Anne
4/17

S. 287: Two *Process* Changes Proposed –
1. Expedited Option for Subgroups: High Risk and Recent Repeat
2. Consolidation Option for Cause

Substantive Issues -- Do These Changes Support:
A. Improving the Quality of Mental Health Care? (us)
B. Supporting the Quality Standard of Improving Self-Determination and Moving Away from Coercion? (us)
C. Maintaining Protection of Rights (Judiciary)

AD Proposed List for Memo on MH Quality of Care issues to Judiciary:
1. Reiterating the capacity/competence issue (including more recent statutes), the need to be explicit about this threshold at all process stages, and that involuntary medication objective should be the restoration of capacity and self-determination
2. Quality of care standards include the recognition that even if a person lacks capacity, the clinical perspective on need for medication must be balanced with attention to patient dignity and the "gold standard" of a therapeutic relationship that achieves a patient-directed collaborative treatment plan; maximize self-determination within the involuntary process; transparency of process and standards for patients
3. If option for consolidation is included: standard must include clarity on relative exhaustion of ability to build a therapeutic relationship weighed in the cost-benefit ratio of need and rationale to consolidate
4. If option to expedite for risk of serious bodily injury is included: standard should be explicit about the rationale of adding a balancing of preserving the quality of care for other patients
5. If option to expedite for patients who have been through the process already: standard should be explicit that this is based upon a presumption that the benefit of additional time to build a therapeutic relationship is outweighed by the need/value of medication *because of evidence from past treatment efforts*
6. Oversight issues: In addition to what Judiciary may identify, Human Services will develop language that would require DMH to: maintain/provide certain data on core treatment outcomes for the system and the involuntary medication subgroups (e.g. length of stay, repeat hospitalizations, etc); require DMH to establish uniform procedures for hospital practices, documentation, and physician applications for expedited motions and for involuntary medication; promoting advance directives
7. Other?