1	S.128
2	Introduced by Senator Ayer
3	Referred to Committee on
4	Date:
5	Subject: Health; mental health; judicial proceedings
6	Statement of purpose of bill as introduced: This bill proposes to update
7	provisions of Title 18 pertaining to mental health admission procedures to
8	reflect current practice.
9	An act relating to updating mental health judicial proceedings
10	It is hereby enacted by the General Assembly of the State of Vermont:
11	Sec. 1. 18 V.S.A. chapter 171 is amended to read:
12	CHAPTER 171. GENERAL PROVISIONS
13	§ 7101. DEFINITIONS
14	As used in this part of this title, the following words, unless the context
15	otherwise requires, shall have the following meanings:
16	* * *
17	(4) "Designated hospital" means a <u>public or private</u> hospital, other
18	facility, or part of a hospital or facility designated by the commissioner
19	Commissioner as adequate to provide appropriate care for the persons with
20	mentally ill patient mental illness.

1	(5) "Elopement" means the leaving of a designated hospital or
2	designated program or training school without lawful authority.
3	* * *
4	(9) "Interested party" means a guardian, spouse, parent, adult child,
5	close adult relative, a responsible adult friend, or person who has the individual
6	in his or her charge or care. It also means a mental health professional, a law
7	enforcement officer, or a licensed physician , a head of a hospital, a selectman,
8	a town service officer, or a town health officer.
9	* * *
10	(15) "Patient" means a resident of or person in Vermont qualified under
11	this title for hospitalization or treatment as a mentally ill or mentally retarded
12	individual who has been found to be a person in need of hospitalization and
13	ordered into the custody of the Commissioner.
14	* * *
15	(26) "No refusal system" means a system of <u>designated</u> hospitals and,
16	intensive residential recovery facilities, and residential treatment programs
17	under contract with the department of mental health Department of Mental
18	Health that provides high intensity services, in which the facilities shall admit
19	any individual for care if the individual meets the eligibility criteria established
20	by the commissioner Commissioner in contract.

1	(27) "Participating hospital" means a designated hospital under contract
2	with the department of mental health Department of Mental Health to
3	participate in the no refusal system.
4	(28) <u>"Secure residential recovery facility" shall have the same meaning</u>
5	as in section 7620 of this title.
6	(29) "Successor in interest" means the mental health hospital owned and
7	operated by the state State that provides acute inpatient care and replaces the
8	Vermont State Hospital.
9	* * *
10	§ 7104. WRONGFUL HOSPITALIZATION PLACEMENT IN CUSTODY
11	OR DENIAL OF RIGHTS; FRAUD ; ELOPEMENT
12	Any person who wilfully willfully causes, or conspires with, or assists
13	another to cause any of the following shall be fined not more than \$500.00 or
14	imprisoned not more than one year, or both:
15	(1) the hospitalization of an individual knowing that the individual is not
16	mentally ill or in need of hospitalization or treatment as a mentally ill or
17	mentally retarded individual person with a mental illness; or
18	(2) the denial to any individual of any rights granted to him or her under
19	this part of this title; or

1	(3) the voluntary admission to a hospital of an individual knowing that
2	he or she is not mentally ill or eligible for treatment thereby attempting to
3	defraud the state State; or
4	(4) the elopement of any patient or student from a hospital or training
5	school, or who knowingly harbors any sick person patient who has eloped from
6	a hospital, or who aids in abducting a patient or student who has been
7	conditionally discharged from the person or persons in whose care and service
8	that patient or student has been legally placed; shall be fined not more than
9	\$500.00 or imprisoned not more than one year, or both.
10	§ 7105. ARREST APPREHENSION OF ELOPED PERSONS
11	Any sheriff, deputy sheriff, constable, or officer of state State or local
12	police, and any officer or employee of any designated hospital, designated
13	program, or training school of a secure residential recovery facility may arrest
14	any take into custody and return to a designated hospital or a secure residential
15	recovery facility a person in the custody of the Commissioner who has eloped
16	from a designated hospital or designated program or training school and return
17	such person.
18	§ 7106. NOTICE OF HOSPITALIZATION CUSTODY AND DISCHARGE
19	Whenever a patient has been admitted to a designated hospital other than
20	upon his or her own application, the head of the designated hospital shall
21	immediately notify the patient's legal guardian, spouse, parent or parents, or

1	nearest known relative or interested party, if known if any. If the involuntary
2	hospitalization or admission was without court order, notice shall also be given
3	to the superior court judge for the family division of the superior court Family
4	Division of the Superior Court in the unit wherein the designated hospital is
5	located. If the hospitalization or admission was by order of any court, the head
6	of the <u>designated</u> hospital admitting or discharging an individual the patient
7	shall forthwith make a report thereof to the commissioner Commissioner and
8	to the court which entered the order for hospitalization or admission.
9	§ 7107. EXTRAMURAL WORK
10	Any hospital or training school in the state dealing with mental health may
11	do, or procure to be done, extramural work in the way of prevention,
12	observation, care, and consultation with respect to mental health. [Repealed.]
13	§ 7108. CANTEENS
14	The chief executive officer of the Vermont State Hospital or its successor in
15	interest may conduct a canteen or commissary, which shall be accessible to
16	patients, employees, and visitors of the Vermont State Hospital or its successor
17	in interest at designated hours and shall be operated by employees of the
18	hospital. A revolving fund for this purpose is authorized. The salary of an
19	employee of the hospital shall be charged against the canteen fund. Proceeds
20	from sales may be used for operation of the canteen and the benefit of the
21	patients and employees of the hospital under the direction of the chief

1	executive officer and subject to the approval of the commissioner. All
2	balances of such funds remaining at the end of any fiscal year shall remain in
3	such fund for use during the succeeding fiscal year. An annual report of the
4	status of the funds shall be submitted to the commissioner. [Repealed.]
5	§ 7109. SALE OF ARTICLES; REVOLVING FUND
6	(a) The superintendent of a hospital or training school may sell articles
7	made by the patients or students in the handiwork or occupational therapy
8	departments of the institution and the proceeds thereof shall be credited to a
9	revolving fund. When it is for their best interest, the superintendent may, with
10	the consent of the patients or their legal representatives, employ patients or
11	students or permit them to be employed on a day placement basis.
12	(b) The consent of the patient or the legal representative of the patient or
13	student shall, in consideration of the undertaking of the superintendent, contain
14	the further agreement that one half the earnings of the patient or student shall
15	be credited to the personal account of the patient or student so employed at
16	interest for benefit of the patient or student and the balance shall be credited to
17	the fund. The superintendent shall hold and expend the fund for the purchase
18	of equipment and materials for the handicraft or group therapy departments
19	and for the educational and recreational welfare of the patient or student group.
20	He or she shall submit an annual report of the fund to the commissioner.

1	Balances remaining in it at the end of a fiscal year shall be carried forward and
1	Barances remaining in it at the end of a fiscar year shan be carried forward and
2	be available for the succeeding fiscal year.
3	(c) For purposes of this section the legal representative of the patient or
4	student shall be the duly appointed guardian, the spouse, the parents or the next
5	of kin legally responsible for the patient or student. In their absence, the
6	commissioner shall be the legal representative. [Repealed.]
7	§ 7110. CERTIFICATION OF MENTAL ILLNESS
8	A certification of mental illness by a licensed physician required by section
9	7504 of this title shall be made by a board eligible psychiatrist, a board
10	certified psychiatrist, or a resident in psychiatry, or a physician licensed
11	pursuant to 26 V.S.A. chapter 23 if no psychiatrist is available, under penalty
12	of perjury. In areas of the state where board eligible psychiatrists, board
13	certified psychiatrists, or residents in psychiatry are not available to complete
14	admission certifications to the Vermont State Hospital or its successor in
15	interest, the commissioner may designate other licensed physicians as
16	appropriate to complete certification for purposes of section 7504 of this title.
17	The Commissioner shall develop a training program that licensed physicians
18	who are not psychiatrists shall complete before effecting a certification of
19	mental illness.

1	§ 7111. RIGHT TO LEGAL COUNSEL
2	In any proceeding before, or notice to, a court of this state State involving a
3	patient or student, or a proposed patient or student, that person shall be
4	afforded counsel, and if the patient or student or proposed patient or student is
5	unable to pay for counsel, compensation shall be paid by the state State to
6	counsel assigned by the court; however, this section shall not apply to a
7	proceeding under section 7505 of this title.
8	* * *
9	§ 7113. INDEPENDENT EXAMINATION: PAYMENT
10	Whenever a court orders an independent examination by a mental health
11	professional or a qualified mental retardation developmental disabilities
12	professional pursuant to this title or 13 V.S.A. § 4822, the cost of the initial
13	examination shall be paid by the department of disabilities, aging, and
14	independent living Department of Disabilities, Aging, and Independent Living
15	or of health Mental Health, as applicable. The mental health professional or
16	qualified mental retardation developmental disabilities professional may be
17	selected by the court but the commissioner of disabilities, aging, and
18	independent living Commissioner of Disabilities, Aging, and Independent
19	Living or the commissioner of mental health Commissioner of Mental Health
20	may adopt a reasonable fee schedule schedules for examination, reports, and
21	testimony.

1 Sec. 2. 18 V.S.A. § 7205 is amended to read: 2 § 7205. SUPERVISION OF INSTITUTIONS 3 (a) The department of mental health Department of Mental Health shall 4 operate the Vermont State Hospital or its successor in interest and a secure 5 residential recovery facility. The Department shall be responsible for patients 6 receiving involuntary treatment at all designated hospitals, including the 7 Vermont State Hospital or its successor in interest, designated programs, and at 8 the secure residential recovery facility. 9 (b) The commissioner of the department of mental health Commissioner of 10 Mental Health, in consultation with the secretary Secretary, shall appoint a 11 chief executive officer of the Vermont State Hospital or its successor in 12 interest and a chief executive officer of the secure residential recovery facility 13 to oversee the operations of the hospital and the secure residential recovery 14 facility, respectively. The chief executive officer position positions shall be an 15 exempt position positions. 16 Sec. 3. 18 V.S.A. chapter 179 is amended to read: 17 CHAPTER 179. ADMISSION PROCEDURES * * * 18 19 § 7504. APPLICATION FOR EMERGENCY EXAMINATION 20 (a) A state or local law enforcement officer, mental health professional, or 21 a physician licensed pursuant to 26 V.S.A. chapter 23 may take a person into

1	temporary custody during the period between the conduct of an initial
2	examination and the completion of a certificate by a licensed physician
3	authorizing an emergency examination if specific and articulable facts exist
4	that give rise to a reasonable suspicion that the person is a person in need of
5	treatment.
6	(b) A person shall be admitted to a designated hospital for an emergency
7	examination to determine if he or she is a person in need of treatment upon
8	written application by an interested party accompanied by a certificate by a
9	licensed physician who is not the applicant. The application and certificate
10	shall set forth the facts and circumstances which constitute the need for an
11	emergency examination and which show that the person is a person in need of
12	treatment.
13	(b)(c) The decision of an interested party and a licensed physician to
14	complete an application and certificate shall be authority for transporting the
15	person to a designated hospital for an emergency examination, as provided in
16	section 7511 of this title.
17	(c)(d) For the purposes of admission of an individual a person to a
18	designated hospital for care and treatment under this section, a head of a
19	hospital, as provided in subsection (a)(b) of this section, may include a person
20	designated in writing by the head of the hospital to discharge the authority
21	granted in this section. A designated person must be an official hospital

1	administrator, supervisory personnel, or a licensed physician on duty on the
2	hospital premises other than the certifying physician under subsection $(a)(b)$ of
3	this section.
4	§ 7505. WARRANT FOR IMMEDIATE EXAMINATION
5	(a)(1) In emergency circumstances where a certification by a physician is
6	not available without serious and unreasonable delay, and when personal
7	observation of the conduct of a person constitutes reasonable grounds to
8	believe that the person is a person in need of treatment, and he or she presents
9	an immediate risk of serious injury to himself or herself or others if not
10	restrained, a state or local law enforcement officer or mental health
11	professional may make an application, not accompanied by a physician's
12	certificate, to any district or superior court judge for a warrant for an
13	immediate examination when:
14	(A) a certification by a physician is not available without serious
15	unreasonable delay;
16	(B) personal observation of the conduct of a person constitutes
17	reasonable grounds to believe that the person is a person in need of
18	treatment; and
19	(C) he or she presents an immediate risk of serious injury to himself
20	or herself or others if not restrained.

1	(2) If personal observation of the person is not possible, receipt by a
2	state or local law enforcement officer or a mental health professional of a
3	reliable report of conduct that constitutes reasonable grounds to believe that the
4	person is a person in need of treatment may serve as the basis for the warrant
5	so long as the circumstances preventing personal observation are set forth in
6	the application.
7	(b) The <u>A state or local</u> law enforcement officer or mental health
8	professional, or both, may take the person into temporary custody and shall
9	apply to the court without delay for the warrant. <u>The application for a warrant</u>
10	shall be the sole authority needed for a state or local law enforcement officer to
11	enter a residence or other premises where the person is reasonably believed to
12	be located in order to apprehend the person and take him or her into temporary
13	<u>custody.</u>
14	(c) If the judge is satisfied that a physician's certificate is not available
15	without serious and unreasonable delay, and that probable cause exists to
16	believe that the person is in need of an immediate examination pursuant to
17	subsection (a) of this section, he or she the judge may grant the warrant and
18	order the person to submit to an immediate examination at a designated
19	hospital.

1	(d) If necessary By granting a warrant, the court may order the authorizes a
2	state or local law enforcement officer or mental health professional to transport
3	the person to a designated hospital for an immediate examination.
4	(e) Upon admission to a designated hospital <u>pursuant to a warrant for</u>
5	immediate examination, the person shall be immediately examined by a
6	licensed physician as soon as practicable. If the physician certifies that the
7	person is a person in need of treatment, the person shall be held for an
8	emergency examination in accordance with section 7508 of this title. If the
9	physician does not certify that the person is a person in need of treatment, he or
10	she the physician shall immediately discharge the person and cause him or her
11	to be returned to the place from which he or she was taken, or to such place as
12	the person reasonably directs.
13	§ 7508. EMERGENCY EXAMINATION
14	(a) When For the purposes of part 8 of this title, a person is shall be
15	deemed admitted to a designated hospital for upon his or her arrival at the
16	hospital following an emergency examination in accordance with. A person
17	admitted to a designated hospital pursuant to section 7504 or 7505(e) of this
18	title , he or she shall be examined and certified by a psychiatrist as soon as
19	practicable, but licensed physician not later than one working day after
20	admission. A person admitted to a designated hospital pursuant to section

1	7505 of this title shall be examined and certified by a licensed physician as
2	soon as practicable, but not later than two working days after admission.
3	(b) If the <u>A</u> person is admitted on an application and physician's certificate,
4	the psychiatrist shall not be examined by the same physician who signed the
5	certificate pursuant to section 7504.
6	(c) If the psychiatrist physician conducting the emergency examination
7	does not certify that the person is a person in need of treatment, he or she shall
8	immediately discharge the person and cause him or her to be returned to the
9	place from which he or she was taken or to such place as the person reasonably
10	directs.
11	(d) If the psychiatrist physician does certify that the person is a person in
12	need of treatment, the person's hospitalization may continue for an additional
13	72 hours, at which time hospitalization shall terminate, unless within that
14	period:
15	(1) the person has been accepted for voluntary admission under section
16	7503 of this title; or
17	(2) an application for involuntary treatment is filed with the appropriate
18	court under section 7612 of this title in which case the patient shall remain
19	hospitalized and shall receive treatment pending the court's decision on the
20	application.
21	* * *

1	§ 7510. PRELIMINARY HEARING PROBABLE CAUSE REVIEW
2	(a) Within five <u>calendar</u> days after a person is admitted to a designated
3	hospital for emergency examination, he or she may request the criminal
4	division of the superior court Family Division of the Superior Court to conduct
5	a preliminary hearing probable cause review to determine whether there is
6	probable cause to believe that he or she was a person in need of treatment at
7	the time of his or her admission to the hospital and at the time of the review.
8	(b) The court shall conduct the hearing within three working days of the
9	filing of the request. The court shall cause timely notice of the preliminary
10	hearing probable cause review to be given to the patient person or his or her
11	attorney, and the hospital and the attorney for the applicant.
12	(c) The individual person requesting the review has the right to be present
13	and represented by legal counsel at the preliminary hearing probable cause
14	review.
15	(d) <u>The Rules of Evidence shall not be applicable at the probable cause</u>
16	review. The court may consider any testimony, sworn statement, or affidavits
17	in determining whether probable cause exists. If probable cause to believe that
18	the individual was a person in need of treatment at the time of his or her
19	admission and at the time of the review or solely at the time of the review is
20	established at the preliminary hearing probable cause review, the individual
21	shall be ordered held for further proceedings in accordance with the law. If

1	probable cause is not established in both instances or solely with regard to
2	whether the person was in need of treatment at the time of the review, the
3	individual shall be ordered discharged from the hospital and the court shall
4	order him or her returned to the place from which he or she was transported or
5	to his or her home.
6	(e) Upon a showing of need, the court may grant a reasonable continuance
7	to either the patient's person's attorney or the attorney for the state State.
8	* * *
9	Sec. 4. 18 V.S.A. chapter 181 is amended to read:
10	CHAPTER 181. JUDICIAL PROCEEDINGS
11	* * *
12	§ 7612. APPLICATION FOR INVOLUNTARY TREATMENT
13	(a) An interested party may, by filing a written application, commence
14	proceedings for the involuntary treatment of an individual by judicial process.
15	(b) The application shall be filed in the criminal division of the superior
16	court of Family Division of the Superior Court for the district in which the
17	proposed patient's residence patient resides or, in the case of a nonresident, in
18	any district superior court.
19	(c) If the application is filed under section 7508 or 7620 of this title, it shall
20	be filed in the criminal division of the superior court Family Division of the
21	Superior Court in which the hospital is located.

1	(d) The application shall contain:
2	(1) The name and address of the applicant; and
3	(2) A statement of the current and relevant facts upon which the
4	allegation of mental illness and need for treatment is based. The application
5	shall be signed by the applicant under penalty of perjury.
6	(e) The application shall be accompanied by:
7	(1) A certificate of a licensed physician, which shall be executed under
8	penalty of perjury stating that he or she has examined the proposed patient
9	within five days of the date the petition is filed, and is of the opinion that the
10	proposed patient person is a person in need of treatment, including the current
11	and relevant facts and circumstances upon which the physician's opinion is
12	based; or
13	(2) A written statement by the applicant that the proposed patient person
14	refused to submit to an examination by a licensed physician.
15	(f) Before an examining physician completes the certificate of examination,
16	he or she shall consider available alternative forms of care and treatment that
17	might be adequate to provide for the person's needs, without requiring
18	hospitalization.
19	§ 7613. NOTICE—APPOINTMENT OF COUNSEL
20	(a) When the application is filed, the court shall appoint counsel for the
21	proposed patient, and transmit a copy of the application, the physician's

1	certificate, if any, and a notice of hearing to the proposed patient, his or her
2	attorney, guardian, or any person having custody and control of the proposed
3	patient, if any, the state's attorney, State's Attorney or the attorney general
4	Attorney General, and any other person the court believes has a concern for the
5	proposed patient's welfare. A copy of the notice of hearing shall also be
6	transmitted to the applicant and certifying physician.
7	* * *
8	§ 7620. APPLICATION FOR CONTINUED TREATMENT
9	* * *
10	(e) As used in this chapter:
11	(1) "Secure," when describing a residential facility, means that the
12	residents can be physically prevented from leaving the facility by means of
13	locking devices or other mechanical or physical mechanisms.
14	(2) "Secure residential recovery facility" means a residential facility,
15	owned and operated by the State and licensed as a therapeutic community
16	residence as defined in 33 V.S.A. § 7102(11), for an individual who no longer
17	requires acute inpatient care but who does remain in need of treatment within a
18	secure setting for an extended period of time. A secure residential recovery
19	facility shall not be used for any purpose other than the purposes permitted by
20	this section.

1	§ 7621. HEARING ON APPLICATION FOR CONTINUED TREATMENT;
2	ORDERS
3	(a) The hearing on the application for continued treatment shall be held in
4	accordance with the procedures set forth in sections 7613, 7614, 7615, and
5	7616 of this title.
6	(b) If the court finds that the patient person is a patient person in need of
7	further treatment and requires hospitalization, it shall order hospitalization
8	continued treatment for up to one year.
9	(c) If the court finds that the patient person is a patient person in need of
10	further treatment but does not require hospitalization, it shall order
11	nonhospitalization for up to one year. If the treatment plan proposed by the
12	commissioner Commissioner for a patient person in need of further treatment
13	includes admission to a secure residential recovery facility, the court may at
14	any time, on its own motion or on motion of an interested party, review the
15	need for treatment at the secure residential recovery facility.
16	(d) If at any time during the period of nonhospitalization ordered under
17	subsection (c) of this section, it comes to the attention of the court, that the
18	person is not complying with the order, or that the alternative treatment has not
19	been adequate to meet the patient's person's treatment needs, the court may,
20	after proper hearing:

1	(1) Consider other treatments not involving hospitalization, modify its
2	original order, and direct the patient person to undergo another program of
3	alternative treatment for an indeterminate period, up to the expiration date of
4	the original order; or
5	(2) Order that the patient person be hospitalized, up to the expiration
6	date of the original order.
7	(e) If the court finds that the patient person is not a patient person in need
8	of further treatment, it shall order the patient person discharged.
9	(f) This section shall not be construed to prohibit the court from issuing
10	subsequent orders after a new application is filed pursuant to section 7620 of
11	this title.
12	§ 7622. EXPERT TESTIMONY
13	(a) A mental health professional testifying at hearings conducted under this
14	part may, if appropriately qualified, give opinion testimony and,
15	notwithstanding 12 V.S.A. § 1612, describe any information which he or she
16	acquired in attending the patient.
17	(b) The facts or data in the particular case, upon which an expert bases an
18	opinion or inference, may be those perceived by or made known to him or her
19	at or before the hearing. If of a type reasonably relied upon by experts in the
20	particular field in forming opinions or inferences upon the subject, the facts or

1	data need not be admissible in evidence. <u>Rule 703 of the Vermont Rules of</u>
2	Evidence shall not apply to a hearing held pursuant to part 8 of this title.
3	§ 7623. ORDERS; CUSTODY
4	All court orders of hospitalization, nonhospitalization, and continued
5	treatment shall be directed to the commissioner Commissioner and shall admit
6	the patient person to his or her care and custody for the period specified.
7	* * *
8	Sec. 5. 18 V.S.A. § 7708 is amended to read:
9	§ 7708. SURGICAL OPERATIONS
10	If the superintendent finds that a patient supported by the state requires a
11	surgical operation or that a surgical operation would promote the possibility of
12	his or her discharge from the hospital, the superintendent, with the consent of
13	the patient, his or her attorney, or his or her legally appointed guardian, if any,
14	or next of kin, if any be known, may make the necessary arrangements with
15	some surgeon and hospital for the operation. The expense of the operation
16	shall be borne by the state in the same proportion as the patient is supported by
17	the state. [Repealed.]

1	Sec. 6. 18 V.S.A. chapter 189 is amended to read:
2	CHAPTER 189. RELEASE AND DISCHARGE
3	§ 8003. PERSONAL NEEDS OF PATIENT
4	The commissioner Commissioner shall make any necessary arrangements to
5	ensure:
6	(1) that no patient is discharged or granted a conditional release from a
7	designated hospital without suitable clothing; and
8	(2) that any indigent patient discharged or granted a conditional release
9	is furnished suitable transportation for his or her return home and an amount of
10	money as may be prescribed by the head of the <u>a designated</u> hospital to enable
11	the patient to meet his or her immediate needs.
12	* * *
13	§ 8006. VISITS
14	(a) The head of a hospital may grant a visit permit of not more than 30 days
15	to any patient under his or her charge. [Deleted.]
16	(b) The granting and revocation of visits shall be made in accordance with
17	rules and procedures adopted by the head of the designated hospital.
18	§ 8007. CONDITIONAL DISCHARGES
19	(a) The board or the head of a hospital may conditionally discharge from a
20	hospital any patient who may be safely and properly cared for in a place other
21	than the hospital.

1	(b) A conditional discharge may extend for a term of six months, but shall
2	not exceed 60 days unless the head of the hospital determines that a longer
3	period will materially improve the availability of a program of treatment which
4	is an alternative to hospitalization.
5	(c) Unless sooner revoked or renewed, a conditional discharge shall
6	become absolute at the end of its term.
7	(d) A conditional discharge may be granted subject to the patient's
8	agreement to participate in outpatient, after care, or follow up treatment
9	programs, and shall be subject to such other conditions and terms as are
10	established by the granting authority.
11	(e) Each patient granted a conditional discharge shall be provided, so far as
12	practicable and appropriate, with continuing treatment on an outpatient or
13	partial hospitalization basis.
14	(f) Each patient granted a conditional discharge shall be given a written
15	statement of the conditions of his or her release, the violation of which can
16	cause revocation.
17	(g) A conditional discharge may be renewed by the granting authority at
18	any time before it becomes absolute if the head of a hospital first determines
19	that such renewal will substantially reduce the risk that the patient will become
20	a person in need of treatment in the near future. [Repealed.]

1	§ 8008. REVOCATION OF CONDITIONAL DISCHARGE
2	(a) The board or the head of the hospital may revoke a conditional
3	discharge at any time before that discharge becomes absolute if the patient fails
4	to comply with the conditions of the discharge.
5	(b) A revocation by the board or the head of the hospital shall authorize the
6	return of the patient to the hospital and shall be sufficient warrant for a law
7	enforcement officer or mental health professional to take the patient into
8	custody and return him or her to the hospital from which he or she was
9	conditionally discharged.
10	(c) Immediately upon his or her return to the hospital, the patient shall be
11	examined by a physician who shall orally explain to the patient the purpose of
12	the examination and the reasons why the patient was returned to the hospital.
13	(d) If the examining physician certifies in writing to the head of the
14	hospital that, in his or her opinion, the patient is a person in need of treatment,
15	setting forth the recent and relevant facts supporting this opinion, the
16	revocation shall become effective and the patient shall be readmitted to the
17	hospital. If the examining physician does not so certify, the revocation shall be
18	cancelled and the patient shall be returned to the place from which he or she
19	was taken.
20	(e) If the patient is readmitted to the hospital, he or she may apply
21	immediately for a judicial review of his or her admission, and he or she shall

1 be given a written notice of this right and of his or her right to legal counsel. 2 [Repealed.] § 8009. ADMINISTRATIVE DISCHARGE 3 4 (a) The head of the a designated hospital may at any time discharge a 5 voluntary or judicially hospitalized patient whom he or she deems clinically 6 suitable for discharge. 7 (b) The head of the a designated hospital shall discharge a judicially 8 hospitalized patient when the patient is no longer a patient person in need of 9 further treatment. When a judicially hospitalized patient is discharged, the 10 head of the a designated hospital shall notify the applicant, the certifying 11 physician Commissioner, the family division of the superior court Family 12 Division of the Superior Court, and anyone who was notified at the time the 13 patient was hospitalized. 14 (c) <u>A person</u> <u>An individual</u> responsible for providing treatment other than 15 hospitalization to an individual a person ordered to undergo a program of 16 alternative treatment, under section 7618 or 7621 of this title, may terminate 17 the alternative treatment to the individual person if the provider of this 18 alternative treatment considers the individual person clinically suitable for 19 termination of treatment. Upon termination of alternative treatment, the family 20 division of the superior court Family Division of the Superior Court shall be so 21 notified by the provider of the alternative treatment.

1	* * *
2	Sec. 7. 18 V.S.A. chapter 197 is amended to read:
3	CHAPTER 197. MENTALLY ILL USERS OF ALCOHOL OR DRUGS
4	* * *
5	§ 8404. CONDITIONAL DISCHARGE
6	The board of mental health, in its discretion, may grant a conditional
7	discharge to a patient admitted under this chapter after the expiration of one
8	month from the date of admission and may revoke any conditional discharge
9	so granted. A revocation of a conditional discharge by the board of mental
10	health at any time prior to the expiration of the original term of hospitalization
11	shall be sufficient warrant for the return of the patient to the hospital from
12	which he or she was discharged, there to remain until a subsequent conditional
13	discharge or the expiration of the full term from the date of the original
14	admission. [Repealed.]
15	§ 8405. OUTSIDE VISITS
16	In the discretion of the head of a designated hospital, a patient admitted
17	under this chapter may be permitted to visit a specifically designated place for
18	a period not to exceed five days and return to the same hospital. The visit may
19	be allowed to see a dying relative, to attend the funeral of a relative, to obtain
20	special medical services, to contact prospective employers, or for any
21	compelling reason consistent with the welfare or rehabilitation of the patient.

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- 1 Sec. 8. EFFECTIVE DATE
- 2 This act shall take effect on July 1, 2013.