 ~~residence at the time of admission.~~

12 {2} The costs of transportation to a mental health
 13 facility under 53-21-111 and 53-21-112 shall be provided by
 14 the welfare department of the county of the patient's
 15 residence. However, if protective proceedings under Title
 16 72, chapter 5, have been or are initiated with respect to
 17 the person, the welfare department may seek reimbursement.
 18 If no one else is available to transport him, the sheriff
 19 shall transport the person."

20 Section 6. Section 53-21-130, MCA, is amended to read:

21 "53-21-130. ~~Transfer or commitment~~ to mental health
 22 facility from other institutions. No person who is in the
 23 custody of the department for any purpose other than
 24 treatment of severe mental illness may be transferred or
 25 committed to a mental health facility for more than 10 days

1 unless the transfer or commitment is effected according to
 2 the procedures set out in this part. ~~However proceedings~~
 3 ~~for involuntary commitment may be commenced in the county of~~
 4 ~~the mental health facility where the person is in the~~
 5 ~~county of the institution from which the person was~~
 6 ~~transferred to the mental health facility or in the county~~
 7 ~~of the person's residence.~~ Notice of a transfer shall be
 8 given immediately to any assigned counsel at the mental
 9 health facility and to the parents of minors, guardians,
 10 responsible persons, or conservators, as the case may be."

11 Section 7. Section 53-21-141, MCA, is amended to read:

12 "53-21-141. Civil and legal rights of person committed
 13 ~~admitted.~~ (1) ~~Unless specifically stated in an order by the~~
 14 ~~court a~~ A person involuntarily committed voluntarily
 15 admitted to a facility for a period of evaluation or
 16 treatment does not forfeit any legal right or suffer any
 17 legal disability by reason of the provisions of this part
 18 ~~except insofar as it may be necessary to detain the person~~
 19 ~~for treatment, evaluation, or care.~~

20 {2} ~~Whenever a person is committed to a mental health~~
 21 ~~facility for a period of 3 months or longer, the court~~
 22 ~~ordering the commitment may make an order stating~~
 23 ~~specifically any legal rights which are denied the~~
 24 ~~respondent and any legal disabilities which are imposed on~~
 25 ~~him. As part of its order, the court may appoint a person~~

1 ~~to act as conservator of the respondent's property. Any~~
 2 ~~conservatorship created pursuant to this section terminates~~
 3 ~~upon the conclusion of the involuntary commitment if not~~
 4 ~~sooner terminated by the court. A conservatorship or~~
 5 ~~guardianship extending beyond the period of involuntary~~
 6 ~~commitment may not be created except according to the~~
 7 ~~procedures set forth under Montana law for the appointment~~
 8 ~~of conservators and guardians generally.~~

9 ~~{3} A person who has been committed to a mental health~~
 10 ~~facility pursuant to this part is automatically restored~~
 11 ~~upon the termination of the commitment to all of his civil~~
 12 ~~and legal rights which may have been lost when he was~~
 13 ~~committed. This subsection does not effect, however, a~~
 14 ~~guardianship or conservatorship created independently of the~~
 15 ~~commitment proceedings according to the provisions of~~
 16 ~~Montana law relating to the appointment of conservators and~~
 17 ~~guardians generally. A person who leaves a mental health~~
 18 ~~facility following a period of evaluation and treatment~~
 19 ~~shall be given a written statement setting forth the~~
 20 ~~substance of this subsection.~~

21 ~~{4} (2) A person committed admitted to a mental health~~
 22 ~~facility prior to July 1, 1975, enjoys all the rights and~~
 23 ~~privileges of a person committed admitted after that date."~~

24 Section 8. Section 53-21-142, MCA, is amended to read:

25 *53-21-142. Rights of persons admitted to facility.

1 Patients admitted to a mental health facility, whether
 2 voluntarily or involuntarily, shall have the following
 3 rights:

- 4 (1) Patients have a right to privacy and dignity.
 5 (2) Patients have a right to the least restrictive
 6 conditions necessary to achieve the purposes of commitment.
 7 (3) Patients shall have the same rights to visitation
 8 and reasonable access to private telephone communications as
 9 patients at any public hospitals except to the extent that
 10 the professional person responsible for formulation of a
 11 particular patient's treatment plan writes an order imposing
 12 special restrictions. The written order must be renewed
 13 after each periodic review of the treatment plan if any
 14 restrictions are to be continued. Patients shall have an
 15 unrestricted right to visitation with attorneys, with
 16 spiritual counselors, and with private physicians and other
 17 professional persons.

- 18 (4) Patients shall have an unrestricted right to send
 19 sealed mail. Patients shall have an unrestricted right to
 20 receive sealed mail from their attorneys, private physicians
 21 and other professional persons, the mental disabilities
 22 board of visitors, courts, and government officials.
 23 Patients shall have a right to receive sealed mail from
 24 others except to the extent that a professional person
 25 responsible for formulation of a particular patient's

1 treatment plan writes an order imposing special restrictions
2 on receipt of sealed mail. The written order must be renewed
3 after each periodic review of the treatment plan if any
4 restrictions are to be continued.

5 (5) Patients have an unrestricted right to have access
6 to letter-writing materials, including postage, and have a
7 right to have staff members of the facility assist persons
8 who are unable to write, prepare, and mail correspondence.

9 (6) Patients have a right to wear their own clothes
10 and to keep and use their own personal possessions,
11 including toilet articles, except insofar as such clothes or
12 personal possessions may be determined by a professional
13 person in charge of the patient's treatment plan to be
14 dangerous or otherwise inappropriate to the treatment
15 regimen. The facility has an obligation to supply an
16 adequate allowance of clothing to any patients who do not
17 have suitable clothing of their own. Patients shall have the
18 opportunity to select from various types of neat, clean, and
19 seasonable clothing. Such clothing shall be considered the
20 patient's throughout his stay at the facility. The facility
21 shall make provision for the laundering of patient clothing.

22 (7) Patients have the right to keep and be allowed to
23 spend a reasonable sum of their own money.

24 (8) Patients have the right to religious worship.
25 Provisions for such worship shall be made available to all

1 patients on a nondiscriminatory basis. No individual shall
2 be required to engage in any religious activities.

3 (9) Patients have a right to regular physical exercise
4 several times a week. Moreover, it shall be the duty of the
5 facility to provide facilities and equipment for such
6 exercise. Patients have a right to be outdoors at regular
7 and frequent intervals in the absence of contrary medical
8 considerations.

9 (10) Patients have the right to be provided, with
10 adequate supervision, suitable opportunities for interaction
11 with members of the opposite sex except to the extent that a
12 professional person in charge of the patient's treatment
13 plan writes an order stating that such interaction is
14 inappropriate to the treatment regimen.

15 (11) Patients have a right to receive prompt and
16 adequate medical treatment for any physical ailments. In
17 providing medical care, the mental health facility shall
18 take advantage of whatever community-based facilities are
19 appropriate and available and shall coordinate the patient's
20 treatment for mental illness with his medical treatment.

21 (12) Patients have a right to a diet that will provide
22 at a minimum the recommended daily dietary allowances as
23 developed by the national academy of sciences. Provisions
24 shall be made for special therapeutic diets and for
25 substitutes at the request of the patient or the responsible

1 person in accordance with the religious requirements of any
2 patient's faith. Denial of a nutritionally adequate diet
3 shall not be used as punishment.

4 (13) Patients have a right to a humane psychological
5 and physical environment within the mental health
6 facilities. These facilities shall be designed to afford
7 patients with comfort and safety, promote dignity, and
8 ensure privacy. The facilities shall be designed to make a
9 positive contribution to the efficient attainment of the
10 treatment goals set for the patient. In order to assure the
11 accomplishment of this goal:

12 (a) regular housekeeping and maintenance procedures
13 which will ensure that the facility is maintained in a safe,
14 clean, and attractive condition shall be developed and
15 implemented;

16 (b) there must be special provision made for geriatric
17 and other nonambulatory patients to assure their safety and
18 comfort, including special fittings on toilets and
19 wheelchairs. Appropriate provision shall be made to permit
20 nonambulatory patients to communicate their needs to the
21 facility staff.

22 (c) pursuant to an established routine maintenance and
23 repair program, the physical plant of every facility shall
24 be kept in a continuous state of good repair and operation
25 in accordance with the needs of the health, comfort, safety,

1 and well-being of the patients;

2 (d) every facility must meet all fire and safety
3 standards established by the state and locality. In
4 addition, any hospital shall meet such provisions of the
5 life safety code of the national fire protection association
6 as are applicable to hospitals. Any hospital shall meet all
7 standards established by the state for general hospitals
8 insofar as they are relevant to psychiatric facilities."

9 Section 9. Section 53-21-144, MCA, is amended to read:

10 "53-21-144. Rights concerning photographs. (1) A
11 person admitted to a mental health facility may be
12 photographed upon admission for identification and the
13 administrative purposes of the facility. Such photographs
14 shall be confidential and shall not be released by the
15 facility except pursuant to court order.

16 (2) No other nonmedical photographs shall be taken or
17 used without consent of the patient's legal guardian or the
18 responsible person ~~appointed by the court.~~"

19 Section 10. Section 53-21-147, MCA, is amended to
20 read:

21 "53-21-147. Right not to be subjected to experimental
22 research. (1) Patients shall have a right not to be
23 subjected to experimental research without the express and
24 informed consent of the patient, if the patient is able to
25 give such consent, and of his guardian, if any, and the

1 responsible person ~~appointed by the court~~ after
 2 opportunities for consultation with independent specialists
 3 and with legal counsel. If there is no responsible person or
 4 if the responsible person ~~appointed by the court~~ is no
 5 longer available, then a responsible person who is in no way
 6 connected with the facility, the department, or the research
 7 project shall be appointed prior to the involvement of the
 8 patient in any experimental research. At least 10 days prior
 9 to the commencement of such experimental research, the
 10 facility shall send notice of intent to involve the patient
 11 in experimental research to the patient, his next of kin, if
 12 known, his legal guardian, if any, the attorney who most
 13 recently represented him, and the responsible person
 14 ~~appointed by the court.~~

15 (2) Such proposed research shall first have been
 16 reviewed and approved by the mental disabilities board of
 17 visitors before such consent shall be sought. Prior to such
 18 approval, the board shall determine that such research
 19 complies with the principles of the statement on the use of
 20 human subjects for research of the American association on
 21 mental deficiency and with the principles for research
 22 involving human subjects required by the United States
 23 department of health, education, and welfare for projects
 24 supported by that agency."

25 Section 11. Section 53-21-148, MCA, is amended to

1 read:

2 "53-21-148. Right not to be subjected to hazardous
 3 treatment. Patients have a right not to be subjected to
 4 treatment procedures such as lobotomy, aversive
 5 reinforcement conditioning, or other unusual or hazardous
 6 treatment procedures without their express and informed
 7 consent after consultation with counsel, the legal guardian,
 8 if any, the responsible person ~~appointed by the court~~, and
 9 any other interested party of the patient's choice. At
 10 least one of those consulted must consent to the treatment,
 11 along with the patient's counsel. If there is no responsible
 12 person or if the responsible person ~~appointed by the court~~
 13 is no longer available, then a responsible person who is in
 14 no way connected with the facility or with the department
 15 shall be appointed before any such treatment procedure can
 16 be employed. At least 10 days prior to the commencement of
 17 the extraordinary treatment program, the facility shall send
 18 notice of intent to employ extraordinary treatment
 19 procedures to the patient, his next of kin, if known, the
 20 legal guardian, if any, the attorney who most recently
 21 represented him, and the responsible person ~~appointed by the~~
 22 ~~court.~~"

23 Section 12. Section 53-21-162, MCA, is amended to
 24 read:

25 "53-21-162. Establishment of patient treatment plan.

1 (1) Each patient admitted as an inpatient to a mental health
2 facility shall have a comprehensive physical and mental
3 examination and review of behavioral status within 48 hours
4 after admission to the mental health facility.

5 (2) Each patient shall have an individualized
6 treatment plan. This plan shall be developed by appropriate
7 professional persons, including a psychiatrist, and shall be
8 implemented no later than 10 days after the patient's
9 admission. Each individualized treatment plan shall contain:

10 (a) a statement of the nature of the specific problems
11 and specific needs of the patient;

12 (b) a statement of the least restrictive treatment
13 conditions necessary to achieve the purposes of commitment
14 admission;

15 (c) a description of intermediate and long-range
16 treatment goals, with a projected timetable for their
17 attainment;

18 (d) a statement and rationale for the plan of
19 treatment for achieving these intermediate and long-range
20 goals;

21 (e) a specification of staff responsibility and a
22 description of proposed staff involvement with the patient
23 in order to attain these treatment goals;

24 (f) criteria for release to less restrictive treatment
25 conditions and criteria for discharge; and

1 (g) a notation of any therapeutic tasks and labor to
2 be performed by the patient.

3 (3) As part of his treatment plan, each patient shall
4 have an individualized after-care plan. This plan shall be
5 developed by a professional person as soon as practicable
6 after the patient's admission to the facility.

7 (4) In the interests of continuity of care, whenever
8 possible one professional person (who need not have been
9 involved with the development of the treatment plan) shall
10 be responsible for supervising the implementation of the
11 treatment plan, integrating the various aspects of the
12 treatment program, and recording the patient's progress.
13 This professional person shall also be responsible for
14 ensuring that the patient is released, where appropriate,
15 into a less restrictive form of treatment.

16 (5) The treatment plan shall be continuously reviewed
17 by the professional person responsible for supervising the
18 implementation of the plan and shall be modified if
19 necessary. Moreover, at least every 90 days each patient
20 shall receive a mental examination from and his treatment
21 plan shall be reviewed by a professional person other than
22 the professional person responsible for supervising the
23 implementation of the plan."

24 Section 13. Section 53-21-165, MCA, is amended to
25 read:

1 *53-21-165. Records to be maintained. Complete patient
 2 records shall be kept by the mental health facility and
 3 shall be available to any person authorized in writing by
 4 the patient and the board. The records shall also be made
 5 available to any attorney charged with representing the
 6 patient or any professional person charged with evaluating
 7 or treating the patient. These records shall include:

8 (1) identification data, including the patient's legal
 9 status;

10 (2) a patient history, including but not limited to:

11 (a) family data, educational background, and
 12 employment record;

13 (b) prior medical history, both physical and mental,
 14 including prior hospitalization;

15 (3) the chief complaints of the patient and the chief
 16 complaints of others regarding the patient;

17 (4) an evaluation which notes the onset of illness,
 18 the circumstances leading to admission, attitudes, behavior,
 19 estimate of intellectual functioning, memory functioning,
 20 orientation, and an inventory of the patient's assets in
 21 descriptive rather than interpretative fashion;

22 (5) a summary of each physical examination which
 23 describes the results of the examination;

24 (6) a copy of the individual treatment plan and any
 25 modifications thereto;

1 (7) a detailed summary of the findings made by the
 2 reviewing professional person after each periodic review of
 3 the treatment plan which analyzes the successes and failures
 4 of the treatment program and directs whatever modifications
 5 are necessary;

6 (8) a copy of the individualized after-care plan and
 7 any modifications thereto and a summary of the steps that
 8 have been taken to implement that plan;

9 (9) a medication history and status which includes the
 10 signed orders of the prescribing physician. The staff person
 11 administering the medication shall indicate by signature
 12 that orders have been carried out.

13 (10) a detailed summary of each significant contact by
 14 a professional person with the patient;

15 (11) a detailed summary, on at least a weekly basis, by
 16 a professional person involved in the patient's treatment,
 17 of the patient's progress along the treatment plan;

18 (12) a weekly summary of the extent and nature of the
 19 patient's work activities and the effect of such activity
 20 upon the patient's progress along the treatment plan;

21 (13) a signed order by a professional person for any
 22 restrictions on visitations and communications;

23 (14) a signed order by a professional person for any
 24 physical restraints and isolation; and

25 (15) a detailed summary of any extraordinary incident

1 in the facility involving the patient, to be entered by a
 2 staff member noting that he has personal knowledge of the
 3 incident or specifying his other source of information and
 4 initialed within 24 hours by a professional person--end

5 ~~(16) a summary by the professional person in charge of~~
 6 ~~the facility or his appointed agent of his findings after~~
 7 ~~the 30-day review provided for in 53-21-163."~~

8 Section 14. Section 53-21-185, MCA, is amended to
 9 read:

10 "53-21-185. Care and treatment following release. The
 11 department and its agents have an affirmative duty to
 12 provide adequate transitional treatment and care for all
 13 patients released after a period of involuntary confinement.
 14 Transitional care and treatment possibilities include but
 15 are not limited to psychiatric day care, treatment in the
 16 home by a visiting therapist, nursing home or extended care,
 17 a half-way house, outpatient treatment, and treatment in the
 18 psychiatric ward of a general hospital."

19 Section 15. Section 53-21-187, MCA, is amended to
 20 read:

21 "53-21-187. Clothing for patients discharged patients
 22 ~~or conditionally released~~. A patient may not be discharged
 23 ~~or conditionally released~~ from a mental health facility
 24 without suitable clothing adapted to the season in which he
 25 is discharged."

1 Section 16. Section 53-21-188, MCA, is amended to
 2 read:

3 "53-21-188. Maintenance of indigent patients on
 4 discharge. Prior to the discharge of a patient from a mental
 5 health facility, the professional person in charge of the
 6 facility shall notify the welfare department of the county
 7 from which the patient was committed ~~admitted~~. The county
 8 welfare department shall at once ascertain whether the
 9 discharged patient is in financial need. If the patient is
 10 found to be in financial need, the county welfare department
 11 shall properly care for and maintain the discharged patient
 12 under the laws of this state relating to public assistance
 13 until the patient is able to care for himself or until
 14 another provision has been made for care of the patient."

15 Section 17. Section 53-21-190, MCA, is amended to
 16 read:

17 "53-21-190. Fact of evaluation or treatment not to be
 18 used in subsequent court proceeding -- exception. The fact
 19 that a person has received evaluation and treatment ~~whether~~
 20 ~~voluntarily or involuntarily~~ at a mental health facility
 21 may not be admitted into evidence in a subsequent proceeding
 22 ~~for involuntary commitment~~ or for the appointment of a
 23 guardian or conservator unless it is necessary to a
 24 determination of the present condition of the respondent or
 25 the prognosis for treatment in the present case and the

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1 judge determines that the need for the evidence outweighs
2 the prejudicial effect of its admission."

3 Section 18. Repealer. Sections 53-21-103, 53-21-114
4 through 53-21-129, 53-21-131 through 53-21-133, 53-21-163,
5 53-21-181 through 53-21-183, 53-21-186, and 72-5-322, MCA,
6 are repealed.

-End-