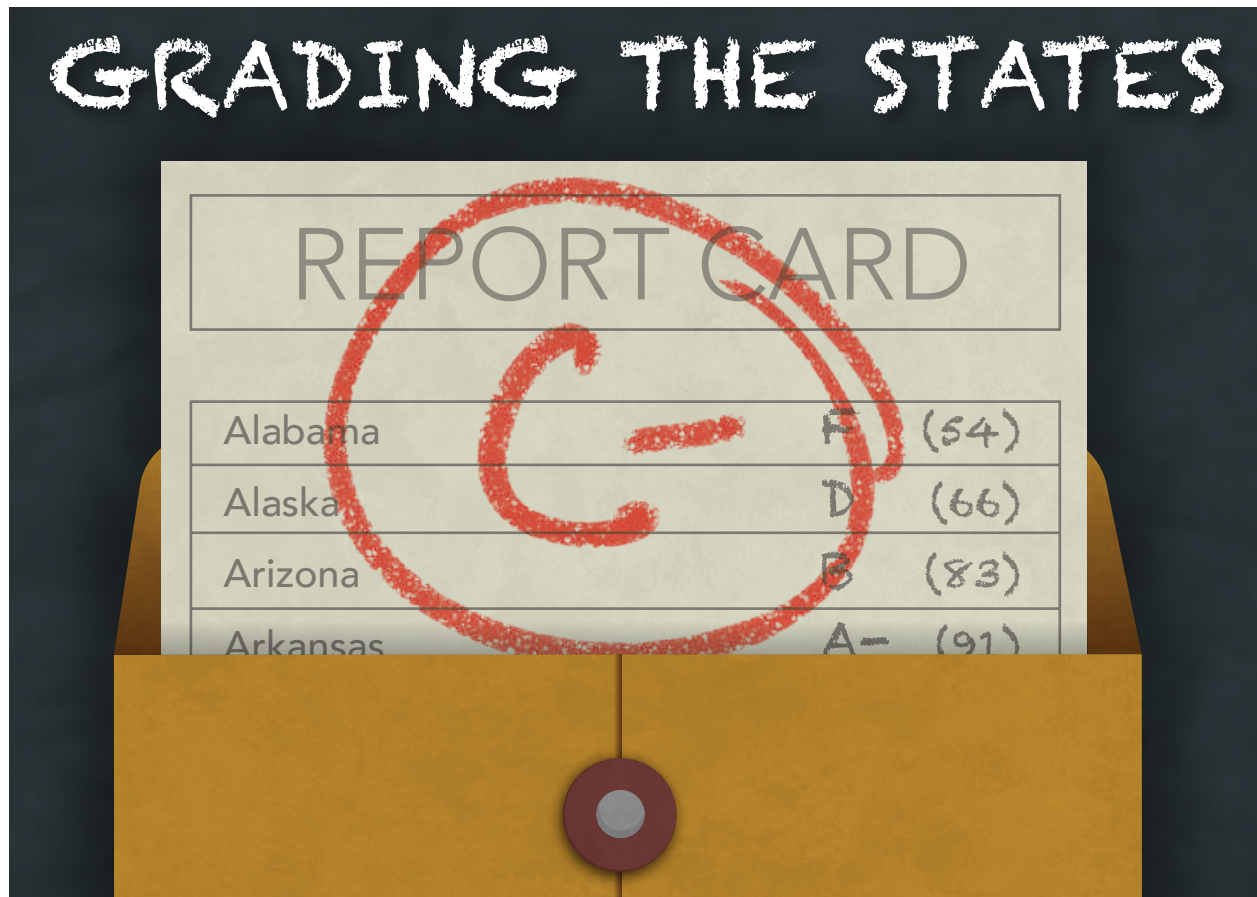


GRADING THE STATES



An Analysis of Involuntary Psychiatric Treatment Laws

September 2018



TABLE OF CONTENTS

Executive Summary	1
Introduction	5
Section One: Involuntary Treatment	6
Section Two: Policy Recommendations	8
Emergency Psychiatric Evaluation.....	8
• Duration of initial custody	8
• Access to court for petition.....	9
• Guidance for process.....	10
Inpatient Commitment.....	11
• Access to court for petition.....	11
• Danger to self or others standard.....	12
• Grave disability standard	13
• Psychiatric deterioration standard	14
Assisted Outpatient Treatment.....	15
• Shared inpatient/outpatient standard	16
• Separate inpatient/outpatient standard.....	16
• Access to court for petition.....	17
• Black robe effect.....	18
• Duration of orders.....	18
Section Three: Methodology	19
Section Four: Findings	22
• Data Tables	27
References	30
Appendix I: State Report Cards	31
Appendix II: Recommended State Statutory Changes	124

EXECUTIVE SUMMARY

Across the nation, headlines decry our broken mental health system. Those with the most severe mental illness too frequently go without needed care, leading to dire consequences for them, their families and society at large. Untold human suffering—criminalization, homelessness, suicide, violence—has become commonplace as our system fails those most in need.

It is beyond the purview of this report to analyze every aspect of a state's mental health system, such as the extent to which a state successfully applies and uses its treatment laws or the accessibility of treatment that does not implicate treatment laws (i.e., voluntary care). (...) [R]egardless of whether a state has high-quality voluntary services, it may still receive a poor grade if its laws create harmful barriers for those who cannot volunteer for care.

Efforts to make needed reforms are complicated by the fact that the U.S. mental health system is actually not one single broken system. Responsibility lies at the feet of 50 states and thousands of local governments. Each has a unique set of laws, regulations, policies and budget decisions that, collectively, make up our national mental health system.

The United States is effectively running 50 different experiments, with no two states taking the same approach. As a result, whether or not an individual receives timely, appropriate treatment for an acute psychiatric crisis or chronic psychiatric disease is almost entirely dependent on what state he or she is in when the crisis arises.

Grading the States: An Analysis of Involuntary Psychiatric Treatment Laws examines the laws that provide for involuntary treatment for psychiatric illness in each state. For each

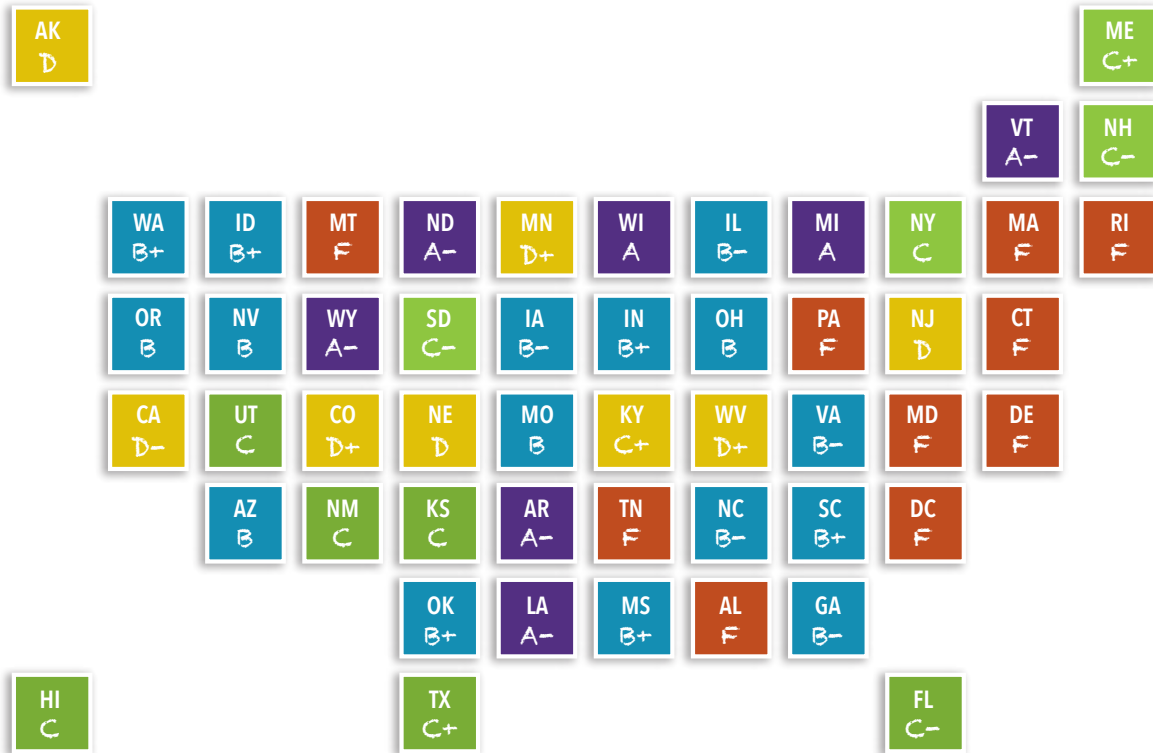
state, the question to be answered is simple: If an individual in that state needs involuntary evaluation or treatment, does the law allow this to occur in a timely fashion, for sufficient duration, and in a manner that enables and promotes long-term stabilization?

In addition to providing a detailed assessment of each state's treatment laws in comparison with those of the rest of the country, the report also identifies specific statutory changes states can make to greatly improve access to care for this population.

Key Findings

- Twenty-two states scored at or above a B-, while 10 jurisdictions received failing grades.
- Wisconsin achieved the highest combined score, with 96 out of 100 points. Maryland received the lowest combined score, with 18 out of 100.
- Only seven states (Alabama, Delaware, Georgia, Hawaii, Oklahoma, Pennsylvania and Tennessee) retain an outdated standard requiring that harm to self or others be imminent for a person to qualify for inpatient commitment.
- Five jurisdictions still fail to incorporate grave disability criteria for treatment (Alabama, Delaware, District of Columbia, Maryland and New York).
- Twenty states have incorporated a more modern psychiatric deterioration (need for treatment) standard.
- All but three states (Connecticut, Maryland and Massachusetts) have statutory authority for some type of assisted outpatient treatment (AOT).

Distribution of the State Grades



A	A	Michigan, Wisconsin
	A-	Arkansas, Louisiana, North Dakota, Vermont, Wyoming
B	B+	Idaho, Indiana, Mississippi, South Carolina, Washington
	B	Arizona, Missouri, Nevada, Ohio, Oregon
	B-	Georgia, Illinois, Iowa, North Carolina, Virginia
C	C+	Kentucky, Maine, Oklahoma, Texas
	C	Hawaii, Kansas, New Mexico, New York, Utah
	C-	Florida, New Hampshire, South Dakota
D	D+	Colorado, Minnesota, West Virginia
	D	Alaska, Nebraska, New Jersey
	D-	California
F	F	Alabama, Connecticut, Delaware, District of Columbia, Maryland, Massachusetts, Montana, Pennsylvania, Rhode Island, Tennessee

Policy Recommendations

The state laws and policies governing involuntary treatment are varied and byzantine. There are three main components of involuntary civil commitment, each with corresponding laws: emergency psychiatric evaluation, inpatient commitment to a hospital facility, and outpatient commitment to care in the community, also known as AOT. The following policy recommendations are based on our analysis of the treatment laws in each state and identify key components of an ideally functioning system of mental illness treatment laws:

Emergency psychiatric evaluation

- #1** The duration for initial emergency custody should be a minimum of 48 hours, with a strong preference given to holds of 72 hours or longer.
- #2** Any responsible adult or, at a minimum, guardians and family members must be able to petition the courts to seek a court order for evaluative custody.
- #3** Emergency evaluation laws should provide clear guidance for initiating a petition.

Inpatient commitment

- #4** Any responsible adult or, at a minimum, guardians and family members must be able to petition the courts to seek a court order for inpatient civil commitment.
- #5** Statutory language defining the “danger to self or others” standard should not require imminence of harm.
- #6** Statutory language defining the “grave disability” standard should not require imminence or an unreasonably high risk of harm.
- #7** Statutory language defining the “psychiatric deterioration” standard should expressly allow consideration of treatment history and the likelihood of future psychiatric deterioration without treatment.

Assisted outpatient treatment

- #8** For states using one standard for both inpatient and outpatient civil commitment, statutory language authorizing AOT should allow consideration of treatment history and the likelihood of future deterioration without treatment.
- #9** For states using separate criteria for inpatient and outpatient civil commitment, statutory language authorizing AOT should allow consideration of at least three years of treatment history and should not place unreasonable limitations on eligibility.
- #10** Any responsible adult or, at a minimum, guardians and family members should be able to petition the courts to seek a court order for AOT.
- #11** AOT procedures should be described in sufficient detail to provide guidance to practitioners and to make maximum use of the “black robe effect.”
- #12** The duration for an initial AOT order should be a minimum of 90 days, and renewed orders should be for a minimum of 180 days.

AUTHORS

Grading the States: An Analysis of Involuntary Psychiatric Laws was written and produced by Treatment Advocacy Center staff:

Frankie Berger

Director of Advocacy

Lisa Dailey

Legislative and Policy Counsel

Betsy Johnson

Policy Advisor

Elizabeth Sinclair

Director of Research

John Snook

Executive Director

Brian Stettin

Policy Director



Online at TreatmentAdvocacyCenter.org/Grading-the-States

© 2018 Treatment Advocacy Center
Arlington, Virginia

INTRODUCTION

The focus of this report is the analysis of a key component of the mental health system in the United States—state laws that provide for involuntary treatment for psychiatric illness. For each state, the question to be answered is simple: If an individual in that state needs involuntary evaluation or treatment, does the law allow this to occur in a timely fashion, for sufficient duration, and in a manner that enables and promotes long-term stabilization?

Grading the States does not attempt to analyze every aspect of the involuntary treatment system. It focuses on its foundation—the legal underpinnings of how treatment can be provided for individuals most in need of care, and identifies specific statutory changes each state can make to improve access to care for this population.

Evaluating a state’s civil commitment laws should not resemble reading tea leaves. Therefore, every effort has been made to establish a grading system that is transparent and yields reliable and undeviating results. The resulting grade sheets will provide clear guidance to advocates and lawmakers on how to identify and remove barriers to treatment for individuals with serious mental illness who may at some time require involuntary treatment.

NOTE: It is beyond the purview of this report to analyze every aspect of a state’s mental health system, such as the extent to which a state successfully applies and uses its treatment laws or the accessibility of treatment that does not implicate treatment laws (i.e., voluntary care). For example, a state may have robust voluntary mental health programs but has chosen a too-high threshold for involuntary treatment, effectively excluding people who are too sick to seek services on their own. Therefore, regardless of whether a state has high-quality voluntary services, it may still receive a poor grade if its laws create harmful barriers for those who cannot volunteer for care.

SECTION ONE: INVOLUNTARY TREATMENT

The importance of involuntary treatment

Watching a loved one fall into the grips of severe mental illness can be a painful and terrifying experience. Unfortunately, in far too many cases, that descent is precipitated by overly restrictive treatment laws. Families are told that lifesaving care is predicated on violence—turning a medical illness into a criminal justice matter to the detriment of everyone involved.

Society also suffers. Communities from coast to coast struggle to care for a growing homeless population marked by untreated severe mental illness. Viral videos of obviously ill individuals being turned away from hospitals spark public outcry. Jails and prisons are overwhelmed with the most severely ill, as law enforcement is forced to assume an unwarranted role as de facto mental health system. News headlines highlight violent tragedies that could have been prevented—tragedies that devastate communities and exacerbate mental health stigma.

Thankfully, states across the nation are increasingly recognizing that laws demanding violence or “imminent danger” are anachronistic, that they fail to protect either the person in need of care or society at large.

Thankfully, states across the nation are increasingly recognizing that laws demanding violence or “imminent danger” are anachronistic, that they fail to protect either the person in need of care or society at large. Since 1998, when the Treatment Advocacy Center was founded, a large majority of states have passed laws updating their treatment standards with broader definitions of dangerousness and medically based standards that focus on the individual’s need for treatment and history of psychiatric deterioration.

State efforts to modernize their treatment laws are amply supported not only by policy but also by advances in mental illness research. Science now understands that severe mental illness may be marked by periods of inability to make informed decisions about one’s mental illness treatment. Anosognosia, or lack of insight, is now understood to be a symptom of severe mental illness experienced by as many as 50 percent of individuals with schizophrenia. For these individuals, accepting treatment appears irrational, no matter how clear the need may be to others. Because anosognosia represents damage to the brain itself, there can be no moment of clarity after an episode of “hitting rock bottom,” and no level of voluntary care will ever be sufficient. Individuals with this condition physically believe they are healthy, and nothing will convince them otherwise.

Something more must be done.

Relevant components of involuntary treatment

Public mental health, though subject to federal law, is primarily the responsibility of state and local government. Lawmakers, as the elected representatives of the citizens of each state, pass laws establishing the criteria and procedures for when and in what manner the state may involve itself in the mental health treatment of an individual. Although courts and administrative offices play a role in interpreting and executing those laws, the decision of what the state laws should be is a legislative function performed on behalf of the public.

While health decisions are typically private in nature, a state legislature may utilize its law enforcement and *parens patriae* powers (the right of government to make decisions on behalf of persons incapable of making them) to authorize the evaluation and treatment of an individual, even over that person’s objection. Such action is subject to a balancing of

interests in which it must be determined, after all due process rights are afforded, that the state's interest in protecting either the individual or the public outweighs that individual's right to refuse evaluation or care.

The process for involuntary treatment in the United States can be broken down into three distinct components: emergency psychiatric evaluation, inpatient commitment and outpatient commitment (the latter also known as assisted outpatient treatment, or AOT).

- **EMERGENCY PSYCHIATRIC EVALUATION.** An emergency psychiatric evaluation allows for temporary custody of an individual experiencing a psychiatric crisis to determine if he or she may require immediate care. Because of its focus on emergency situations, it is the shortest period of care considered in this report.

Emergency psychiatric evaluations often serve as the entry point for the involuntary system. The process to have a person in psychiatric crisis detained for a period to evaluate need for further care shares some common features in every state. For example, every state empowers law enforcement officers to detain and transport individuals for evaluation.

- **INPATIENT COMMITMENT.** As is the case with emergency custody, all states have laws authorizing involuntary inpatient hospitalization for mental health treatment. These inpatient commitment laws empower a court to order a person with mental illness to be held over his or her objection for a period of care and treatment.

At a minimum, these laws address both the *criteria* for commitment (the legal standard by which a judge decides whether commitment is warranted) and the *process* of commitment (the various components and mechanisms that get the matter before a judge for consideration).

- **ASSISTED OUTPATIENT TREATMENT.** Almost every state also has laws that allow commitment of an individual for treatment in the community. These laws, known broadly as AOT laws, vary in their specificity and focus but broadly provide for court-supervised treatment within the community.

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) defines AOT as follows:

Assisted outpatient treatment (AOT) is the practice of delivering outpatient treatment under court order to adults with severe mental illness who are found by a judge, in consideration of prior history, to be unlikely to adhere to prescribed treatment on a voluntary basis. AOT is a form of civil commitment intended for those who suffer from anosognosia (lack of insight) in addition to severe mental illness, and have been repeatedly hospitalized or arrested as a consequence of treatment nonadherence.¹

Through the ritual of a court hearing and the symbolic weight of a judge's order, AOT seeks to leverage the black robe effect, motivating the individual to regard treatment adherence as a legal obligation and impressing upon treatment providers that the individual requires close monitoring and comprehensive services.

SECTION TWO: POLICY RECOMMENDATIONS

Each state’s legislature adopts its own framework for civil commitment. In considering statutory changes, however, lawmakers often examine laws from other states in search of more desirable language. The purpose of this section is to highlight clauses commonly found in state civil commitment statutes that have been identified as the most likely to promote timely treatment or, conversely, the most likely to impose an artificial barrier to treatment. Our analysis of each state’s laws breaks down in detail which clauses are desirable and which clauses could be eliminated in order to maximize an individual’s likelihood of receiving involuntary treatment at the appropriate time and in the manner best suited to that person’s needs. We lay out these policy recommendations first for emergency evaluation, next for inpatient commitment and finally for AOT.

Emergency psychiatric evaluation

Every state has enacted laws that, under certain narrow circumstances, allow for temporary custody of an individual experiencing a psychiatric crisis and in need of an emergency psychiatric evaluation. In spite of variation among the states regarding who is empowered to initiate an emergency evaluation, all states and the District of Columbia authorize law enforcement to transport an individual to an evaluative facility if an officer finds probable cause to believe that the person meets the state’s civil commitment criteria. There is no requirement for a court order if it appears there is an imminent need to prevent physical harm to the individual or others. These basic provisions are consistent across the states. If, however, potential harm does not appear to be imminent, many states require law enforcement to obtain a court order prior to transporting a person for emergency evaluation.

Variation in laws on emergency custody and evaluation falls mainly into two categories: the duration of an initial psychiatric inpatient hold and the classes of individuals who are authorized to initiate proceedings.

Policy Recommendation #1: *The duration for initial emergency custody should be a minimum of 48 hours, with a strong preference given to custody of 72 hours or longer.*

Ample research indicates that adequate stabilization and long-term care planning reduces the risk of suicide after discharge.

States vary widely in the duration of the initial hold for evaluation, during which time the evaluative facility must make a determination as to whether a person meets civil commitment criteria to proceed with further inpatient treatment and, if so, must begin the process of psychiatric stabilization. Stabilization may involve emergency administration of medication. If there is no emergency, a separate legal process is required

to medicate over objection. The duration of emergency custody should factor in the time realistically needed to conduct a thorough evaluation to determine whether continued court-ordered inpatient or outpatient treatment is appropriate. It should also take into account the time needed to develop an appropriate discharge plan and make referrals to community-based services if inpatient treatment is not appropriate. A 72-hour hold period provides some time to stabilize the patient and, if the individual is not admitted, to discharge him or her with a long-term care plan. Ample research indicates that adequate stabilization and long-term care planning reduces the risk of suicide after discharge.²

States that have experienced tragedy due to a short duration for emergency custody are not difficult to find. Virginia, the state that until recently had the shortest emergency custody period in the country (four hours), adopted the more common standard of 72 hours following a high-profile tragedy involving State Senator Creigh Deeds. Deeds' son, still in psychosis immediately following his discharge from one such short psychiatric hold, attacked his father and then took his own life.

While Virginia has now adopted the more common 72-hour standard, other states remain deficient. New Hampshire allows an emergency custody hold of only six hours, while nine states limit emergency custody to less than 48 hours. In contrast, Louisiana allows for emergency custody of up to 15 days, Rhode Island for 10 days, and both Nebraska and New Mexico for seven days. The large majority of states provide for emergency custody of at least 72 hours (see Table 4.5 in Section 4).

States that have experienced tragedy due to a short duration for emergency custody are not difficult to find.

A longer hold period is necessary to ensure ample time to decide whether a person qualifies for further treatment, based on a medical determination rather than simply "timing out" of a hold. A sufficient hold time increases the chance that an individual may become stabilized before being discharged or persuaded to accept voluntary services. Finally, allowing an adequate initial hold time affords additional time for a psychiatric bed to be found if admission to inpatient treatment is appropriate.

Based on the sum of research, the practice of a majority of states, and documented bad outcomes arising from unnecessarily short initial holds, 48 to 72 hours is recommended as a minimum. Forty-two states allow for a hold of at least 48 hours, with 34 allowing a hold of 72 hours or longer.

Policy Recommendation #2: Any responsible adult or, at a minimum, guardians and family members must be able to petition the courts to seek a court order for evaluative custody.

There is significant variation across the states as to who is authorized to initiate the emergency evaluation process. Some states authorize only law enforcement to detain and transport an individual, based on personal observation of an imminent threat. If there is no evidence of imminent threat, law enforcement may be required to seek a court order, as is the case with others authorized to file a petition.

Another category of petitioners includes physicians, psychiatrists, psychologists or other (often specifically enumerated) mental health professionals or evaluators. Some states authorize adults with specific relationships, such as parents, siblings, spouses, or guardians, to commence an action for evaluation. Finally, some states authorize any responsible adult with requisite knowledge to file a petition. Note that simply filing the petition does not cause a person to be taken into custody but merely triggers the court's judicial review of the request. Many states, such as New Jersey, have enacted penalties for frivolous or false petitions to discourage abuse of process.

There are a number of reasons for authorizing court petitions from family, friends, guardians and others as opposed to leaving such decisions solely to law enforcement or mental health professionals. Certainly an individual's friends, family and frequent contacts are in the best position to provide information to the court as to that person's current mental state. Their inclusion in the petitioning process ensures that the court's decision to issue an order will be

based on more complete information, including the individual's personal history and recent actions. Such decisions may be better informed than those resting solely on testimony from law enforcement or medical professionals, who have limited interactions with the individual and knowledge of his or her history.

Emergency custody statutes that limit those who can initiate the process to law enforcement or mental health professionals inevitably lead to the arrest, rather than hospitalization, of those in psychiatric crisis. Further, these laws artificially screen out individuals who will not seek voluntary care, increasing the chances of decompensation over a longer period of time and making it far more likely that law enforcement will be called on to handle those in crisis. This eventuality is dangerous to the individual and to law enforcement, and further

Emergency custody statutes that limit those who can initiate the process to law enforcement or mental health professionals inevitably lead to the arrest, rather than hospitalization, of those in psychiatric crisis.

adds to the criminalization of mental illness. Alternatively, empowering responsible adults with knowledge of an individual's history and current mental state to petition for emergency evaluation helps prevent medical issues from becoming criminal justice issues and allows for more timely and less traumatic intervention.

Additionally, restricting the number of people empowered to initiate a petition also exacerbates

already long wait times to see evaluators or mental health professionals. An individual experiencing a psychiatric crisis does not have the luxury of waiting for an appointment. There is an extreme shortage of mental health professionals in many parts of the United States, especially rural areas, and this shortage is projected to worsen over the next 20 years.³ Shortages of qualified mental health evaluators restrict access to timely evaluation and treatment.

The emergency custody statutes of six states (Alabama, Alaska, California, Idaho, New Jersey and Washington) require certification from two experts. Such requirements only magnify the problems outlined above and can create unnecessary barriers to emergency evaluation (see Table 4.6 in Section 4).

Policy Recommendation #3: Emergency evaluation laws should provide clear guidance for initiating a petition.

As with any statute that is intended to be interpreted by practitioners who are neither lawyers nor lawmakers, it is important to ensure that the law provides clear guidance. Clauses that are vague or ambiguous should be clarified to ensure that legislative intent is clear. It should be simple to ascertain who can petition for emergency evaluation, as well as how and where to do so. Emergency evaluation criteria should also be laid out clearly with sufficient detail to allow law enforcement, mental health professionals and members of the public to interpret them in a manner consistent with legislative intent. States with emergency custody laws that include sufficient procedural guidance include Missouri, North Dakota and Wisconsin.

Because an emergency evaluation process is ultimately used to determine whether an individual in crisis meets criteria for inpatient hospitalization, an emergency evaluation standard that is inconsistent with a state's inpatient standard can provide unintended barriers to treatment. Therefore, inpatient criteria and emergency evaluation criteria should be the same. When the language is inconsistent, individuals who would meet criteria for inpatient admission if they transported themselves to a facility for evaluation may be ineligible for the same evaluation if it necessitates emergency custody and transport to the facility.

The most common discrepancy between the two standards is a more restrictive emergency evaluation requirement of immediate risk of physical harm or injury. For example, Minnesota’s inpatient standard requires a risk of harm to self or others or grave disability for inpatient treatment, but the emergency custody standard specifically requires a risk of *injury* for law enforcement to take the same person into custody and transport him or her to the hospital; grave disability is excluded as a basis for emergency evaluation. Arizona’s statute for emergency evaluation requires belief that a person is “a danger to self or others,” which omits a number of other grounds for admission for inpatient commitment. In total, the emergency custody laws of seven states (Alabama, Arizona, Iowa, Minnesota, Oregon, South Carolina and Texas) are inconsistent with their inpatient commitment standards.

Many states, while not requiring a risk of imminent harm as a prerequisite to civil commitment, nonetheless require a law enforcement officer to perceive such a risk before executing a warrantless emergency detention for evaluation. We do not regard this requirement as an inconsistency between civil commitment and emergency detention criteria, but rather as a policy preference for judicial oversight over deprivations of liberty unless the need to prevent imminent harm overrides.

Inpatient commitment

As is the case with emergency custody, all states have laws authorizing involuntary hospitalization for mental health treatment. Variation across the states primarily concerns the criteria used to determine eligibility. Policy recommendations for inpatient civil commitment laws may pertain to these substantive matters or to more procedural aspects.

The primary procedural issue for consideration by state legislatures is who is authorized to initiate a petition for inpatient commitment. As is the case with emergency evaluation, some states authorize only mental health professionals (such as a hospital administrator or designee) or mental health department officials to initiate proceedings, while other states’ statutes allow family members or, alternatively, any responsible adult to petition.

Policy Recommendation #4: Any responsible adult or, at a minimum, guardians and family members must be able to petition the courts to seek a court order for inpatient civil commitment.

An appropriate inpatient civil commitment law should not limit petitioning power to mental health professionals. Apart from the policy reasons discussed above for emergency evaluation, empowering citizens to access the courts to pursue a petition allows for more timely treatment and reduces the likelihood that a dangerous law enforcement encounter will be needed prior to intervention. In addition, any time a discretionary decision for a large population, such as whether to pursue inpatient hospitalization, is left up to a single entity (e.g., a state’s department of health), there is a risk of undue influence.

Empowering citizens to access the courts to pursue a petition allows for more timely treatment and reduces the likelihood that a dangerous law enforcement encounter will be needed prior to intervention.

Empowering citizens to petition provides a method to bypass a biased or incompetent decision maker, ensuring that the decision can be made or reviewed by an impartial judicial officer. Family members often have the most complete knowledge of their loved one’s symptoms and overall circumstances. Family member involvement in treatment decisions improves compliance and the long-term outcomes of health for their loved ones.⁴ Providing statutory authority for them to petition for inpatient commitment allows them access to the courts while still requiring that the decision maker be impartial.

Policy Recommendation #5: Statutory language defining the "danger to self or others" standard should not require imminence of harm.

All states provide for inpatient treatment when an individual poses a danger of harm to self or others. Some states define what is meant by *danger* or *harm* in great detail, whereas others do not. For example, Missouri's inpatient criteria provide a detailed definition for "substantial risk of harm," further broken down into harm to self and harm to others, that provides quite a bit of guidance. Oregon, in comparison, does not currently include a definition and simply provides for treatment based on "dangerousness to self or others."

As with any law, the goal should be to provide a clear statement that communicates the intent of the legislature and does not require courts to interpret without guidance. Oregon's broad statute fails to include definitions and has been construed quite narrowly by appellate courts, leading to a dramatic increase in the number of inpatient orders that have been

Statutes that require that the individual present an imminent danger to self or others before the state can intervene have been shown to lead to the criminalization of mental illness.

overturned on appeal, an outcome that was likely not intended by the legislature. In the case of both Maryland and the District of Columbia, the effect of an ambiguous or vaguely worded standard is magnified by the lack of any other treatment criteria (such as grave disability) whose definition can provide guidance in the absence of a definition of "harm to self or others."

Statutes that require that the individual present an imminent danger to self or others before the state can intervene have been shown to lead to the criminalization of mental illness.⁵ Because dangerous behavior is typically mitigated by the criminal justice system, a law that requires someone to decompensate to a point of present dangerousness to qualify for involuntary treatment all but guarantees an interaction with law enforcement. Any such interaction can easily lead to arrest rather than hospitalization. In many U.S. locales, an officer who transports an individual to a hospital is obligated to hours of transit as well as hours of waiting at the evaluation facility before being able to return to regular duties. On the other hand, an officer may choose simply to drop off a dangerous and arrested individual in a jail's booking department and continue with regular duties. It is easy to see why a busy police officer may opt for the latter.

Research offers some of the most compelling reasons to remove imminence of harm requirements from inpatient standards. For instance, laws that include only an immediate dangerousness criterion have been associated with longer durations of untreated psychosis.⁶ Long durations of untreated psychosis, in turn, have been shown to lead to permanent, physical brain damage.⁷ The longer an individual has untreated psychosis, the longer it will take to emerge from it, and the less likely the person is to make a full recovery.⁸

Recent research suggests that timely treatment can improve an individual's prognosis for the course of the illness.⁹ Following the lead of countries such as the United Kingdom and Denmark, in 2008 the U.S. National Institute of Mental Health launched a large-scale research project based on a national model of coordinated specialty care for individuals experiencing first-episode psychosis, indicating that early identification and treatment is key for longer-term success.¹⁰ Just as it would be medically irresponsible to treat heart disease only after an individual suffers a heart attack, legislatures should not create unnecessary statutory hurdles to early intervention, particularly for early episodes of psychosis.

Policy Recommendation #6: Statutory language defining the "grave disability" standard should not require imminence or an unreasonably high risk of harm.

The grave disability standard, alternatively called the “basic needs” standard, authorizes intervention for treatment if the risk of harm is based on a person’s inability due to mental illness to provide for the basic necessities of human survival or to avoid harm. Though most states have adopted explicit statutory language authorizing treatment on this basis, not all have done so. Alabama, Delaware, the District of Columbia, Maryland and New York have not adopted such criteria. Of these, courts in some jurisdictions (such as the District of Columbia) have interpreted their “danger to self” language to include grave disability. This situation is not optimal, inasmuch as practitioners consulting the law alone will be unaware that the courts have allowed a broader interpretation, thus creating an artificial barrier to treatment.

For the same reasons discussed above, imminence of harm should not be required to meet this standard for treatment. Some states require that harm be so imminent as to bar treatment prior to significant mental and physical deterioration. Nevada, for example, requires a risk of serious harm within 30 days. Apart from arbitrarily prolonging human suffering, such requirements are based on a false assumption that it is actually possible to foresee when harm becomes imminent. The symptoms of psychiatric deterioration are not visible, nor are those of many serious physical conditions that afflict those who would meet the definition of grave disability.

Optimal language for a grave disability / basic needs standard should exclude the imminence requirement and should also avoid mandating an unreasonable risk of harm to qualify for intervention. Pennsylvania, for example, relies on a “clear and present danger” standard, requiring that within the last 30 days, an individual has shown that without treatment there is reasonable probability he or she will die in 30 days or suffer serious bodily injury, including mutilation, or serious physical debilitation. There is no valid public policy reason to require such a radical risk of harm to intervene, nor does it make sense from a budgetary perspective to essentially require that all care be emergency based, delivered in the most expensive manner, and offered at the time least likely to lead to recovery. This sort of requirement is deeply stigmatizing, as it implies a fundamental difference between psychiatric medical care and any other type of medical care, which is delivered when it is needed rather than when it is likely too late to succeed.

Optimal language for a grave disability / basic needs standard should exclude the imminence requirement and should also avoid mandating an unreasonable risk of harm to qualify for intervention.

A small number of states require that for an individual to qualify for treatment under the grave disability standard, the person’s family or friends must be unwilling or unable to provide assistance. Florida, for example, includes a clause in its statute stating, “no person shall be deemed to be unable to satisfy his need for nourishment, essential medical care or shelter if he is able to satisfy such needs with the supervision and assistance of others who are willing and available.” New Jersey’s and Wyoming’s laws contain similar clauses. Presumably the underlying purpose of this sort of requirement is to limit intervention to those whose basic needs are actively unmet. Considering that these statutes are intended to define when a person meets a standard of dangerousness to self, the willingness or unwillingness of family and friends to provide food and shelter is irrelevant. Whether a person’s mental state qualifies him or her for treatment is the only appropriate inquiry for such a law. From a public policy perspective, requiring a person’s loved ones to refuse assistance with food and shelter can only have the result of increasing homelessness, criminalization, and psychiatric crises, all more inefficient and expensive for the public mental health system and the criminal justice system than enabling timely intervention.

Alaska’s statutory language is a good model for other states to follow:

“gravely disabled” means a condition in which a person as a result of mental illness

(A) is in danger of physical harm arising from such complete neglect of basic needs for food, clothing, shelter, or personal safety as to render serious accident, illness, or death highly probable if care by another is not taken; or

(B) will, if not treated, suffer or continue to suffer severe and abnormal mental, emotional, or physical distress, and this distress is associated with significant impairment of judgment, reason, or behavior causing a substantial deterioration of the person’s previous ability to function independently;

Connecticut also provides a good example. Its grave disability language states:

“Gravely disabled” refers to a person who, due to mental or emotional impairment, is in danger of serious harm because he has failed or is unable to provide for his basic needs such as essential food, clothing, shelter, or safety. The person needs hospital treatment, which is available, but his psychiatric disabilities make him incapable of determining whether to accept it.

Policy Recommendation #7: Statutory language defining the “psychiatric deterioration” standard should expressly allow consideration of treatment history and the likelihood of future psychiatric deterioration without treatment.

The psychiatric deterioration standard, commonly referred to as the “need for treatment” standard, provides a basis for intervention after consideration of a person’s treatment history. That history typically includes specific consideration of the consequences of past nonadherence to psychiatric treatment that led to hospitalization or incarceration, and directly considers whether future deterioration is likely if the person does not continue treatment.

Rather than focusing on a snapshot in time, the psychiatric deterioration standard encourages the court to consider the more complete picture, including past patterns of behavior, in order to prevent foreseeable relapses. Close to half (20) of U.S. states have adopted some form of psychiatric deterioration standard.

There are two key elements to an optimal psychiatric deterioration standard. It should grant the authority to both to consider treatment history and to draw conclusions from it as to the likelihood of future psychiatric deterioration. Many states allow consideration of recent hospitalizations (often limited to the past one to three years) but do not explicitly state that treatment may be ordered to prevent future deterioration. The preventive aspect of the standard is somewhat implied in these statutes, but it is preferable for a legislature to state explicitly that it intends for judges to consider both treatment history and potential for future deterioration in making decisions under the standard.

A psychiatric deterioration standard often creates a smooth framework for transition from inpatient to outpatient treatment. Such criteria can work in tandem with robust outpatient programming, allowing a faster return to the community and to an individual’s support system.

A good example of a psychiatric deterioration standard is Arizona's:

"Persistently or acutely disabled" means a severe mental disorder that meets all the following criteria:

(a) If not treated has a substantial probability of causing the person to suffer or continue to suffer severe and abnormal mental, emotional or physical harm that significantly impairs judgment, reason, behavior or capacity to recognize reality.

(b) Substantially impairs the person's capacity to make an informed decision regarding treatment and this impairment causes the person to be incapable of understanding and expressing an understanding of the advantages and disadvantages of accepting treatment and understanding and expressing an understanding of the alternatives to the particular treatment offered after the advantages, disadvantages and alternatives are explained to that person.

(c) Has a reasonable prospect of being treatable[.]

Note that we have adopted the term "psychiatric deterioration" for this standard because the term "need for treatment" is both vague and nondescriptive. Apart from appearing to be broader in application than it actually is, the phrase "need for treatment" fails to communicate what such criteria are specifically meant to define, namely that a person is likely to suffer psychiatric deterioration without intervention.

Assisted outpatient treatment

AOT, also known as outpatient civil commitment or mandatory outpatient treatment, is the community-based intervention of the civil court-ordered treatment continuum. Many traditionally think of commitment as involving only inpatient treatment, but AOT has long been a part of most states' treatment options, and all but three states (Connecticut, Maryland and Massachusetts) authorize some form of outpatient civil commitment. AOT can be a way to transition an individual from inpatient to outpatient treatment, or it can be ordered directly from the community as an alternative to hospitalization. AOT can also be used to transition an individual from incarceration to treatment, and it is thus a potentially powerful tool for the decriminalization of mental illness.

All but three states (Connecticut, Maryland and Massachusetts) authorize some form of outpatient civil commitment.

Nonadherence to prescribed treatment is a significant contributor to some individuals' endlessly shuttling between crisis hospitalization, incarceration and homelessness.¹¹ The continuum of care these individuals experience involves frequent fluctuation between crisis care and no care. Poor insight into one's illness has been identified as a primary factor in treatment nonadherence. In fact, a 2017 systematic review of the literature found that the most common reason for treatment nonadherence in patients with serious mental illness is poor insight into their disease.¹²

Poor insight, also referred to as *anosognosia*, is a phenomenon in which a person with a mental illness is unable to perceive the illness, no matter how clear the symptoms may be to others. It is not denial of illness; brain scans of individuals with and without anosognosia

during self-reflection inventories reveal a physiological difference between the two groups.¹³ A person with anosognosia is not merely in denial; extended outreach attempts for voluntary services are unlikely to succeed because the individual truly does not perceive the illness or the need for care.

AOT is a practical, evidence-based intervention designed to promote treatment adherence regardless of insight, enabling even individuals with anosognosia and problems with adhering to treatment to remain safely in the community. Apart from those lacking insight, AOT is also appropriate for individuals who still require treatment after inpatient hospitalization but can survive safely in the community and continue to improve or thrive with supervision.

Policy Recommendation #8: *For states using one standard for both inpatient and outpatient civil commitment, statutory language authorizing AOT should allow consideration of treatment history and the likelihood of future deterioration without treatment.*

Of the states with AOT laws, 22 use the same criteria to determine eligibility for AOT as for inpatient treatment. This approach can work well, but only if the inpatient standard is well suited to a transition to outpatient status. For example, Arizona's psychiatric deterioration standard, quoted above, allows for an easy transition to the less restrictive outpatient setting. Rhode Island, on the other hand, has shared criteria that are completely ill suited for such a transition (though the transition is theoretically possible under the statute). An individual who qualifies for Rhode Island's restrictive inpatient standard, which requires present dangerousness, is unlikely to be deemed appropriate for discharge to an outpatient setting. Conversely, a person who is discharged from the hospital is therefore unlikely to qualify for court-ordered outpatient treatment under such a standard.

As a result, it is mainly states with a psychiatric deterioration standard that have been most successful in using shared inpatient/outpatient treatment criteria. However, it is possible to use a well-crafted grave disability standard as the basis for an AOT order as long as the standard allows for continued treatment of an individual who is stabilized and prepared for discharge from the hospital. New Jersey, for example, does not have a psychiatric deterioration standard and relies on its grave disability criteria, which are written broadly enough to allow their use in AOT.

Policy Recommendation #9: *For states using separate criteria for inpatient and outpatient civil commitment, statutory language authorizing AOT should allow consideration of at least three years of treatment history and should not place unreasonable limitations on eligibility.*

Twenty-six states use separate criteria for inpatient and outpatient commitment, which are specifically crafted to anticipate and ease the process of an individual's transition from inpatient hospitalization to an outpatient commitment order in the community. We note that some states, such as Ohio, offer the ability to use either a shared inpatient/outpatient standard or a separately designated set of criteria for AOT. For the purposes of this report, we have counted these states as having separate criteria because they have at least one set of criteria applicable only to outpatient treatment.

Statutes for AOT based on separate criteria are less effective if they contain unreasonable limitations on eligibility. Examples include language that restricts AOT to those currently unstable or dangerous. While this standard may be suitable for inpatient care, it is generally inappropriate for care in the community, including care after hospital discharge. There

should likewise be no explicit requirement that eligibility for AOT hinge either on a refusal to participate voluntarily or a lack of insight. Minnesota’s early intervention statute, for example, requires that a person refuse care in order to be eligible for a treatment order, and Kentucky’s AOT criteria contain a specific requirement of anosognosia to qualify. While AOT is in fact very appropriate for these two populations, actually requiring refusal or lack of insight within the statute is counterproductive.

Many individuals will agree to an AOT order at the time of discharge. These individuals should be eligible for robust community-based programming, just as their refusing counterparts are. The order is an acknowledgment that treatment adherence has been an issue in the past and could, regardless of an agreement at discharge, become an issue in the future. Regarding insight, it is not desirable to require a lack of insight for eligibility because insight can be in flux based on medication compliance. At the time of discharge from inpatient treatment, an individual is presumably medicated and may actually have gained insight into the need for continuing treatment. That person is a good candidate for AOT and should not be excluded on that basis.

A determination of AOT eligibility should focus on how well an individual is able to voluntarily adhere to treatment or otherwise survive safely within the community.

A determination of AOT eligibility should focus on how well an individual is able to voluntarily adhere to treatment or otherwise survive safely within the community. While many states allow courts broad consideration of a person’s treatment history, others limit the consideration of history to designated “lookback” periods. These limitations are intended to prevent use of hospitalizations or incidents that happened very long ago as a basis for commitment. Statutes should authorize courts to consider a person’s history of hospitalization, incarceration and incidents of violence over at least the prior 36 months in assessing eligibility for AOT. This period ensures an accurate review of an individual’s history and the past consequences of nonadherence to treatment. Shorter periods of time may not be sufficient to determine patterns of conduct as necessary to make an informed decision.

Prior relevant history considered by the courts should exclude periods of hospitalization or incarceration, which take place under regimented supervision and therefore do not provide a view of a person’s ability to adhere to treatment in the community. This exclusion should be made explicit in the statute. Michigan’s and Minnesota’s statutes do not contain such exclusions, but all other states with separate criteria for outpatient commitment do so.

Policy Recommendation #10: Any responsible adult or, at a minimum, guardians and family members should be able to petition the courts to seek a court order for AOT.

As with other types of court-ordered treatment, loved ones are far more likely to be aware of an individual’s treatment history and adherence issues and outcomes than mental health professionals, who may have had limited contact. Citizen access to the courts to petition for an AOT order should therefore not be limited to mental health department staff or other mental health professionals. Apart from the policy reasons discussed above, many mental health departments may be unwilling to pursue involuntary treatment because of either expense, resource issues or personal philosophy. Enabling citizens to access the courts puts the decision before an impartial judicial officer, providing an alternative entry point for treatment in such jurisdictions.

Policy Recommendation #11: *AOT procedures should be described in sufficient detail to provide guidance to practitioners and to make maximum use of the “black robe effect.”*

While statutory authority for AOT exists in all but three states, such laws vary widely in how much detail they include as to how the legislature envisions their implementation. States such as Rhode Island and Delaware merely mention outpatient treatment as an option but provide no specific detail as to how the court would initiate or transition to outpatient treatment. Others, such as Louisiana and Ohio, explicitly lay out the process in detail from petition to renewal hearing.

Stakeholders are better able to develop and implement an AOT program when the legislature includes sufficient procedural detail to eliminate uncertainty as to what is allowed under the law. Procedures should therefore be sufficiently clear and complete to provide guidance to practitioners, including specific courts and timelines for petition filings; who is entitled to petition; requirements for reporting to the court; and issues relevant to procedural due process, such as representation at hearings and admissibility of evidence. It is also helpful to explicitly include authority for direct referral from the community to AOT as a method of avoiding inpatient hospitalization where appropriate. Both renewal and revocation procedures should be clearly delineated.

Research demonstrates that the role of the judge and the existence of a court order has a significant effect in preventing rehospitalization and rearrest, when compared with similar services provided without a court order.

One of the primary bases of efficacy for AOT comes from a phenomenon referred to as the “black robe effect.” The basic principle is that the deference people generally have for a judge as an authority figure has the ability to motivate individuals to adhere to a court-ordered treatment plan. Research demonstrates that the role of the judge and the existence of a court order has a significant effect in preventing rehospitalization and rearrest, when compared with similar services provided without a court order.¹⁴ For optimal leverage of the black robe effect, a state’s AOT law should require that a written treatment plan be submitted to the court and incorporated into the court order.

Policy Recommendation #12: *The duration for an initial AOT order should be a minimum of 90 days, and renewed orders should be for a minimum of 180 days.*

Research indicates that the vast majority of individuals with schizophrenia respond slowly to antipsychotic medication, with their symptoms still improving even six months after treatment initiation.¹⁵ During stabilization, whether it occurs in inpatient or outpatient treatment, an individual needs intensive support and supervision to ensure success. Providing adequate time for mandated treatment makes it more likely that needed services will be identified and provided, along with needed case management, increasing the likelihood that the individual will improve and elect to continue treatment voluntarily. The duration of an initial AOT order, accordingly, should not be shorter than 90 days, though research shows efficacy for an initial six-month duration. A renewed order for an individual found to be in need of further treatment should be no shorter than 180 days, with one year highly preferable.¹⁶ The majority of states, 46 of the 48 with AOT laws, allow at least 90 days for initial AOT orders, and 41 of the 48 allow at least 180 days for renewals.

SECTION THREE: METHODOLOGY

To evaluate the involuntary treatment laws of each state in accordance with the values and policy recommendations expressed in the preceding sections, we developed a 100-point grading scale that replaces our previous system. The new state report card form is intended to provide more detail on the basis for scoring as well as guidance on what specific aspects of a statute could be changed in order to eliminate identified barriers to treatment. The scoring was computed as follows:

The combined score for emergency evaluation and inpatient commitment laws accounts for 50 points, and the score for AOT laws accounts for the other 50 points. Subtotals within each category comprise points awarded for the inclusion or omission of specific statutory components based on the policy recommendations discussed in Section 1. The raw scores were then converted into one overall letter grade based on total points earned on a 100-point scale.

A full reproduction of the new report card and scoring system follows.

State Report Card Template

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)		<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	
2. Quality of emergency petition process (5 pts)		<input type="checkbox"/> Process specified and reasonable (2 pts) <input type="checkbox"/> Timelines specified and reasonable (2 pts) <input type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	
3. Emergency hold duration (5 pts)		<input type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts)	
4. Citizen access to court, inpatient petition (5 pts)		<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	
5. Quality of criteria for harm or violence to self or others (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	
6. Quality of criteria for grave disability/basic needs (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	
SUBTOTAL			
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			
PART ONE TOTAL			

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)		<input type="checkbox"/> Requires local government to adopt (-3 pts)	
2. Citizen access to court for AOT (5 pts)		<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	

3. Criteria sufficiently broad to provide actual access (up to 10 pts)		<p>Evaluate applicable provision only:</p> <p><input type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) (See comment below)</p> <p><u>or</u></p> <p><input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input type="checkbox"/> Allows consideration of length of treatment history \geq 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)</p>	
4. Authorizes AOT directly from community (5 pts)			
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)		<input type="checkbox"/> Process specified and reasonable (1 pt) <input type="checkbox"/> Timelines specified and reasonable (1 pt) <input type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input type="checkbox"/> Renewal process expressly specified (1 pt)	
6. Procedures require the treatment plan to be shared with the court (5 pts)			
7. Specifies procedures and consequences for nonadherence (5 pts)			
8. Duration of initial order		<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts)	
9. Duration of continued order		<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts)	
SUBTOTAL			
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			
PART TWO TOTAL			

FINAL SCORE	
PART ONE TOTAL	
PART TWO TOTAL	
TOTAL	
GRADE	

SECTION FOUR: FINDINGS

The quality of involuntary treatment laws

This section summarizes the results of our analysis of state civil commitment laws. A detailed breakdown of the scoring for each state, as well as specific findings about the strengths and deficiencies of each state’s laws, may be found within the individual state pages of this report. Of the 51 jurisdictions studied (50 states plus the District of Columbia), 22 scored at or above a B- (a score of 80 to 100), 19 fell below this score but still obtained at least a D- (a score of 60 to 79), and 10 received failing grades (a score of 0 to 59). Table 4.1 shows the distribution of grades in these categories.

Wisconsin achieved the highest combined score, with 96 out of 100 points. Maryland received the lowest combined score, with 18 out of 100.

Distribution of the State Grades



A	A	Michigan, Wisconsin
	A-	Arkansas, Louisiana, North Dakota, Vermont, Wyoming
B	B+	Idaho, Indiana, Mississippi, South Carolina, Washington
	B	Arizona, Missouri, Nevada, Ohio, Oregon
	B-	Georgia, Illinois, Iowa, North Carolina, Virginia
C	C+	Kentucky, Maine, Oklahoma, Texas
	C	Hawaii, Kansas, New Mexico, New York, Utah
	C-	Florida, New Hampshire, South Dakota
D	D+	Colorado, Minnesota, West Virginia
	D	Alaska, Nebraska, New Jersey
	D-	California
F	F	Alabama, Connecticut, Delaware, District of Columbia, Maryland, Massachusetts, Montana, Pennsylvania, Rhode Island, Tennessee

ACCESS TO COURT FOR CITIZEN PETITIONERS

In Section Two of this report we recommend that any responsible adult—and at a minimum, enumerated classes of citizens, such as friends and family—be authorized to initiate each type of involuntary treatment. A small number of states (District of Columbia, Nevada, New Mexico, Oklahoma, and Tennessee) limit citizen access to court petition to enumerated classes of petitioners in one or more of these categories.

Many states allow only professionals to initiate involuntary evaluation or treatment. We found that statutes authorizing only professionals (no citizens) to initiate proceedings were most common for emergency evaluation, with 20 states failing to provide access to the courts for citizens. Eighteen states fail to provide access to request a hearing for inpatient commitment, and 12 provide no way for citizens to begin a petition for AOT. While 33 states allow citizens to seek AOT for an individual believed to be eligible, 4 of these (California, Illinois, New Jersey, and Washington) allow only that a request for an investigation be made to the mental health department, and thus provide no direct access to the courts for non-professionals.

See Table 4.1, page 27, for a complete listing of states in each category.

EMERGENCY EVALUATION

Custody duration

We found that state practice overwhelmingly (42 out of 51) comports with our recommendation for a minimum 48-hour emergency custody period. Of these, 34 provide for custody of 72 hours or more, which we identify as a best practice. Only nine states (Delaware, Maine, Maryland, Michigan, Montana, New Hampshire, North Carolina, Utah and West Virginia) fail to provide at least 48 hours for emergency evaluation, as is recommended. The longest duration of emergency custody is in Louisiana (15 days), followed by Rhode Island (10 days), and both Nebraska and New Mexico (7 days). The shortest duration is in New Hampshire (6 hours).

See Table 4.2, page 28, for a complete listing of states in each category.

Statutory barriers to treatment

As discussed in Section Two, we recommend against requiring certification by more than one professional in order to initiate emergency evaluation. We found that six states (Alabama, Alaska, California, Idaho, New Jersey and Washington) have adopted laws with this onerous requirement, which poses an artificial barrier to treatment. Another statutory barrier we recommend against, inconsistency between the standard adopted for emergency evaluation versus inpatient commitment, was identified in seven states (Alabama, Arizona, Iowa, Minnesota, Oregon, South Carolina and Texas).

INPATIENT CIVIL COMMITMENT

Danger to self or others

We recommend against adopting criteria for either emergency evaluation or involuntary treatment based on dangerousness to self or others that require imminence of harm for eligibility.

- Seven states require imminence of harm to qualify (Alabama, Delaware, Georgia, Hawaii, Oklahoma, Pennsylvania, Tennessee)

We further recommend that states prevent issues with vagueness or ambiguity in their *danger to self or others* criteria by including a definition that gives clear guidance to practitioners.

- Six states (Alabama, California, District of Columbia, Maryland, Oregon, and Texas) fail to define *danger to self or others* within statute

Grave disability

Five jurisdictions have no grave disability criteria for treatment (Alabama, Delaware, District of Columbia, Maryland and New York). Of the 46 that do, we found that 15 have at least one of the identified barriers to treatment:

- Three states have vague or ambiguous criteria (New Hampshire, Pennsylvania, Tennessee)
- Ten states require imminent harm (Georgia, Hawaii, Nevada, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Wisconsin, Wyoming)
- Two states require an unreasonably high risk of harm (Massachusetts, New Jersey)
- Three states require that family and friends refuse assistance for an individual to qualify (Florida, New Jersey, Wyoming)

See Table 4.3, page 28, for a complete listing of states in each category.

Psychiatric deterioration

We recommend adoption of a psychiatric deterioration standard due for utility in promoting a seamless transition from inpatient to outpatient treatment. In addition, because it enables care without requiring present dangerousness, it represents a potential way to promote decriminalization. Twenty states have adopted a psychiatric deterioration standard.

- Five states have adopted a psychiatric deterioration standard that is vague or ambiguous (Alaska, Arkansas, Colorado, New Hampshire, Oklahoma)

See Table 4.4, page 29, for a complete listing of states in each category. See comments on individual state report cards for additional detail.

OUTPATIENT CIVIL COMMITMENT

All but three states (Connecticut, Maryland and Massachusetts) have explicit statutory authority for some version of outpatient civil commitment. Twenty-two states use the same criteria for both inpatient and outpatient treatment, while twenty-six use at least one separate criteria for outpatient commitment. Either practice can be successful.

Shared inpatient/outpatient criteria for AOT

An exemplary statute should (either expressly or by implication) allow courts to consider an individual's treatment history and potential for future psychiatric deterioration without continued treatment. Failure to do so renders the standard unnecessarily vague or ambiguous. The standard best suited to allowing this broader look at the individual is the psychiatric deterioration standard, which is thus recommended for states using the same standard for inpatient and outpatient decisions. It is, however, possible for a grave disability standard to be written broadly enough for use in AOT. Of the 22 states with shared criteria, 11 contain language for treatment based on psychiatric deterioration while 10 rely on a grave disability standard. District of Columbia has neither and relies on a danger to self or others standard.

Lookback period for states with separate criteria for AOT

For the 26 states with at least one separate standard for outpatient treatment, we recommend that courts be authorized to consider at least thirty-six months of an individual's relevant history.

- Twenty-four states in this category allow consideration of 36 months of treatment history
- Two states limit the lookback period to 12 months and require two hospitalizations within that period to qualify (Kentucky, Oklahoma)

Limitations to eligibility for states with separate criteria for AOT

We recommend that states remove unreasonable limitations to eligibility for individuals to qualify for assisted outpatient treatment. One such limitation is a failure to exclude periods of hospitalization or incarceration from the lookback period.

- Two states fail to exclude periods of hospitalization or incarceration from the lookback period (Michigan, Minnesota)

We recommend against including a requirement that an individual refuse care or lack insight to qualify for AOT.

- Five states include either refusal or lack of insight to qualify (California, Delaware, Kentucky, Minnesota and Virginia). In Virginia, the individual does not need to refuse but rather is required to affirmatively agree to treatment, rendering the court order largely meaningless.

Finally, we recommend against criteria worded so as to require an individual to be currently unstable or dangerous in order to qualify. Such an individual is unlikely to be ready for outpatient treatment; conversely, those who would be prime candidates for AOT at discharge are unlikely to be either dangerous or unstable at the time of discharge from inpatient hospitalization.

- Four states' laws contain such a deficiency (Alabama, California, Rhode Island, Wyoming)

See Table 4.5, page 29, for a complete listing of states in each category.

Procedural barriers to use of AOT

- Two states (California, New Mexico) require local adoption of an ordinance to use AOT, which presents an unnecessary and burdensome extra step for implementation
- One state (Tennessee) disallows community referral as its mandatory outpatient treatment law explicitly indicates that such treatment must be a "step-down" from inpatient hospitalization

Black robe effect

As discussed in Section Two, one of the primary mechanisms of AOT efficacy is the black robe effect. To maximize the impact of the black robe effect, we recommend a requirement within statute that a written treatment plan be shared with the court and incorporated into the court order, either expressly or by implication, to add the weight of the judge's authority to the plan. Though there is likely flexibility within many statutes to allow programs to do this, an express requirement is best.

- Twenty of the 48 states with outpatient civil commitment laws lack this express requirement (Alaska, Colorado, Delaware, District of Columbia, Idaho, Iowa, Kansas, Michigan, Missouri, Nebraska, New Hampshire, North Dakota, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, West Virginia)

To maximize the black robe effect, another critical aspect of AOT laws is to specify the consequences and procedures to be followed in the event an individual does not adhere to the court order. We found that the great majority of states (41 of 48) do provide such express guidance.

- Seven states (Alaska, Colorado, Delaware, Illinois, New Hampshire, Pennsylvania, Rhode Island) fail provide procedural guidance for nonadherence

Duration of AOT orders

We recommend that an initial order for AOT should be a minimum of 90 days in duration. We found that 46 of 48 states allow for at least 90 days in their initial orders.

- Two states (Arkansas, West Virginia) authorize only 45 days for an initial order

We further recommend that a renewed order (for individuals who qualify under the relevant statute) should be a minimum of 180 days in duration. Practice on this point was slightly less cohesive, with 41 of 48 states meeting this best practice recommendation.

- Seven states (Alabama, Delaware, Florida, Indiana, Kansas, Minnesota, Mississippi) allowing for a continued order of less than 180 days

Court monitoring of voluntary settlement agreements

One provision in AOT laws that we recommend states consider is the practice of filing settlement agreements with the court so that they can be supervised and handled in the same manner as contested orders. This practice gives individuals agreeing to a plan (following a petition for involuntary outpatient treatment) the benefit of the black robe effect. While it is possible for courts to choose to follow this procedure, express statutory authorization is best.

- Two states (Illinois, Nevada) expressly include this provision in statute

See Table 4.6, page 29, for a complete listing of states in each category.

DATA TABLES

Table 4.1 Access to courts for citizens

WHO CAN PETITION—EMERGENCY EVALUATION		
ONLY PROFESSIONALS	ENUMERATED CLASS(ES) ONLY	ANY RESPONSIBLE ADULT
Alabama, California, Delaware, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Kentucky, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, Tennessee, Washington	Nevada	Alaska, Arizona, Arkansas, Colorado, Connecticut, Florida, Georgia, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, New York, North Carolina, North Dakota, Ohio, Pennsylvania, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, Wyoming
WHO CAN PETITION—INPATIENT COMMITMENT		
ONLY PROFESSIONALS	ENUMERATED CLASS(ES) ONLY	ANY RESPONSIBLE ADULT
Alaska, Arizona, California, Colorado, Delaware, Florida, Illinois, Maine, Maryland, Massachusetts, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York, North Carolina, Washington	District of Columbia, Nevada, Oklahoma, Tennessee	Alabama, Arkansas, Connecticut, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, New Hampshire, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, Wyoming
WHO CAN PETITION—OUTPATIENT COMMITMENT		
ONLY PROFESSIONALS	ENUMERATED CLASS(ES) ONLY	ANY RESPONSIBLE ADULT
Alaska, Arizona, Colorado, Delaware, Florida, Maine, Missouri, Montana, Nebraska, North Carolina, Oklahoma, Tennessee	District of Columbia, Nevada, New Mexico	Alabama, Arkansas, California,* Georgia, Hawaii, Idaho, Illinois,* Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, New Hampshire, New Jersey,* New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington,* West Virginia, Wisconsin, Wyoming * Can petition state mental health department only.

Table 4.2 Duration of emergency custody

LESS THAN 48 HOURS	AT LEAST 48 HOURS	72 HOURS OR MORE
Delaware (24 hours)	Arizona (48 hours)	Alabama (by 5th business day)
Maine (24 hours)	District of Columbia (48 hours)	Alaska (72 hours)
Maryland (30 hours)	Georgia (48 hours)	Arkansas (72 hours)
Michigan (24 hours)	Hawaii (48 hours)	California (72 hours)
Montana (next business day)	Iowa (48 hours)	Colorado (72 hours)
New Hampshire (6 hours)	Kansas (48 hours)	Connecticut (72 hours)
North Carolina (24 hours)	South Carolina (48 hours)	Florida (72 hours)
Utah (24 hours)	Texas (48 hours)	Idaho (5 days)
West Virginia (24 hours)		Illinois (72 hours)
		Indiana (72 hours)
		Kentucky (72 hours)
		Louisiana (15 days)
		Massachusetts (3 days)
		Minnesota (72 hours)
		Mississippi (72 hours)
		Missouri (96 hours)
		Nebraska (7 days)
		Nevada (72 hours)
		New Jersey (72 hours)
		New Mexico (7 days)
		New York (72 hours)
		North Dakota (by 4th business day)
		Ohio (3 court days)
		Oklahoma (120 hours)
		Oregon (5 judicial days)
		Pennsylvania (120 hours)
		Rhode Island (10 days)
		South Dakota (5 days)
		Tennessee (5 days)
		Virginia (72 hours)
		Vermont (72 hours)
		Washington (72 hours)
		Wisconsin (72 hours)
		Wyoming (72 hours)

Table 4.3 Statutory barriers, grave disability

NO GRAVE DISABILITY STANDARD	VAGUE OR AMBIGUOUS GRAVE DISABILITY STANDARD	GRAVE DISABILITY STANDARD REQUIRES IMMINENT HARM	GRAVE DISABILITY STANDARD REQUIRES REFUSAL OF HELP	GRAVE DISABILITY STANDARD REQUIRES UNREASONABLY HIGH RISK OF HARM
Alabama, Delaware, District of Columbia, Maryland, New York	New Hampshire, Pennsylvania, Tennessee	Georgia, Hawaii, Nevada, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Wisconsin, Wyoming	Florida, New Jersey, Wyoming	Massachusetts, New Jersey

Table 4.4 Psychiatric deterioration standard

HAS PSYCHIATRIC DETERIORATION STANDARD	HAS NO PSYCHIATRIC DETERIORATION STANDARD	HAS VAGUE OR AMBIGUOUS PSYCHIATRIC DETERIORATION STANDARD
Alaska, Arizona, Arkansas, Colorado, Idaho, Illinois, Indiana, Michigan, Mississippi, Missouri, New Hampshire, North Carolina, North Dakota, Oklahoma, Oregon, South Carolina, Vermont, Washington, Wisconsin, Wyoming	Alabama, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, Ohio, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia	Alaska, Arkansas, Colorado, New Hampshire, Oklahoma

Table 4.5 Statutory barriers to eligibility, AOT

LOOKBACK PERIOD LESS THAN 36 MONTHS	INCARCERATION AND/OR HOSPITALIZATION NOT EXCLUDED FROM LOOKBACK	INDIVIDUAL IS <i>REQUIRED</i> TO AGREE, REFUSE TREATMENT OR LACK INSIGHT FOR ELIGIBILITY	INDIVIDUAL MUST BE CURRENTLY UNSTABLE OR DANGEROUS FOR ELIGIBILITY
Kentucky, Oklahoma	Michigan, Minnesota	California, Delaware, Kentucky, Minnesota, Virginia	Alabama, California, Rhode Island, Wyoming

Table 4.6 Procedural barriers to AOT

REQUIRES LOCAL ADOPTION	AOT <i>CANNOT</i> BE AUTHORIZED DIRECTLY FROM THE COMMUNITY	WRITTEN TREATMENT PLAN <i>NOT</i> REQUIRED TO BE SHARED WITH COURT	NON-ADHERENCE PROCEDURE UNSPECIFIED	ORIGINAL ORDER >90	RENEWAL ORDER >180
California, New Mexico	Tennessee	Alaska, Colorado, Delaware, District of Columbia, Idaho, Iowa, Kansas, Michigan, Missouri, Nebraska, New Hampshire, North Dakota, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, West Virginia	Alaska, Colorado, Delaware, Illinois, New Hampshire, Pennsylvania, Rhode Island	Arkansas (45 days) West Virginia (45 days)	Alabama (150 days) Delaware (90 days) Florida (90 days) Indiana (90 days) Kansas (first renewal 90 days, second can be 180) Minnesota (90 days, no express provision) Mississippi (90 days)

REFERENCES

- ¹ Substance Abuse and Mental Health Services Administration. (2016). Assisted outpatient treatment grant program for individuals with serious mental illness. Retrieved from <https://www.samhsa.gov/grants/grant-announcements/sm-16-011>
- ² Hedman, L. C., Petrila, J., Fisher, W. H., Swanson, J. W., Dingman, D. A., & Burris, S. (2016). State laws on emergency holds for mental health stabilization. *Psychiatric Services, 67*(5), 529–536. Retrieved from <https://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.201500205>
- ³ Satiani, A., Niedermier, J., Satiani, B., & Svendsen, D. P. (2018). Projected workforce of psychiatrists in the United States: A population analysis. *Psychiatric Services, 68*(6), 710–713. Retrieved from <https://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.201700344>
- ⁴ Cohen, A. M., Drapalski, A. I., Glynn, S. M., Medoff, D., Fang, L. J., & Dixon, L. B. (2013). Preferences for family involvement in care among consumers with serious mental illness. *Psychiatric Services, 64*(3), 257–263. Retrieved from <https://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.201200176>
- ⁵ Large, M. M., Ryan, C. J., Niessen, O. B., & Hayes, R. A. (2008). The danger of dangerousness: Why we must remove the dangerousness criterion from our mental health acts. *Journal of Medical Ethics, 34*, 877–881.
- ⁶ Ibid.
- ⁷ Andreasen, N. C., Liu, D., Ziebell, S., Vora, A., & Ho, B. C. (2013). Relapse duration, treatment intensity, and brain tissue loss in schizophrenia: A prospective longitudinal MRI study. *American Journal of Psychiatry, 170*(6), 609–615.
- ⁸ Rubio, J. M., & Correll, C. U. (2017). Duration and relevance of untreated psychiatric disorders, 1: Psychotic disorders. *Journal of Clinical Psychiatry, 78*(3), 358–359.
- ⁹ Wasser, T., Pollard, H., Fisk, D., & Srihari, V. (2017). First-episode psychosis and the criminal justice system: Using a sequential intercept framework to highlight risks and opportunities. *Psychiatric Services, 68*(10), 994–997.
- ¹⁰ Dixon, L. B. (2017). *Coordinated specialty care for first episode psychosis: An example of financing for specialty programs*. Philadelphia, PA: Scattergood Foundation. Retrieved from http://www.scattergoodfoundation.org/sites/default/files/%20Coordinated_Specialty_Care_for_First-Episode_Psychosis.pdf
- ¹¹ Roberto, P., Brandt, N., Onukwugha, E., Perfetto, E., Powers, C., & Stuart, B. (2017). Adherence to antipsychotic therapy: Association with hospitalization and Medicare spending among Part D enrollees with schizophrenia. *Psychiatric Services, 68*(11), 1185–1188.
- ¹² Velligan, D. I., Sajatovic, M., Hatch, A., Kramata, P., & Docherty, J. P. (2017). Why do psychiatric patients stop antipsychotic medication? A systematic review of reasons for nonadherence to medication in patients with serious mental illness. *Patient Preference and Adherence, 11*, 449–468.
- ¹³ Treatment Advocacy Center. (2016, June). *Serious mental illness and anosognosia*. Arlington, VA. Retrieved from <http://www.treatmentadvocacycenter.org/evidence-and-research/learn-more-about/3628-serious-mental-illness-and-anosognosia>
- ¹⁴ Swartz, M., Swanson, J. W., Steadman, H. J., Robbins, P. C., & Monahan, J. (2009). *New York State assisted outpatient treatment program evaluation*. Albany: New York State Office of Mental Health. Retrieved from https://www.omh.ny.gov/omhweb/resources/publications/aot_program_evaluation/report.pdf
- ¹⁵ Stauffer, V., Case, M., Kollack-Walker, S., Ascher-Svanum, H., Ball, T., Kapur, S., & Kinon, B. J. (2011). Trajectories of response to treatment with atypical antipsychotic medication in patients with schizophrenia pooled from six double-blind, randomized clinical trials. *Schizophrenia Research, 130*, 11–19.
- ¹⁶ Tsai, G., & Quanbeck, C. (2016). Assisted outpatient treatment and outpatient commitment. In R. Rosner and C. L. Scott (Eds.), *Principles and practice of forensic psychiatry* (3rd ed., pp. 131–144). Boca Raton, FL: Taylor & Francis Group.

APPENDIX 1: REPORT CARDS OF THE STATES

The following are the results from our analysis of state civil commitment laws for each of the fifty states and the District of Columbia. For each, the relevant law(s) regarding emergency psychiatric evaluation, inpatient commitment, and assisted outpatient treatment are assessed based on whether evidence-based best practices identified in Section Two: Policy Recommendations are incorporated into the state law or, alternatively, whether clauses identified as creating barriers to treatment are present. Citations for the relevant statute(s) are included for reference.

Alabama State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Ala. Code § 22-52-91(a)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	0
2. Quality of emergency petition process (5 pts)	Ala. Code § 22-52-91	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Requires certification by more than one professional (-2 pts) <input checked="" type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	-2
3. Emergency hold duration (5 pts)	Ala. Code § 22-52-91(d)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts)	5
4. Citizen access to court, inpatient petition (5 pts)	Ala. Code § 22-52-1.2(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Ala. Code § 22-52-10.4(a)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input checked="" type="checkbox"/> Language is vague/ambiguous (-3 pts) <input checked="" type="checkbox"/> Harm must be imminent (-3 pts)	4
6. Quality of criteria for grave disability/basic needs (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	0
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) (<i>See comment below</i>)	0
SUBTOTAL			12
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Ala. Code § 22-52-91(d)		1
Extra Credit			1
PART ONE TOTAL			13

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Ala. Code § 22-52-10.2	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Ala. Code § 22-52-1.2(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Ala. Code § 22-52-10.2	<p>Evaluate applicable provision only:</p> <p><input type="checkbox"/> If inpatient/outpatient criteria are the same:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u></p> <p style="padding-left: 20px;"><input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts)</p> <p>or</p> <p><input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria:</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts)</p> <p style="padding-left: 20px;">No explicit reference, but no bar</p> <p style="padding-left: 40px;"><input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts)</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)</p> <p style="padding-left: 20px;">Requires lack of capacity to make treatment decisions</p>	6
4. Authorizes AOT directly from community (5 pts)	Ala. Code § 22-52-1.2(a)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Ala. Code § 22-52-10.3	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input type="checkbox"/> Renewal process expressly specified (1 pt)	4
6. Procedures require the treatment plan to be shared with the court (5 pts)	Ala. Code § 22-52-10.3		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Ala. Code § 22-52-10.3		5
8. Duration of initial order	Ala. Code § 22-52-10.3(d)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) 150 days	5
9. Duration of continued order		<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts)	0
SUBTOTAL			40
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Ala. Code § 22-52-10.3		1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			41

FINAL SCORE	
PART ONE TOTAL	13
PART TWO TOTAL	41
TOTAL	54
GRADE	F

Comment:

- While language regarding psychiatric deterioration exists in the statute, the requirement that such conditions be present *in addition* to a current risk of harm to self or others prevents its actual application.

Alaska State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Alaska Stat. § 47.30.700(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Alaska Stat. § 47.30.700(a) Alaska Stat. § 47.30.710(a)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	3
3. Emergency hold duration (5 pts)	Alaska Stat. § 47.30.715	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 72 hours	5
4. Citizen access to court, inpatient petition (5 pts)	Alaska Stat. § 47.30.730(a)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Two examining mental health professionals	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Alaska Stat. §§ 47.30.915 (10)(A)–(C)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Alaska Stat. § 47.30.915(7)(A)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	Alaska Stat. § 47.30.915(9)(B)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input checked="" type="checkbox"/> Language is vague/ambiguous (-3 pts)	7
SUBTOTAL			40
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Alaska Stat. § 47.30.915	“A superior court of the state”	1
Extra Credit			1
PART ONE TOTAL			41

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Alaska Stat. § 47.30.755(b)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)		<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	0

3. Criteria sufficiently broad to provide actual access (up to 10 pts)		<p>Evaluate applicable provision only:</p> <p><input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same:</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u></p> <p style="padding-left: 20px;"><input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) (See comment below)</p> <p>or</p> <p><input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Allows consideration of length of treatment history \geq 36 months (2 pts)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)</p>	10
4. Authorizes AOT directly from community (5 pts)		Petition for 30-day commitment (inpatient or outpatient) must be filed in the course of a 72-hour hold	5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)		<input type="checkbox"/> Process specified and reasonable (1 pt) <input type="checkbox"/> Timelines specified and reasonable (1 pt) <input type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input type="checkbox"/> Renewal process expressly specified (1 pt)	0
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)			0
8. Duration of initial order	Alaska Stat. §§ 47.30.730(5), 47.30.755(b)	<input checked="" type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts)	2
9. Duration of continued order	Alaska Stat. §§ 47.30.755(b), 47.30.770	<input checked="" type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts)	2
SUBTOTAL			24
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Alaska Stat. § 47.30.915	"A superior court of the state"	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			25

FINAL SCORE	
PART ONE TOTAL	41
PART TWO TOTAL	25
TOTAL	66
GRADE	D

Comment:

- The shared standard is broad. However, if the court finds a less restrictive alternative (AOT) available, the individual must refuse voluntary treatment to trigger a court order, a requirement that can artificially limit eligibility.

Arizona State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Ariz. Rev. Stat. §§ 36-520(A), 36-524(B)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Ariz. Rev. Stat. §§ 36-524(C), 36-525(B), and 36-501	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pts) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input checked="" type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts) (See comment below)	0
3. Emergency hold duration (5 pts)	Ariz. Rev. Stat. § 36-520(D)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts)	3
4. Citizen access to court, inpatient petition (5 pts)	Ariz. Rev. Stat. § 36-531(B)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Ariz. Rev. Stat. §§ 36-501(7), (8)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Ariz. Rev. Stat. § 36-501(15)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	Ariz. Rev. Stat. § 36-501(32)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	10
SUBTOTAL			38
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			38

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Ariz. Rev. Stat. § 36-540(A)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Ariz. Rev. Stat. § 36-531(B)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	0

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Ariz. Rev. Stat. § 36-540(A)	<p>Evaluate applicable provision only:</p> <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) <p>or</p> <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <ul style="list-style-type: none"> <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <ul style="list-style-type: none"> <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) 	10
4. Authorizes AOT directly from community (5 pts)	Ariz. Rev. Stat. § 36-540(A)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Ariz. Rev. Stat. § 36-540(E)	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	Ariz. Rev. Stat. § 36-540.01		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Ariz. Rev. Stat. § 36-540(E)(4)		5
8. Duration of initial order	Ariz. Rev. Stat. § 36-540(D)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts)	5
9. Duration of continued order	Ariz. Rev. Stat. § 36-540(D)	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts)	5
SUBTOTAL			45
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			45

FINAL SCORE	
PART ONE TOTAL	38
PART TWO TOTAL	45
TOTAL	83
GRADE	B

Comment:

- Emergency evaluation requires belief that the person is “a danger to self or others,” omitting several alternative grounds for civil commitment.

Arkansas State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Ark. Code Ann. § 20-47-210(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Ark. Code Ann. §§ 20-47-103, 20-47-210	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Ark. Code Ann. § 20-47-210(a)(1)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts)	5
4. Citizen access to court, inpatient petition (5 pts)	Ark. Code Ann. § 20-47-207(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Ark. Code Ann. § 20-47-207	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Ark. Code Ann. § 20-47-207(c)(1)(c)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	Ark. Code Ann. § 20-47-207(c)(2)(D)(iii)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input checked="" type="checkbox"/> Language is vague/ambiguous (-3 pts) (See comment below)	7
SUBTOTAL			47
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Ark. Code Ann. § 20-47-207(a)		1
Extra Credit			1
PART ONE TOTAL			48

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Ark. Code Ann. § 20-47-207	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Ark. Code Ann. § 20-47-210(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Ark. Code Ann. § 20-47-207(c)(1)(D)	<p>Evaluate applicable provision only:</p> <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) <p>or</p> <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <ul style="list-style-type: none"> <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <ul style="list-style-type: none"> <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) 	10
4. Authorizes AOT directly from community (5 pts)	Ark. Code Ann. § 20-47-218		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Ark. Code Ann. § 20-47-218	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	Ark. Code Ann. § 20-47-218(D)		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Ark. Code Ann. § 20-47-219		5
8. Duration of initial order	Ark. Code Ann. § 20-47-214	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts) 45 days	0
9. Duration of continued order	Ark. Code Ann. § 20-47-215	<input checked="" type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts)	2
SUBTOTAL			42
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Ark. Code Ann. § 20-47-210		1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			43
FINAL SCORE			
PART ONE TOTAL			48
PART TWO TOTAL			43
TOTAL			91
GRADE			A-

Comment:

- The statute includes language about a specific treatment history, which is not needed for the inpatient context and overly complicates the determination.

California State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Cal. Welf. & Inst. Code § 5150	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	0
2. Quality of emergency petition process (5 pts)	Cal. Welf. & Inst. Code § 5150	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	3
3. Emergency hold duration (5 pts)	Cal. Welf. & Inst. Code § 5150(a)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 72 hours	5
4. Citizen access to court, inpatient petition (5 pts)	Cal. Welf. & Inst. Code § 5251	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Cal. Welf. & Inst. Code § 5250	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input checked="" type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	7
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Cal. Welf. & Inst. Code § 5008(h)(1)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			25
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			
PART ONE TOTAL			25

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Cal. Welf. & Inst. Code § 5349	<input checked="" type="checkbox"/> Requires local government to adopt (-3 pts)	2
2. Citizen access to court for AOT (5 pts)	Cal. Welf. & Inst. Code § 5346(b)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input checked="" type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	3

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Cal. Welf. & Inst. Code § 5346	<p>Evaluate applicable provision only:</p> <p><input type="checkbox"/> If inpatient/outpatient criteria are the same:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u></p> <p style="padding-left: 20px;"><input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts)</p> <p>or</p> <p><input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria:</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) (See comment below)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) (See comment below)</p>	2
4. Authorizes AOT directly from community (5 pts)	Cal. Welf. & Inst. Code § 5346(a)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Cal. Welf. & Inst. Code § 5346	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	Cal. Welf. & Inst. Code § 5346		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Cal. Welf. & Inst. Code § 5346(d)(6)		5
8. Duration of initial order	Cal. Welf. & Inst. Code § 5346(d)(5)(B)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts)	5
9. Duration of continued order	Cal. Welf. & Inst. Code § 5346(g)	<input checked="" type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts)	2
SUBTOTAL			34
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Cal. Welf. & Inst. Code § 5346(b)(1)		1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			35
FINAL SCORE			
PART ONE TOTAL			25
PART TWO TOTAL			35
TOTAL			60
GRADE			D-

Comments:

- The language of Cal. Welf. & Inst. Code § 5346(a)(4) excludes only periods of hospitalization or incarceration that “immediately precede” the filing of the petition.
- Statutory language requires an individual’s condition to be “currently deteriorating” at the time of the petition, which is poorly suited to outpatient orders at discharge for stabilized individuals.

Colorado State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Colo. Rev. Stat. § 27-65-106(2)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Colo. Rev. Stat. § 27-65-106	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Colo. Rev. Stat. § 27-65-106(6)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 72 hours	5
4. Citizen access to court, inpatient petition (5 pts)	Colo. Rev. Stat. §§ 27-65-107, 27-65-108	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Following 72-hour hold, “a professional person”	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Colo. Rev. Stat. §§ 27-65-102(4.5)(a)–(b)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Colo. Rev. Stat. § 27-65-102(9)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	Colo. Rev. Stat. § 27-65-102(9)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input checked="" type="checkbox"/> Language is vague/ambiguous (-3 pts)	7
SUBTOTAL			42
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Colo. Rev. Stat. § 27-65-102(3)	Any district court of the state of Colorado and probate court in the city and county of Denver	1
Extra Credit			1
PART ONE TOTAL			43

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Colo. Rev. Stat. § 27-65-107(6)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Colo. Rev. Stat. § 27-65-107	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	0

3. Criteria sufficiently broad to provide actual access (up to 10 pts)		Evaluate applicable provision only: <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <input checked="" type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input type="checkbox"/> Allows consideration of length of treatment history \geq 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	10
4. Authorizes AOT directly from community (5 pts)		After a period of short-term detention	5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)		<input type="checkbox"/> Process specified and reasonable (1 pt) <input type="checkbox"/> Timelines specified and reasonable (1 pt) <input type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input type="checkbox"/> Renewal process expressly specified (1 pt)	0
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)			0
8. Duration of initial order	Colo. Rev. Stat. § 27-65-107	<input checked="" type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts)	2
9. Duration of continued order	Colo. Rev. Stat. §§ 27-65-108, 27-65-109	<input checked="" type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts) (See comment below)	2
SUBTOTAL			24
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Colo. Rev. Stat. § 27-65-102(3)	Any district court of the state of Colorado and probate court in the city and county of Denver	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			25

FINAL SCORE		
	PART ONE TOTAL	43
	PART TWO TOTAL	25
	TOTAL	68
	GRADE	D+

Comment:

- Long-term care requires a separate petition and hearing. Orders for long-term treatment are for an undefined length of time. Each extension must not exceed six months, with no restriction on number of extensions.

Connecticut State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Conn. Gen. Stat. § 17a-503	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Conn. Gen. Stat. § 17a-503(a)–(d)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Conn. Gen. Stat. §§ 17a-503, 17a-502	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 72 hours, then under emergency certificate for up to 15 days	5
4. Citizen access to court, inpatient petition (5 pts)	Conn. Gen. Stat. § 17a-497(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Conn. Gen. Stat. § 17a-495(a)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Conn. Gen. Stat. § 17a-495(a)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			40
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Conn. Gen. Stat. § 17a-497(a)	Probate court	1
Extra Credit			1
PART ONE TOTAL			41

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)		<input type="checkbox"/> Requires local government to adopt (-3 pts)	0
2. Citizen access to court for AOT (5 pts)		<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	0

3. Criteria sufficiently broad to provide actual access (up to 10 pts)		<p>Evaluate applicable provision only:</p> <p><input type="checkbox"/> If inpatient/outpatient criteria are the same:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u></p> <p style="padding-left: 20px;"><input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts)</p> <p>or</p> <p><input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Allows consideration of length of treatment history \geq 36 months (2 pts)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)</p>	0
4. Authorizes AOT directly from community (5 pts)			0
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)		<input type="checkbox"/> Process specified and reasonable (1 pt) <input type="checkbox"/> Timelines specified and reasonable (1 pt) <input type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input type="checkbox"/> Renewal process expressly specified (1 pt)	0
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)			0
8. Duration of initial order		<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts)	0
9. Duration of continued order		<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts)	0
SUBTOTAL			0
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			0

FINAL SCORE	
PART ONE TOTAL	41
PART TWO TOTAL	0
TOTAL	41
GRADE	F

Delaware State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	16 Del. C. § 5004	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) “Any person” may ask a peace officer or mental health screener for assistance. A mental health screener must initiate emergency detention.	0
2. Quality of emergency petition process (5 pts)	16 Del. C. § 5004	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	3
3. Emergency hold duration (5 pts)	16 Del. C. § 5005(e)	<input type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts)	0
4. Citizen access to court, inpatient petition (5 pts)	16 Del. C. §§ 5007, 5008	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) A designated treatment facility, hospital, or outpatient provider. After provisional admission, only a hospital may petition.	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	16 Del. C. §§ 5001(3), (4)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input checked="" type="checkbox"/> Harm must be imminent (-3 pts)	7
6. Quality of criteria for grave disability/basic needs (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	0
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			10
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	16 Del. C. § 5001	The superior court or the family court of the state	1
Extra Credit			1
PART ONE TOTAL			11

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	16 Del. C. § 5013	<input type="checkbox"/> Requires local government to adopt (-3 pts) Referred to as “involuntary outpatient treatment over objection”	5

2. Citizen access to court for AOT (5 pts)	16 Del. C. § 5007	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	0
3. Criteria sufficiently broad to provide actual access (up to 10 pts)	16 Del. C. § 5013	Evaluate applicable provision only: <input type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) (<i>See comment below</i>)	6
4. Authorizes AOT directly from community (5 pts)	16 Del. C. § 5007	<i>An outpatient provider may seek to have the individual placed on involuntary outpatient treatment over objection</i>	5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)		<input type="checkbox"/> Process specified and reasonable (1 pt) <input type="checkbox"/> Timelines specified and reasonable (1 pt) <input type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input type="checkbox"/> Renewal process expressly specified (1 pt)	0
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)			0
8. Duration of initial order	16 Del. C. § 5013(c)	<input checked="" type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts)	2
9. Duration of continued order		<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts) 90 days	0
SUBTOTAL			18
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	16 Del. C. § 5001	<i>The superior court or the family court of the state</i>	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			19

FINAL SCORE	
PART ONE TOTAL	11
PART TWO TOTAL	19
TOTAL	30
GRADE	F

Comment:

- Requires either refusal of voluntary services or current incapacity to determine whether treatment is necessary.

District of Columbia Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	D.C. Code Ann. § 21-521	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	0
2. Quality of emergency petition process (5 pts)	D.C. Code Ann. § 21-522	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts) FD-12 petition process	5
3. Emergency hold duration (5 pts)	D.C. Code Ann. § 21-523	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts) 48 hours	3
4. Citizen access to court, inpatient petition (5 pts)	D.C. Code Ann. § 21-541(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Spouse, parent, legal guardian	3
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	D.C. Code Ann. § 21-521	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input checked="" type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	7
6. Quality of criteria for grave disability/basic needs (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts) (See comment below)	0
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) (See comment below)	0
SUBTOTAL			18
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			18

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	D.C. Code Ann. § 21-545	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5

2. Citizen access to court for AOT (5 pts)	DC Code Ann. § 21-541(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	3
3. Criteria sufficiently broad to provide actual access (up to 10 pts)	D.C. Code Ann. § 21-545(b)(2)	Evaluate applicable provision only: <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input checked="" type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) <u>or</u> <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service/lacking insight (4 pts)	5
4. Authorizes AOT directly from community (5 pts)	D.C. Code Ann. § 21-541(a)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	D.C. Code Ann. §§ 21-541 to 21-548	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)	D.C. Code Ann. § 21-548		5
8. Duration of initial order	D.C. Code Ann. § 21-545(b)(2)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) One year	5
9. Duration of continued order	D.C. Code Ann. § 21-545.01	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) One year	5

SUBTOTAL 38

PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			38

FINAL SCORE	
PART ONE TOTAL	18
PART TWO TOTAL	38
TOTAL	56
GRADE	F

Comments:

- Court opinion has read “grave disability” as a qualifying “danger to self” under the criteria, but the code is not explicit and use of this provision for grave disability has decreased sharply.
- Standard lacks consideration of future deterioration, but impact softened by language taking focus off current condition (“likely to injure self or others *if not committed*”).

Florida State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Fla. Stat. § 394.463(2)(a)(1)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Fla. Stat. § 394.463(2)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Fla. Stat. § 394.463(2)(g)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts)	5
4. Citizen access to court, inpatient petition (5 pts)	Fla. Stat. § 394.463(2)(g)(4)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Facility administrator only	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Fla. Stat. § 394.467(1)(a)(2)(b)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Fla. Stat. § 394.467(1)(a)(2)(a)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input checked="" type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	7
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			32
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Fla. Stat. § 394.455(10)	Circuit court	1
Extra Credit			1
PART ONE TOTAL			33

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Fla. Stat. § 394.4655	<input type="checkbox"/> Requires local government to adopt (-3 pts) Referred to as “involuntary outpatient services”	5
2. Citizen access to court for AOT (5 pts)		<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	0

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Fla. Stat. § 394.4655(2)	<p>Evaluate applicable provision only:</p> <p><input type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts)</p> <p>or</p> <p><input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)</p>	10
4. Authorizes AOT directly from community (5 pts)	Fla. Stat. § 394.4655(4)(a)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Fla. Stat. § 394.4655	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	4
6. Procedures require the treatment plan to be shared with the court (5 pts)	Fla. Stat. § 394.4655(4)(b)		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Fla. Stat. § 394.4655(7)(b)(3)		5
8. Duration of initial order	Fla. Stat. § 394.4655(7)(b)(1)	<input checked="" type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts)	2
9. Duration of continued order	Fla. Stat. § 394.4655(8)	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts) <i>Order is renewable for 90-day periods, indefinitely, under separate hearing process.</i>	0
SUBTOTAL			36
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Fla. Stat. § 394.4655(4)(c)		1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			37

FINAL SCORE	
PART ONE TOTAL	33
PART TWO TOTAL	37
TOTAL	70
GRADE	C-

Georgia State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Ga. Code Ann. § 37-3-61	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) Requires doctor certification for petition	5
2. Quality of emergency petition process (5 pts)	Ga. Code Ann. §§ 37-3-41(a), 37-3-42(a)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Ga. Code Ann. § 37-3-43	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts)	3
4. Citizen access to court, inpatient petition (5 pts)	Ga. Code Ann. § 37-3-61(2)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) Requires doctor certification for petition	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Ga. Code Ann. § 37-3-1(9.1)(A)(i)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input checked="" type="checkbox"/> Harm must be imminent (-3 pts)	7
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Ga. Code Ann. § 37-3-1(9.1)(A)(ii)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input checked="" type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	7
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			32
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			32

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Ga. Code Ann. § 37-3-1(12.1)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Ga. Code Ann. § 37-3-61(2)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts) Requires doctor certification for petition	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Ga. Code Ann. § 37-3-1(12.1)	<p>Evaluate applicable provision only:</p> <p><input type="checkbox"/> If inpatient/outpatient criteria are the same:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u></p> <p style="padding-left: 20px;"><input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts)</p> <p>or</p> <p><input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria:</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt)</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts)</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)</p>	10
4. Authorizes AOT directly from community (5 pts)	Ga. Code Ann. §§ 37-3-61(2), 37-3-41(a)	After a period of short-term detention	5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Ga. Code Ann. §§ 37-3-81.1(a)(2), 37-3-82, and 37-3-91(b)	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	Ga. Code Ann. § 37-3-81.1(a)(2)		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Ga. Code Ann. § 37-3-82		5
8. Duration of initial order	Ga. Code Ann. § 37-3-93(a)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) One year	5
9. Duration of continued order	Ga. Code Ann. § 37-3-93(c)	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) One year	5
SUBTOTAL			50
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			
PART TWO TOTAL			50
FINAL SCORE			
PART ONE TOTAL			32
PART TWO TOTAL			50
TOTAL			82
GRADE			B-

Hawaii State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Haw. Rev. Stat. § 334-59(a)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Designated professionals, designated medical professionals, and law enforcement officers	0
2. Quality of emergency petition process (5 pts)	Haw. Rev. Stat. § 334-59	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	3
3. Emergency hold duration (5 pts)	Haw. Rev. Stat. § 334-59(e)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts)	3
4. Citizen access to court, inpatient petition (5 pts)	Haw. Rev. Stat. § 334-60.3(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Haw. Rev. Stat. §§ 334-1, 334-60.2(2)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input checked="" type="checkbox"/> Harm must be imminent (-3 pts)	7
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Haw. Rev. Stat. §§ 334-1, 334-60.2(2)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input checked="" type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	7
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) (See comments below)	0
SUBTOTAL			25
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			25

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Haw. Rev. Stat. § 334-121	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Haw. Rev. Stat. § 334-123	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)		<p>Evaluate applicable provision only:</p> <p><input type="checkbox"/> If inpatient/outpatient criteria are the same:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u></p> <p style="padding-left: 20px;"><input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts)</p> <p>or</p> <p><input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria:</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt)</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts)</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)</p>	10
4. Authorizes AOT directly from community (5 pts)	Haw. Rev. Stat. § 334-123		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Haw. Rev. Stat. §§ 334-121, 334-133	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	4
6. Procedures require the treatment plan to be shared with the court (5 pts)	Haw. Rev. Stat. § 334-126(h)		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Haw. Rev. Stat. § 334-129		5
8. Duration of initial order	Haw. Rev. Stat. § 334-127(b)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) One year	5
9. Duration of continued order	Haw. Rev. Stat. § 334-133	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) One year	5
SUBTOTAL			49
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Haw. Rev. Stat. § 334-121	Family court	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			50

FINAL SCORE	
PART ONE TOTAL	25
PART TWO TOTAL	50
TOTAL	75
GRADE	C

Comment:

- In 2013, Hawaii passed amendments to inpatient criteria that removed “gravely disabled” and “obviously ill” from the language and criteria. The removal harmed the efficacy of the grave disability standard, and the standard no longer contains psychiatric deterioration criteria.

Idaho State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Idaho Code § 66-326(1)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Only a peace officer or certain medical staff	0
2. Quality of emergency petition process (5 pts)	Idaho Code § 66-326	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	2
3. Emergency hold duration (5 pts)	Idaho Code § 66-326	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 24 hours for evaluation, then five days	5
4. Citizen access to court, inpatient petition (5 pts)	Idaho Code § 66-329(1)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Idaho Code § 66-317(11)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Idaho Code § 66-317(13)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	Idaho Code § 66-317(13)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	10
SUBTOTAL			42
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Idaho Code § 66-328	The district court of the county	1
Extra Credit			1
PART ONE TOTAL			43

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Idaho Code § 66-317(14)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Idaho Code § 66-329(1)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Idaho Code § 66-317(14)	<p>Evaluate applicable provision only:</p> <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) <p>or</p> <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <ul style="list-style-type: none"> <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <ul style="list-style-type: none"> <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) 	10
4. Authorizes AOT directly from community (5 pts)	Idaho Code § 66-329		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Idaho Code §§ 66-329, 66-337(a)	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input type="checkbox"/> Renewal process expressly specified (1 pt)	4
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)	Idaho Code § 66-329(12)		5
8. Duration of initial order	Idaho Code § 66-329(11)(b)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) Up to one year	5
9. Duration of continued order	Idaho Code §§ 66-329(11)(b), 66-337(a)	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) No explicit procedure for continued order; initial order up to one year, subject to periodic review	5
SUBTOTAL			44
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Idaho Code § 66-328	The district court of the county	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			45

FINAL SCORE	
PART ONE TOTAL	43
PART TWO TOTAL	45
TOTAL	88
GRADE	B+

Illinois State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	405 ILCS 5/3-601	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Any person age 18 years or older may present a petition to the facility director	0
2. Quality of emergency petition process (5 pts)	405 ILCS 5/3-600	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	405 ILCS 5/3-602	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 72 hours	5
4. Citizen access to court, inpatient petition (5 pts)	405 ILCS 5/3-701	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	405 ILCS 5/1-119(1)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	405 ILCS 5/1-119(2)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	405 ILCS 5/1-119(3)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	10
SUBTOTAL			40
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			40

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	405 ILCS 5/1-119	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	405 ILCS 5/3-751	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input checked="" type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	3

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	405 ILCS 5/1-119.1(1) or (2)	<p>Evaluate applicable provision only:</p> <input type="checkbox"/> If inpatient/outpatient criteria are the same: <ul style="list-style-type: none"> <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) <p>or</p> <input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Allows consideration of length of treatment history \geq 36 months (2 pts) <ul style="list-style-type: none"> <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) 	10
4. Authorizes AOT directly from community (5 pts)	405 ILCS 5/1-119.1		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	405 ILCS 5/3-812	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	405 ILCS 5/3-814(a)		5
7. Specifies procedures and consequences for nonadherence (5 pts)			0
8. Duration of initial order	405 ILCS 5/3-813(a)	<input checked="" type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts) Not to exceed 90 days	2
9. Duration of continued order	405 ILCS 5/3-813(a)	<input checked="" type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts) Not to exceed 180 days	2
SUBTOTAL			37
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)	405 ILCS 5/3-801.5		5
Extra Credit			5
PART TWO TOTAL			42

FINAL SCORE	
PART ONE TOTAL	40
PART TWO TOTAL	42
TOTAL	82
GRADE	B-

Indiana State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Ind. Code Ann. § 12-26-5-1	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Application is filed with the facility	0
2. Quality of emergency petition process (5 pts)	Ind. Code Ann. § 12-26-5-1 <i>et seq.</i>	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Ind. Code Ann. § 12-26-5-1	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 72 hours	5
4. Citizen access to court, inpatient petition (5 pts)	Ind. Code Ann. §§ 12-26-6-2(b), 12-26-7-2(b)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) Any adult for temporary commitment; authority for regular commitment includes “friend”	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Ind. Code Ann. § 12-7-2-53	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Ind. Code Ann. § 12-7-2-96(1)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	Ind. Code Ann. § 12-7-2-96(2)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	10
SUBTOTAL			45
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Ind. Code Ann. § 12-26-1-2	Probate or superior court	1
Extra Credit			1
PART ONE TOTAL			46

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Ind. Code Ann. § 12-26-14-1	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Ind. Code Ann. §§ 12-26-6-2(b), 12-26-7-2(b)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Ind. Code Ann. §§ 12-26-14-1, 12-7-2-96, and 12-26-6-8	Evaluate applicable provision only: <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <input checked="" type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	10
4. Authorizes AOT directly from community (5 pts)	Ind. Code Ann. § 12-26-14-1		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Ind. Code Ann. § 12-26-14-1 <i>et seq.</i>	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	Ind. Code Ann. § 12-26-6-8		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Ind. Code Ann. §§ 12-26-14-4, 12-26-14-5		5
8. Duration of initial order	Ind. Code Ann. § 12-26-6-8(a)(2)	<input checked="" type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts) Not more than 90 days	2
9. Duration of continued order	Ind. Code Ann. § 12-26-6-10	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts) Not more than 90 days	0
SUBTOTAL			42
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Ind. Code Ann. § 12-26-1-2	Probate or superior court	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			43
FINAL SCORE			
PART ONE TOTAL			46
PART TWO TOTAL			43
TOTAL			89
GRADE			B+

Iowa State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Iowa Code § 229.6(1)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Iowa Code §§ 229.11(1), 229.22	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input checked="" type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts) (See comments below)	0
3. Emergency hold duration (5 pts)	Iowa Code § 229.22(3)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts) Not to exceed 48 hours	3
4. Citizen access to court, inpatient petition (5 pts)	Iowa Code § 229.6(1)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Iowa Code §§ 229.1(20)(a), (b)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Iowa Code § 229.1(20)(c)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			33
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Iowa Code § 229.6(1)	District court	1
Extra Credit			1
PART ONE TOTAL			34

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Iowa Code § 229.13(3)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Iowa Code § 229.6	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Iowa Code § 229.1(20)(d)	<p>Evaluate applicable provision only:</p> <input type="checkbox"/> If inpatient/outpatient criteria are the same: <ul style="list-style-type: none"> <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) <p>or</p> <input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <ul style="list-style-type: none"> <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) 	10
4. Authorizes AOT directly from community (5 pts)	Iowa Code § 229.13		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Iowa Code §§ 229.13, 229.14, and 229.15	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)	Iowa Code §§ 229.13(7), 229.14(2)		5
8. Duration of initial order	Iowa Code §§ 229.13, 229.15	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) Indefinite term	5
9. Duration of continued order		<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) No need for continuations because initial order is periodically reviewed but indefinite in length	5
SUBTOTAL			45
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Iowa Code § 229.6	District court	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			46

FINAL SCORE	
PART ONE TOTAL	34
PART TWO TOTAL	46
TOTAL	80
GRADE	B-

Comments:

- Emergency standard adds “likely to injure” to inpatient criteria.
- Newly added criteria under Iowa Code § 229.1(20)(d), effective July 1, 2018, although not explicitly for outpatients only, should be considered as such because they are unsuitable as inpatient criteria. They authorize commitment on the basis of a history of lack of compliance with treatment.

Kansas State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Kan. Stat. Ann. § 59-2957(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Kan. Stat. Ann. §§ 59-2953(a), 59-2954(c)(3)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Kan. Stat. Ann. § 59-2958(e)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts) <i>Emergency custody order expires at 5:00 p.m. of the second day the district court is open</i>	3
4. Citizen access to court, inpatient petition (5 pts)	Kan. Stat. Ann. § 59-2957(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Kan. Stat. Ann. § 59-2946(f)(3)(a)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Kan. Stat. Ann. § 59-2946(f)(3)(b)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			38
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Kan. Stat. Ann. § 59-2957(a)	<i>District court</i>	1
Extra Credit			1
PART ONE TOTAL			39

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Kan. Stat. Ann. § 59-2967	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Kan. Stat. Ann. § 59-2957(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Kan. Stat. Ann. § 59-2967(a)	<p>Evaluate applicable provision only:</p> <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <ul style="list-style-type: none"> <input type="checkbox"/> Inpatient criteria includes psychiatric deterioration standard (10 pts) <u>or</u> <input checked="" type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) <p>or</p> <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <ul style="list-style-type: none"> <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <ul style="list-style-type: none"> <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) 	5
4. Authorizes AOT directly from community (5 pts)	Kan. Stat. Ann. § 59-2967		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Kan. Stat. Ann. § 59-2967	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)	Kan. Stat. Ann. §§ 59-2967(e), (f), and (g)		5
8. Duration of initial order	Kan. Stat. Ann. § 59-2966(a)	<input checked="" type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts) Three months	2
9. Duration of continued order	Kan. Stat. Ann. § 59-2969(f)	<input checked="" type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts) Partial credit: first renewal three months, subsequent renewals six months	1
SUBTOTAL			33
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Kan. Stat. Ann. § 59-2957(a)	District court	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			34
FINAL SCORE			
PART ONE TOTAL			39
PART TWO TOTAL			34
TOTAL			73
GRADE			C

Kentucky State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Ky. Rev. Stat. Ann. § 202A.041(1)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	0
2. Quality of emergency petition process (5 pts)	Ky. Rev. Stat. Ann. §§ 202A.041(1), 202A.028(1), and 202A.031	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Ky. Rev. Stat. § 202A.028(1)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts)	5
4. Citizen access to court, inpatient petition (5 pts)	Ky. Rev. Stat. § 202A.051(3)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Ky. Rev. Stat. § 202A.026	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Ky. Rev. Stat. § 202A.011(2)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			35
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			35

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Ky. Rev. Stat. § 202A.0815	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Ky. Rev. Stat. § 202A.051(3)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Ky. Rev. Stat. § 202A.0815	<p>Evaluate applicable provision only:</p> <p><input type="checkbox"/> If inpatient/outpatient criteria are the same:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Inpatient criteria include future deterioration standard (10 pts)</p> <p style="padding-left: 20px;"><u>or</u> (check one)</p> <p style="padding-left: 20px;"><input type="checkbox"/> No deterioration but usable grave disability standard for AOT (5 pts)</p> <p>or</p> <p><input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts)</p> <p style="padding-left: 20px;">Requires two hospitalizations in the past 12 months</p> <p style="padding-left: 40px;"><input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt)</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) (<i>See comments below</i>)</p>	4
4. Authorizes AOT directly from community (5 pts)	Ky. Rev. Stat. § 202A.0815		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Ky. Rev. Stat. § 202A.0815	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	Ky. Rev. Stat. § 202A.0817		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Ky. Rev. Stat. § 202A.0823		5
8. Duration of initial order	Ky. Rev. Stat. § 202A.0819(c)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) 360 days	5
9. Duration of continued order	Ky. Rev. Stat. § 202A.0825	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) 360 days	5
SUBTOTAL			44
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			44
FINAL SCORE			
PART ONE TOTAL			35
PART TWO TOTAL			44
TOTAL			79
GRADE			C+

Comment:

- Kentucky’s outpatient standard requires a clinical finding of anosognosia, which is problematic because the condition may not be present, *particularly at discharge*, in every individual who can benefit from AOT. Thus the standard unnecessarily limits the class of eligible individuals.

Louisiana State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	La. Rev. Stat. Ann. § 28:53(J)(1)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	La. Rev. Stat. Ann. § 28:53	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) (See comment below) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	La. Rev. Stat. Ann. § 28:53(A)(1)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 15 days	5
4. Citizen access to court, inpatient petition (5 pts)	La. Rev. Stat. Ann. § 28:54(A)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	La. Rev. Stat. Ann. §§ 28:53(E)(1), 28:2(3), and 28:2(4)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	La. Rev. Stat. Ann. § 28:2(1)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			40
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			40

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	La. Rev. Stat. Ann. § 28:66	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	La. Rev. Stat. Ann. § 28:67(4)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	La. Rev. Stat. Ann. § 28:66(A)	<p>Evaluate applicable provision only:</p> <input type="checkbox"/> If inpatient/outpatient criteria are the same: <ul style="list-style-type: none"> <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) <p>or</p> <input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <ul style="list-style-type: none"> <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) 	10
4. Authorizes AOT directly from community (5 pts)	La. Rev. Stat. Ann. § 28:66		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	La. Rev. Stat. Ann. §§ 28:67–28:71	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	La. Rev. Stat. Ann. § 28:70		5
7. Specifies procedures and consequences for nonadherence (5 pts)	La. Rev. Stat. Ann. § 28:75		5
8. Duration of initial order	La. Rev. Stat. Ann. § 28:71(b)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) One year	5
9. Duration of continued order	La. Rev. Stat. Ann. § 28:72	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) One year	5
SUBTOTAL			50
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			
PART TWO TOTAL			50
FINAL SCORE			
PART ONE TOTAL			40
PART TWO TOTAL			50
TOTAL			90
GRADE			A-

Comment:

- The code requires that a police officer have an emergency medical technician present but does not require dual certification. This requirement could encourage the “medicalization” (and thus decriminalization) of emergency evaluation.

Maine State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Me. Rev. Stat. tit. 34-B, § 3863(1)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Me. Rev. Stat. tit. 34-B, § 3863(1)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Me. Rev. Stat. tit. 34-B, § 3863(3)(B)	<input type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts) 24 hours	0
4. Citizen access to court, inpatient petition (5 pts)	Me. Rev. Stat. tit. 34-B, § 3863(5A)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Only the chief administrative officer	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Me. Rev. Stat. tit. 34-B, §§ 3864(6A), 3801(4A)–(4B)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Me. Rev. Stat. tit. 34-B, § 3801(4)(c)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			30
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Me. Rev. Stat. tit. 34-B, § 3864(1)		1
Extra Credit			1
PART ONE TOTAL			31

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Me. Rev. Stat. tit. 34-B, § 3873(A)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	ME Rev Stat 34-B, § 3873(A)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	0

		<input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts) <i>Apart from professionals, allows petition only by legal guardian</i>	
3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Me. Rev. Stat. tit. 34-B, § 3873(A)	Evaluate applicable provision only: <input type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	10
4. Authorizes AOT directly from community (5 pts)	Me. Rev. Stat. tit. 34-B, § 3873(A)(1)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Me. Rev. Stat. tit. 34-B, § 3873(A)	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	Me. Rev. Stat. tit. 34-B, § 3873(A)(2)		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Me. Rev. Stat. tit. 34-B, §§ 3873(A)(7)–(8)		5
8. Duration of initial order	Me. Rev. Stat. tit. 34-B, § 3873(A)(6)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) One year	5
9. Duration of continued order	Me. Rev. Stat. tit. 34-B, § 3873(A)(9)	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) One year	5
SUBTOTAL			45
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Me. Rev. Stat. tit. 34-B, § 3873(A)(1)		1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			46

FINAL SCORE	
PART ONE TOTAL	31
PART TWO TOTAL	46
TOTAL	77
GRADE	C+

Maryland State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Md. Code Ann., Health-General § 10-622(b)(iii)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Md. Code Ann., Health-General §§ 10-622(d), 10-623, 10-624, and 10-624 (a)(1)(i)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Md. Code Ann., Health-General § 10-624(b)(4)	<input type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts) Emergency evaluation must be made within 6 hours; an emergency evaluatee may not be kept at an emergency facility for more than 30 hours.	0
4. Citizen access to court, inpatient petition (5 pts)	Md. Code Ann., Health-General § 10-632	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Md. Code Ann., Health-General § 10-622(a)(2)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input checked="" type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	7
6. Quality of criteria for grave disability/basic needs (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	0
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			17
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Md. Code Ann., Health-General § 10-620(b)	District or circuit court	1
Extra Credit			1
PART ONE TOTAL			18

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)		<input type="checkbox"/> Requires local government to adopt (-3 pts)	0
2. Citizen access to court for AOT (5 pts)		<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	0
3. Criteria sufficiently broad to provide actual access (up to 10 pts)		Evaluate applicable provision only: <input type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	0
4. Authorizes AOT directly from community (5 pts)			0
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)		<input type="checkbox"/> Process specified and reasonable (1 pt) <input type="checkbox"/> Timelines specified and reasonable (1 pt) <input type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input type="checkbox"/> Renewal process expressly specified (1 pt)	0
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)			0
8. Duration of initial order		<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts)	0
9. Duration of continued order		<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts)	0
SUBTOTAL			0
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			0

FINAL SCORE	
PART ONE TOTAL	18
PART TWO TOTAL	0
TOTAL	18
GRADE	F

Massachusetts State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Mass. Gen. Laws Ann. ch. 123, § 12(e)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Mass. Gen. Laws Ann. ch. 123, § 12	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Mass. Gen. Laws Ann. ch. 123, § 12(a)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) Three-day period	5
4. Citizen access to court, inpatient petition (5 pts)	Mass. Gen. Laws Ann. ch. 123, § 7(a)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Only the superintendent of a facility may petition	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Mass. Gen. Laws Ann. ch. 123, § 1	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Mass. Gen. Laws Ann. ch. 123, § 1	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input checked="" type="checkbox"/> Unreasonably high risk of harm (-3 pts) (See comment below)	7
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			32
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Mass. Gen. Laws Ann. ch. 123, § 7	District court	1
Extra Credit			1
PART ONE TOTAL			33

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)		<input type="checkbox"/> Requires local government to adopt (-3 pts)	0
2. Citizen access to court for AOT (5 pts)		<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	0

3. Criteria sufficiently broad to provide actual access (up to 10 pts)		<p>Evaluate applicable provision only:</p> <p><input type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts)</p> <p>or</p> <p><input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input type="checkbox"/> Allows consideration of length of treatment history \geq 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)</p>	0
4. Authorizes AOT directly from community (5 pts)			0
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)		<input type="checkbox"/> Process specified and reasonable (1 pt) <input type="checkbox"/> Timelines specified and reasonable (1 pt) <input type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input type="checkbox"/> Renewal process expressly specified (1 pt)	0
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)			0
8. Duration of initial order		<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts)	0
9. Duration of continued order		<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts)	0
SUBTOTAL			0
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			0

FINAL SCORE	
PART ONE TOTAL	33
PART TWO TOTAL	0
TOTAL	33
GRADE	F

Comment:

- Requires “very substantial risk of physical impairment or injury.”

Michigan State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Mich. Comp. Laws § 330.1424	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Mich. Comp. Laws §§ 330.1424, 1438	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Mich. Comp. Laws § 330.1429	<input type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts) 24 hours	0
4. Citizen access to court, inpatient petition (5 pts)	Mich. Comp. Laws § 330.1434(1)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Mich. Comp. Laws § 330.1401(1)(a)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Mich. Comp. Laws § 330.1401(1)(b)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	Mich. Comp. Laws § 330.1401(1)(c)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	10
SUBTOTAL			45
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			45

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Mich. Comp. Laws § 330.1401(1)(d)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Mich. Comp. Laws § 330.1434(1)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Mich. Comp. Laws § 330.1401(1)(d)	<p>Evaluate applicable provision only:</p> <p><input type="checkbox"/> If inpatient/outpatient criteria are the same:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u></p> <p style="padding-left: 20px;"><input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts)</p> <p>or</p> <p><input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria:</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts)</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt)</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts)</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)</p>	9
4. Authorizes AOT directly from community (5 pts)	Mich. Comp. Laws § 330.1401(d)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Mich. Comp. Laws §§ 330.1455, 330.1468	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	Mich. Comp. Laws § 330.1453(a)		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Mich. Comp. Laws § 330.1475		5
8. Duration of initial order	Mich. Comp. Laws § 330.1472a(1)(d)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) 180 days	5
9. Duration of continued order	Mich. Comp. Laws § 330.1472a(2)(b)	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) One year	5
SUBTOTAL			49
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			49

FINAL SCORE	
PART ONE TOTAL	45
PART TWO TOTAL	49
TOTAL	94
GRADE	A

Minnesota State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center's values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state's assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Minn. Stat. § 253B.05(1)(a)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	0
2. Quality of emergency petition process (5 pts)	Minn. Stat. § 253B.05(2)(a)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input checked="" type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts) (See comment below)	0
3. Emergency hold duration (5 pts)	Minn. Stat. § 253B.05 subd. 3	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 72 hours	5
4. Citizen access to court, inpatient petition (5 pts)	Minn. Stat. § 253B.07(2)(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Minn. Stat. § 253B.02 (13)(a)(3)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Minn. Stat. §§ 253B.02 (13)(a)(1)–(2)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			30
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Minn. Stat. § 253B.07(2)(a)		1
Extra Credit			1
PART ONE TOTAL			31

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Minn. Stat. § 253B.07(2)(a)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Minn. Stat. § 253B.064(1)(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Minn. Stat. § 253B.065(5)(b)	<p>Evaluate applicable provision only:</p> <input type="checkbox"/> If inpatient/outpatient criteria are the same: <ul style="list-style-type: none"> <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) <p>or</p> <input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) 	5
4. Authorizes AOT directly from community (5 pts)	Minn. Stat. § 253B.064(1)(a)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Minn. Stat. § 253B.097	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input type="checkbox"/> Renewal process expressly specified (1 pt)	4
6. Procedures require the treatment plan to be shared with the court (5 pts)	Minn. Stat. § 253B.097(1)		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Minn. Stat. § 253B.097(4) subd. 5		5
8. Duration of initial order	Minn. Stat. § 253B.066(3)	<input checked="" type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts)	2
9. Duration of continued order		<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts)	0
SUBTOTAL			36
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Minn. Stat. § 253B.064(1)(a)		1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			37

FINAL SCORE	
PART ONE TOTAL	31
PART TWO TOTAL	37
TOTAL	68
GRADE	D+

Comment:

- Emergency evaluation statute requires police to find “danger of injuring self or others if not immediately detained,” whereas inpatient standard does not require injury and allows for commitment based on grave disability.

Mississippi State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Miss. Code Ann. § 41-21-65(2)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Miss. Code Ann. § 41-21-65(2)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Miss. Code Ann. § 41-21-65(2)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 72 hours	5
4. Citizen access to court, inpatient petition (5 pts)	Miss. Code Ann. § 41-21-65(2)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Miss. Code Ann. § 41-21-61(e)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Miss. Code Ann. § 41-21-61(e)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	Miss. Code Ann. § 41-21-61(e)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	10
SUBTOTAL			50
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Miss. Code Ann. § 41-21-65(2)	Chancery court	1
Extra Credit			1
PART ONE TOTAL			51

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Miss. Code Ann. § 41-21-73(4)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Miss. Code Ann. § 41-21-65(2)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Miss. Code Ann. § 41-21-61(e)	<p>Evaluate applicable provision only:</p> <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) <p>or</p> <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <ul style="list-style-type: none"> <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <ul style="list-style-type: none"> <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) 	10
4. Authorizes AOT directly from community (5 pts)	Miss. Code Ann. § 41-21-73(4)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Miss. Code Ann. § 41-21-73(4)	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input type="checkbox"/> Renewal process expressly specified (1 pt)	3
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)	Miss. Code Ann. § 41-21-74		5
8. Duration of initial order	Miss. Code Ann. § 41-21-73(4)	<input checked="" type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts) Shall not exceed three months	2
9. Duration of continued order	Miss. Code Ann. § 41-21-82	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts) Shall not exceed three months	0
SUBTOTAL			35
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Miss. Code Ann. § 41-21-65(2)	Chancery court	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			36

FINAL SCORE	
PART ONE TOTAL	51
PART TWO TOTAL	36
TOTAL	87
GRADE	B+

Missouri State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Mo. Ann. Stat. § 632.305(1)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Mo. Ann. Stat. § 632.305	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Mo. Ann. Stat. § 632.305(2)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 96 hours	5
4. Citizen access to court, inpatient petition (5 pts)	Mo. Ann. Stat. § 632.330(1)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Head of facility must file	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Mo. Ann. Stat. § 632.005(10)(a)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Mo. Ann. Stat. § 632.005(10)(b)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	Mo. Ann. Stat. §§ 632.005(10)(a)–(c)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	10
SUBTOTAL			45
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			45

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Mo. Ann. Stat. § 632.350.1	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Mo. Ann. Stat. § 632.330(1)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts) Head of facility must file	0

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Mo. Ann. Stat. §§ 632.005(10)(a)–(c)	Evaluate applicable provision only: <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <input checked="" type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	10
4. Authorizes AOT directly from community (5 pts)	Mo. Ann. Stat. § 632.350.1		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Mo. Ann. Stat. § 632.340	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	4
6. Procedures require the treatment plan to be shared with the court (5 pts)	Mo. Ann. Stat. § 632.340(2)		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Mo. Ann. Stat. § 632.337(1)		5
8. Duration of initial order	Mo. Ann. Stat. § 632.350(1)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts)	5
9. Duration of continued order	Mo. Ann. Stat. § 632.335(1)	<input checked="" type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts)	2
SUBTOTAL			41
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			41

FINAL SCORE	
PART ONE TOTAL	45
PART TWO TOTAL	41
TOTAL	86
GRADE	B

Montana State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Mont. Code Ann. § 53-21-129(1)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) County attorney files petition on probable cause	0
2. Quality of emergency petition process (5 pts)	Mont. Code Ann. § 53-21-129(1)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Mont. Code Ann. § 53-21-129(2)	<input type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts) Next business day	0
4. Citizen access to court, inpatient petition (5 pts)	Mont. Code Ann. § 53-21-121(1)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) County attorney files petition on written request of any person	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Mont. Code Ann. § 53-21-126(1)(b)(c)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Mont. Code Ann. § 53-21-126(1)(a)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			25
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			25

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Mont. Code Ann. § 53-21-127(7)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Mont. Code Ann. § 53-21-121(1)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	0

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Mont. Code Ann. § 53-21-126(1)(d)	<p>Evaluate applicable provision only:</p> <p><input type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts)</p> <p>or</p> <p><input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)</p> <p>Shared definition but requires AOT only if criteria in § 53-21-126(1)(d) are met</p>	10
4. Authorizes AOT directly from community (5 pts)	Mont. Code Ann. § 53-21-127(7)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Mont. Code Ann. § 53-21-127(8)	<input type="checkbox"/> Process specified and reasonable (1 pt) <input type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	2
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)	Mont. Code Ann. § 53-21-151		5
8. Duration of initial order	Mont. Code Ann. § 53-21-127(3)(b)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) Allows up to six months in the community under certain circumstances	5
9. Duration of continued order	Mont. Code Ann. § 53-21-128(1)(d)	<input checked="" type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts)	2
SUBTOTAL			34
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			34

FINAL SCORE	
PART ONE TOTAL	25
PART TWO TOTAL	34
TOTAL	59
GRADE	F

Nebraska State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Neb. Rev. Stat. § 71-921(1)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) County attorney only, but citizens can “communicate concern”	0
2. Quality of emergency petition process (5 pts)	Neb. Rev. Stat. § 71-919(1)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Neb. Rev. Stat. §§ 71-923	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) Seven days	5
4. Citizen access to court, inpatient petition (5 pts)	Neb. Rev. Stat. § 71-921(1)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Neb. Rev. Stat. § 71-908	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Neb. Rev. Stat. § 71-908	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			30
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Neb. Rev. Stat. § 71-921(2)	District court	1
Extra Credit			1
PART ONE TOTAL			31

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Neb. Rev. Stat. § 71-925	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Neb. Rev. Stat. § 71-921(1)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	0

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Neb. Rev. Stat. § 71-908	Evaluate applicable provision only: <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input checked="" type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	5
4. Authorizes AOT directly from community (5 pts)	Neb. Rev. Stat. § 71-925		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Neb. Rev. Stat. §§ 71-931, 71-932, and 71-933	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	Neb. Rev. Stat. § 71-931(3)	Partial credit; treatment plan shared with county attorney but not the court	3
7. Specifies procedures and consequences for nonadherence (5 pts)	Neb. Rev. Stat. §§ 71-933, 71-934		5
8. Duration of initial order	Neb. Rev. Stat. § 71-932	<input checked="" type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts)	2
9. Duration of continued order	Neb. Rev. Stat. § 71-932	<input checked="" type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts) Partial credit; 90 days for first year but six months after that	1

SUBTOTAL			31
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Neb. Rev. Stat. § 71-921(2)	District court	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			32

FINAL SCORE	
PART ONE TOTAL	31
PART TWO TOTAL	32
TOTAL	63
GRADE	D

Nevada State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center's values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state's assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Nev. Rev. Stat. § 433A.160(2)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Spouse, parent, adult child, or legal guardian	3
2. Quality of emergency petition process (5 pts)	Nev. Rev. Stat. § 433A.160	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Nev. Rev. Stat. § 433A.150	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 72 hours	5
4. Citizen access to court, inpatient petition (5 pts)	Nev. Rev. Stat. § 433A.200(1)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Spouse, parent, adult child, or legal guardian	3
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Nev. Rev. Stat. § 433A.115(1)(2)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Nev. Rev. Stat. § 433A.115 (2)(a)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input checked="" type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts) (See comment below)	7
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			33
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Nev. Rev. Stat. § 433A.200(1)	District court	1
Extra Credit			0
PART ONE TOTAL			34

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Nev. Rev. Stat. § 433A.310(2)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5

2. Citizen access to court for AOT (5 pts)	Nev. Rev. Stat. § 433A.200(1)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts) <i>Spouse, parent, adult child, or legal guardian</i>	3
3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Nev. Rev. Stat. §§ 433A.310(2)(a)–(h)	Evaluate applicable provision only: <input type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	10
4. Authorizes AOT directly from community (5 pts)	Nev. Rev. Stat. §§ 433A.310(2)(a)–(h)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Nev. Rev. Stat. §§ 433A.310(2)(a)–(h)	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	4
6. Procedures require the treatment plan to be shared with the court (5 pts)	Nev. Rev. Stat. § 433A.315		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Nev. Rev. Stat. § 433A.323		5
8. Duration of initial order	Nev. Rev. Stat. § 433A.310(3)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts)	5
9. Duration of continued order	Nev. Rev. Stat. § 433A.310(3)	<input checked="" type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts) Must refile every 180 days	2
SUBTOTAL			44
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Nev. Rev. Stat. § 433A.200(1)		1
2. Court monitoring of voluntary settlement agreements (5 pts)			5
Extra Credit			6
PART TWO TOTAL			50

FINAL SCORE	
PART ONE TOTAL	34
PART TWO TOTAL	50
TOTAL	84
GRADE	B

Comment:

- Requires risk of serious harm within 30 days.

New Hampshire State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	N.H. Rev. Stat. Ann. § 135-C:28	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	0
2. Quality of emergency petition process (5 pts)	N.H. Rev. Stat. Ann. § 135-C:27	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	N.H. Rev. Stat. Ann. § 135-C:28	<input type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts) Six hours	0
4. Citizen access to court, inpatient petition (5 pts)	N.H. Rev. Stat. Ann. § 135-C:35	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	N.H. Rev. Stat. Ann. § 135-C:27	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	N.H. Rev. Stat. Ann. § 135-C:27(1)(c)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input checked="" type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	7
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	N.H. Rev. Stat. Ann. § 135-C:34	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input checked="" type="checkbox"/> Language is vague/ambiguous (-3 pts) (See comment below)	7
SUBTOTAL			34
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			34

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	N.H. Rev. Stat. Ann. § 135-C:45	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	N.H. Rev. Stat. Ann. § 135-C:35	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	N.H. Rev. Stat. Ann. § 135-C:45	Evaluate applicable provision only: <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <input checked="" type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	10
4. Authorizes AOT directly from community (5 pts)	N.H. Rev. Stat. Ann. § 135-C:45		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)		<input type="checkbox"/> Process specified and reasonable (1 pt) <input type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	2
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)		Language in § 135-C:45 discusses noncompliance but appears to apply only to conditional discharge. To apply to outpatient civil commitment, explicit reference should be made.	0
8. Duration of initial order	N.H. Rev. Stat. Ann. § 135-C:34	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) One year	5
9. Duration of continued order	N.H. Rev. Stat. Ann. § 135-C:34	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) One year	5
SUBTOTAL			37
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			37
FINAL SCORE			
PART ONE TOTAL			34
PART TWO TOTAL			37
TOTAL			71
GRADE			C-

Comment:

- Language contained in the emergency evaluation statute includes a deterioration standard but does not explicitly apply it to inpatient petitions. Though the definition is likely intended to apply to both situations, it is ambiguous. The language used in § 135-C:27(1) likewise should be clarified to increase its utility for future deterioration/need for treatment.

New Jersey State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	N.J. Stat. § 30:4-27.6	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Law enforcement, screener, outpatient provider	0
2. Quality of emergency petition process (5 pts)	N.J. Stat. §§ 30:4-27.6, 30:4-27.10	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	3
3. Emergency hold duration (5 pts)	N.J. Stat. § 30:4-27.9(c)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 72 hours	5
4. Citizen access to court, inpatient petition (5 pts)	N.J. Stat. § 30:4-27.6(b)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Families may request screening; no court access	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	N.J. Stat. §§ 30:4-27.2(h), 30:4-27.2(i)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	N.J. Stat. § 30:4-27.2(h)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input checked="" type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input checked="" type="checkbox"/> Unreasonably high risk of harm (-3 pts) (See comments below)	4
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			22
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			22

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	N.J. Stat. § 30:4-27.2(m)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	N.J. Stat. § 30:4-27.6(b)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input checked="" type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	3

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	N.J. Stat. §§ 30:4-27.2(h), 30:4-27.2 (i)	Evaluate applicable provision only: <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input checked="" type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	5
4. Authorizes AOT directly from community (5 pts)		Not expressly authorized, but appears possible	5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	N.J. Stat. §§ 30:4-27.10, 30:4-27.16	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	N.J. Stat. § 30:4-27.15(c)(2)		5
7. Specifies procedures and consequences for nonadherence (5 pts)	N.J. Stat. § 30:4-27.15(c)(3)		5
8. Duration of initial order	N.J. Stat. § 30:4-27.15(c)(2)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) 90 to 180 days	5
9. Duration of continued order	N.J. Stat. § 30:4-27.16	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) 180 days to 12 months	5
SUBTOTAL			43
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			43

FINAL SCORE	
PART ONE TOTAL	22
PART TWO TOTAL	43
TOTAL	65
GRADE	D

Comment:

- It must be “probable that substantial bodily injury, serious physical harm or death will result ...” without treatment.

New Mexico State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	N.M. Stat. Ann. § 43-1-10	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Police officer, physician, or psychologist	0
2. Quality of emergency petition process (5 pts)	N.M. Stat. Ann. § 43-1-10	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	N.M. Stat. Ann. § 43-1-11	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) Seven days	5
4. Citizen access to court, inpatient petition (5 pts)	N.M. Stat. Ann. § 43-1-11(G)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Citizens may request that district attorney investigate	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	N.M. Stat. Ann. §§ 43-1-11(E), 43-1-3(M), and 43-1-3(N)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	N.M. Stat. Ann. § 43-1-3(M)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			30
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			30

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	N.M. Stat. Ann. § 43-1B-4	<input checked="" type="checkbox"/> Requires local government to adopt (-3 pts)	2

2. Citizen access to court for AOT (5 pts)	N.M. Stat. Ann. § 43-1B-4	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts) Adult who lives with the individual, parent, spouse, sibling, adult child	3
3. Criteria sufficiently broad to provide actual access (up to 10 pts)	N.M. Stat. Ann. § 43-1B-3	Evaluate applicable provision only: <input type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input checked="" type="checkbox"/> Allows consideration of length of treatment history \geq 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	10
4. Authorizes AOT directly from community (5 pts)	N.M. Stat. Ann. § 43-1B-6		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	N.M. Stat. Ann. § 43-1B-6	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	4
6. Procedures require the treatment plan to be shared with the court (5 pts)	N.M. Stat. Ann. §§ 43-1B-6(H), 43-1B-7		5
7. Specifies procedures and consequences for nonadherence (5 pts)	N.M. Stat. Ann. § 43-1B-13		5
8. Duration of initial order	N.M. Stat. Ann. § 43-1B-8	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) One year	5
9. Duration of continued order	N.M. Stat. Ann. § 43-1B-11	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) One year	5
SUBTOTAL			44
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	N.M. Stat. Ann. § 43-1B-4	District court	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			45

FINAL SCORE	
PART ONE TOTAL	30
PART TWO TOTAL	45
TOTAL	75
GRADE	C

New York State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	N.Y. Mental Hyg. Law § 9.43(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	N.Y. Mental Hyg. Law § 9.39(a)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	N.Y. Mental Hyg. Law §§ 9.39(a), 9.40	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) Up to 15 days in a hospital; up to 72 hours in a crisis center	5
4. Citizen access to court, inpatient petition (5 pts)	N.Y. Mental Hyg. Law § 9.27(a)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Must go through hospital director	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	N.Y. Mental Hyg. Law § 9.01	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	0
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			25
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	N.Y. Mental Hyg. Law § 9.31(b)	Supreme or county court	1
Extra Credit			1
PART ONE TOTAL			26

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	N.Y. Mental Hyg. Law § 9.60	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	N.Y. Mental Hyg. Law § 9.60(e)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	N.Y. Mental Hyg. Law § 9.60	<p>Evaluate applicable provision only:</p> <p><input type="checkbox"/> If inpatient/outpatient criteria are the same:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u></p> <p style="padding-left: 20px;"><input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts)</p> <p>or</p> <p><input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria:</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt)</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts)</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)</p>	10
4. Authorizes AOT directly from community (5 pts)	N.Y. Mental Hyg. Law § 9.60		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	N.Y. Mental Hyg. Law § 9.60	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	4
6. Procedures require the treatment plan to be shared with the court (5 pts)	N.Y. Mental Hyg. Law § 9.60(j)(3)		5
7. Specifies procedures and consequences for nonadherence (5 pts)	N.Y. Mental Hyg. Law § 9.60(n)		5
8. Duration of initial order	N.Y. Mental Hyg. Law § 9.60(j)(2)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) One year	5
9. Duration of continued order	N.Y. Mental Hyg. Law § 9.60(k)(2)	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) One year	5
SUBTOTAL			49
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	N.Y. Mental Hyg. Law § 9.60(e)	Supreme court or county court	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			50

FINAL SCORE	
PART ONE TOTAL	26
PART TWO TOTAL	50
TOTAL	76
GRADE	C

North Carolina State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	N.C. Gen. Stat. § 122C-261	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	N.C. Gen. Stat. § 122C-261(a)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	N.C. Gen. Stat. § 122C-263	<input type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts) 24 hours	0
4. Citizen access to court, inpatient petition (5 pts)	N.C. Gen. Stat. § 122C-266(a)(1)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Physicians and eligible psychologists only	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	N.C. Gen. Stat. § 122C-3(11)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	N.C. Gen. Stat. § 122C-3(11)(a)(1)(I)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	N.C. Gen. Stat. §§ 122C-3(11)(a)(1)(I)–(II)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	10
SUBTOTAL			40
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	N.C. Gen. Stat. § 122C-261(a)	Superior court	1
Extra Credit			1
PART ONE TOTAL			41

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	N.C. Gen. Stat. § 122C-271(a)(1)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)		<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	0

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	N.C. Gen. Stat. §§ 122C-271(a)(1), 122C-267(h), and 122C-263(d)(1)	Evaluate applicable provision only: <input type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	10
4. Authorizes AOT directly from community (5 pts)		Not expressly authorized, but appears possible	5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	N.C. Gen. Stat. §§ 122C-267, 122C-271, and 122C-275	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	4
6. Procedures require the treatment plan to be shared with the court (5 pts)	N.C. Gen. Stat. § 122C-271(b)(4)		5
7. Specifies procedures and consequences for nonadherence (5 pts)	N.C. Gen. Stat. § 122C-273		5
8. Duration of initial order	N.C. Gen. Stat. § 122C-271(a)(1)	<input checked="" type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts)	2
9. Duration of continued order	N.C. Gen. Stat. § 122C-275	<input checked="" type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts)	2
SUBTOTAL			38
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	N.C. Gen. Stat. § 122C-264	Superior court	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			39

FINAL SCORE		
	PART ONE TOTAL	41
	PART TWO TOTAL	39
	TOTAL	80
	GRADE	B-

North Dakota State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	N.D. Cent. Code § 25-03.1-08	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) Individual presents information to state’s attorney, who determines whether to file petition. However, state’s attorney’s declination may be challenged in district court.	5
2. Quality of emergency petition process (5 pts)	N.D. Cent. Code § 25-03.1-25(1)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	N.D. Cent. Code § 25-03.1-26(2)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) Hearing must be held within four business days (extendable for good cause shown).	5
4. Citizen access to court, inpatient petition (5 pts)	N.D. Cent. Code § 25-03.1-08	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	N.D. Cent. Code § 25-03.1-02(20)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	N.D. Cent. Code § 25-03.1-02(20)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	N.D. Cent. Code § 25-03.1-02(20)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	10
SUBTOTAL			50
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	N.D. Cent. Code § 25-03.1-2(5)	District court	1
Extra Credit			1
PART ONE TOTAL			51

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	N.D. Cent. Code §§ 25-03.1-02(2), 25-03.1-21	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5

2. Citizen access to court for AOT (5 pts)	N.D. Cent. Code § 25-03.1-08	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5
3. Criteria sufficiently broad to provide actual access (up to 10 pts)	N.D. Cent. Code § 25-03.1-02(20)	Evaluate applicable provision only: <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <input checked="" type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	10
4. Authorizes AOT directly from community (5 pts)	N.D. Cent. Code § 25-03.1-21		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	N.D. Cent. Code § 25-03.1-21	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	4
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)	N.D. Cent. Code § 25-03.1-21(2)		5
8. Duration of initial order	N.D. Cent. Code § 25-03.1-22	<input checked="" type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts)	2
9. Duration of continued order	N.D. Cent. Code § 25-03.1-22	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) One year	5
SUBTOTAL			41
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			41

FINAL SCORE	
PART ONE TOTAL	51
PART TWO TOTAL	41
TOTAL	92
GRADE	A-

Ohio State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Ohio Rev. Code Ann. § 5122.11	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Ohio Rev. Code Ann. § 5122.11	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Ohio Rev. Code Ann. § 5122.10(E)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) Three court days	5
4. Citizen access to court, inpatient petition (5 pts)	Ohio Rev. Code Ann. § 5122.11	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Ohio Rev. Code Ann. § 5122.01(B)(1)(2)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Ohio Rev. Code Ann. § 5122.01(B)(3)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input checked="" type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	7
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			37
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Ohio Rev. Code Ann. § 5122.11	Probate court	1
Extra Credit			1
PART ONE TOTAL			38

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Ohio Rev. Code Ann. § 5122.15(C)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Ohio Rev. Code Ann. § 5122.11	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Ohio Rev. Code Ann. § 5122.01(B)	<p>Evaluate applicable provision only:</p> <input type="checkbox"/> If inpatient/outpatient criteria are the same: <ul style="list-style-type: none"> <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) <p>or</p> <input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <ul style="list-style-type: none"> <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) 	10
4. Authorizes AOT directly from community (5 pts)	Ohio Rev. Code Ann. § 5122.01(B)(5)(b)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Ohio Rev. Code Ann. § 5122.15	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	Ohio Rev. Code Ann. § 5122.15(E)		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Ohio Rev. Code Ann. § 5122.15(N)		5
8. Duration of initial order	Ohio Rev. Code Ann. § 5122.15(F)	<input checked="" type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts) 90 days	2
9. Duration of continued order	Ohio Rev. Code Ann. § 5122.15(H)	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) Two years	5
SUBTOTAL			47
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Ohio Rev. Code Ann. § 5122.11	Probate court	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			48
FINAL SCORE			
PART ONE TOTAL			38
PART TWO TOTAL			48
TOTAL			86
GRADE			B

Oklahoma State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Okla. Stat. tit. 43A § 5-207(G)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	0
2. Quality of emergency petition process (5 pts)	Okla. Stat. tit. 43A §§ 5-207(A), (B)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Okla. Stat. tit. § 43A 5-208(A)(3)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 12 hours for evaluation followed by 120 hours	5
4. Citizen access to court, inpatient petition (5 pts)	Okla. Stat. tit. 43A § 5-410(A)(2)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Any father, mother, husband, wife, grandparent, brother, sister, guardian, or child over 18	3
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Okla. Stat. tit. 43A §§ 1-103(13)(a)(1)–(3)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input checked="" type="checkbox"/> Harm must be imminent (-3 pts)	7
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Okla. Stat. tit. 43A § 1-103(13)(a)(5)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input checked="" type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	7
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	Okla. Stat. tit. 43A § 1-103(13)(a)(4)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input checked="" type="checkbox"/> Language is vague/ambiguous (-3 pts)	7
SUBTOTAL			34
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Okla. Stat. tit. 43A § 5-410(A)		1
Extra Credit			1
PART ONE TOTAL			35

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Okla. Stat. tit. 43A § 1-103(20)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Okla. Stat. tit. 43A § 5-410(C)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	0

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Okla. Stat. tit. 43A § 1-103(20)	<p>Evaluate applicable provision only:</p> <p><input type="checkbox"/> If inpatient/outpatient criteria are the same:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u></p> <p style="padding-left: 20px;"><input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts)</p> <p>or</p> <p><input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt)</p> <p>Requires two hospitalizations in the past 12 months</p> <p><input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts)</p> <p><input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)</p>	8
4. Authorizes AOT directly from community (5 pts)	Okla. Stat. tit. 43A § 1-103(20)(a)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Okla. Stat. tit. 43A § 5-416	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	Okla. Stat. tit. 43A § 5-416(G)		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Okla. Stat. tit. 43A § 5-416(B)(2)		5
8. Duration of initial order	Okla. Stat. tit. 43A § 5-416(B)(2)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) Indeterminate; court may set duration but must review annually	5
9. Duration of continued order	Okla. Stat. tit. 43A § 5-416(B)(2)	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts)	5
SUBTOTAL			43
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Okla. Stat. tit. 43A § 1-107		1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			44

FINAL SCORE		
	PART ONE TOTAL	35
	PART TWO TOTAL	44
	TOTAL	79
	GRADE	C+

Oregon State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Or. Rev. Stat. §§ 426.228(1), 426.233(1)(a)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Professionals only	0
2. Quality of emergency petition process (5 pts)	Or. Rev. Stat. §§ 426.228(1), 426.233(1)(a)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input checked="" type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts) (See comment below)	0
3. Emergency hold duration (5 pts)	Or. Rev. Stat. § 426.232(2)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) Five judicial days	5
4. Citizen access to court, inpatient petition (5 pts)	Or. Rev. Stat. § 426.070(1)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) Any two persons, the county health officer, or any magistrate may initiate procedures	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Or. Rev. Stat. § 426.005(1)(f)(A)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input checked="" type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	7
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Or. Rev. Stat. § 426.005(1)(f)(B)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input checked="" type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts) (See comment below)	7
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	Or. Rev. Stat. § 426.005(1)(f)(C)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	10
SUBTOTAL			34
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			34

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Or. Rev. Stat. § 426.133(2)-(3)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5

2. Citizen access to court for AOT (5 pts)	OR Rev Stat § 426.070(1)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5
3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Or. Rev. Stat. §§ 426.133(2)–(3)	Evaluate applicable provision only: <input type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input checked="" type="checkbox"/> Does not limit application to those refusing service/lacking insight (4 pts)	10
4. Authorizes AOT directly from community (5 pts)	Or. Rev. Stat. §§ 426.133(2)–(3)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Or. Rev. Stat. § 426.130	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	Or. Rev. Stat. § 426.133(4)	Statutory language is “may” rather than “shall” and thus permits rather than requires AOT, but it does contemplate development of a written treatment plan that may be adopted by the court	5
7. Specifies procedures and consequences for nonadherence (5 pts)	Or. Rev. Stat. § 426.275(2)		5
8. Duration of initial order	Or. Rev. Stat. § 426.130(2)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) 12 months	5
9. Duration of continued order	Or. Rev. Stat. § 426.130(2)	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts)	5
SUBTOTAL			50
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			50

FINAL SCORE	
PART ONE TOTAL	34
PART TWO TOTAL	50
TOTAL	84
GRADE	B

Comments:

- Emergency custody requires dangerousness, inconsistent with other bases for inpatient commitment.
- The imminence requirement was read into the statute by the Oregon Court of Appeals in *State v. Bunting*, 826 P.2d 1060.

Pennsylvania State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	50 P.S. § 7302(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	50 P.S. § 7302	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	50 P.S. § 7302	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 120 hours or five days	5
4. Citizen access to court, inpatient petition (5 pts)	50 P.S. § 7304(c)(1)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	50 P.S. §§ 7301(b)(1), (2)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input checked="" type="checkbox"/> Harm must be imminent (-3 pts)	7
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	50 P.S. § 7301(b)(2)(i)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input checked="" type="checkbox"/> Language is vague/ambiguous (-3 pts) <input checked="" type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts) (See comments below)	4
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			31
PART ONE: Extra Credit			
1. Specifies court to petition for inpatient commitment (1 pt)	50 P.S. § 7304(c)(1)	Court of common pleas	1
Extra Credit			1
PART ONE TOTAL			32

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	50 P.S. § 7304	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	50 P.S. § 7304(c)(1)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5
3. Criteria sufficiently broad to provide actual access (up to 10 pts)	50 P.S. § 7301	Evaluate applicable provision only: <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u>	0

		<input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) (See comments below) or <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	
4. Authorizes AOT directly from community (5 pts)	50 P.S. § 7304(c)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	50 P.S. § 7305(a)	<input type="checkbox"/> Process specified and reasonable (1 pt) <input type="checkbox"/> Timelines specified and reasonable (1 pt) <input type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input type="checkbox"/> Renewal process expressly specified (1 pt)	0
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)			0
8. Duration of initial order	50 P.S. § 7304(g)(1)	<input checked="" type="checkbox"/> = 90 days (2 pts) or <input type="checkbox"/> > 90 days (5 pts)	2
9. Duration of continued order	50 P.S. § 7305(a)	<input checked="" type="checkbox"/> = 180 days (2 pts) or <input type="checkbox"/> > 180 days (5 pts)	2
SUBTOTAL			19
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	50 P.S. § 7304(c)(1)	Court of common pleas	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			20

FINAL SCORE	
PART ONE TOTAL	32
PART TWO TOTAL	20
TOTAL	52
GRADE	F

Comments:

- The statute is ambiguous in that it seeks a finding on the probability of future dangerousness based exclusively on whether or not certain types of harm occurred within the past 30 days, without reference to treatment history.
- Requires that death, serious bodily injury, or serious physical debilitation will occur within 30 days.
- No provision for continuing court-ordered treatment for a stabilized individual; difficult inpatient standard nearly useless for outpatient treatment. The shared “clear and present danger” standard for both inpatient and outpatient treatment requires such an intensive level of care that it effectively removes the applicability of the standard to outpatient care. Furthermore, legally, people must be released from involuntary treatment as soon as they are stabilized, which is inappropriate for outpatient treatment—50 P.S. § 7304(g)(3).

Rhode Island State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	R.I. Gen. Laws § 40.1-5-7(a)(1)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	0
2. Quality of emergency petition process (5 pts)	R.I. Gen. Laws § 40.1-5-7	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts) (See comment below)	5
3. Emergency hold duration (5 pts)	R.I. Gen. Laws § 40.1-5-7(f)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 72 hours for evaluation, maximum of 10 days without court order	5
4. Citizen access to court, inpatient petition (5 pts)	R.I. Gen. Laws § 40.1-5-8	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	R.I. Gen. Laws §§ 40.1-5-2(7)(i), (ii)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	R.I. Gen. Laws § 40.1-5-2(7)(iii)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input checked="" type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts)	7
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (up to 10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			32
PART ONE: Extra Credit			
1. Specifies court to petition for inpatient commitment (1 pt)			
PART ONE TOTAL			32

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	R.I. Gen. Laws § 40.1-5-2(1)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	R.I. Gen. Laws § 40.1-5-8	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5
3. Criteria sufficiently broad to provide actual access (up to 10 pts)	R.I. Gen. Laws § 40.1-5-8	Evaluate applicable provision only: <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts)	5

		<p><u>or</u></p> <p><input checked="" type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) <i>(See comment below)</i></p> <p>or</p> <p><input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria:</p> <p><input type="checkbox"/> Allows consideration of length of treatment history \geq 36 months (2 pts)</p> <p><input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt)</p> <p><input type="checkbox"/> Does not limit application to individuals who are currently dangerous or unstable (4 pts)</p> <p><input type="checkbox"/> Does not limit application to patients who are refusing service or currently lacking insight (4 pts)</p>	
4. Authorizes AOT directly from community (5 pts)	R.I. Gen. Laws § 40.1-5-8		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)		<input type="checkbox"/> Process specified and reasonable (1 pt) <input type="checkbox"/> Timelines specified and reasonable (1 pt) <input type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input type="checkbox"/> Renewal process expressly specified (1 pt)	0
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)			0
8. Duration of initial order	R.I. Gen. Laws § 40.1-5-8(j)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) Six months	5
9. Duration of continued order	R.I. Gen. Laws § 40.1-5-8(j)	<input checked="" type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts)	2
SUBTOTAL			27
PART TWO: Extra Credit			
1. Specifies in which court a petition for outpatient commitment shall be filed (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			27

FINAL SCORE	
PART ONE TOTAL	32
PART TWO TOTAL	27
TOTAL	59
GRADE	F

Comments:

- Some inconsistency exists between the emergency and inpatient/outpatient standards: the emergency custody standard requires *imminent* likelihood of substantial harm, but the inpatient/outpatient standard requires only likelihood of substantial harm.
- Grave disability language requires “present” danger, making it challenging to impose AOT upon hospital discharge when individual is presumably ready for release.

South Carolina State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	S.C. Code Ann. § 44-17-510	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	S.C. Code Ann. § 44-17-410	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input checked="" type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts) (See comment below)	0
3. Emergency hold duration (5 pts)	S.C. Code Ann. § 44-17-410(3)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts) 48 hours	3
4. Citizen access to court, inpatient petition (5 pts)	S.C. Code Ann. § 44-17-510	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	S.C. Code Ann. §§ 44-17-580(A), 44-23-10(13)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	S.C. Code Ann. § 44-23-10(7)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	S.C. Code Ann. § 44-17-580(A)(1)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	10
SUBTOTAL			43
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	S.C. Code Ann. § 44-17-510	Probate court	1
Extra Credit			1
PART ONE TOTAL			44

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	S.C. Code Ann. § 44-17-580(A)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	S.C. Code Ann. § 44-17-510	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	S.C. Code Ann. §§ 44-17-580(A), 44-23-10(13)	Evaluate applicable provision only: <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <input checked="" type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	10
4. Authorize AOT directly from community (5 pts)	S.C. Code Ann. § 44-17-580(A)	The initial petition is for involuntary hospitalization; the court may decide to issue an outpatient order in lieu of inpatient	5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	S.C. Code Ann. §§ 44-17-580(A), (B)	<input type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	3
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)	S.C. Code Ann. § 44-17-580(B)		5
8. Duration of initial order	S.C. Code Ann. § 44-17-630	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts)	5
9. Duration of continued order	S.C. Code Ann. § 44-17-630	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts)	5
SUBTOTAL			43
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	S.C. Code Ann. § 44-17-510	Probate court	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			44
FINAL SCORE			
PART ONE TOTAL			44
PART TWO TOTAL			44
TOTAL			88
GRADE			B+

Comment:

- Emergency hold requires likelihood of serious harm and is not available for individual who “lacks sufficient insight or capacity to make responsible [treatment] decisions.”

South Dakota State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	S.D. Codified Laws § 27A-10-1	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) Petition must be filed with chair of county board of mental illness. The board serves as an administrative court.	5
2. Quality of emergency petition process (5 pts)	S.D. Codified Laws § 27A-10-1	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	S.D. Codified Laws § 27A-10-8	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) Right to hearing within five business days	5
4. Citizen access to court, inpatient petition (5 pts)	S.D. Codified Laws § 27A-10-1	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) Authority to petition for evaluation is fused with authority to petition for inpatient commitment	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	S.D. Codified Laws §§ 27A-1-1(6), 27A-1-1(7)(a)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	S.D. Codified Laws § 27A-1-1(7)(b)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			40
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	S.D. Codified Laws § 27A-10-1	County board of mental illness (serves as administrative court)	1
Extra Credit			1
PART ONE TOTAL			41

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	S.D. Codified Laws § 27A-10-9	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5

2. Citizen access to court for AOT (5 pts)	S.D. Codified Laws § 27A-10-1	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5
3. Criteria sufficiently broad to provide actual access (up to 10 pts)	S.D. Codified Laws § 27A-1-1(7)(b)	Evaluate applicable provision only: <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input checked="" type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) <u>or</u> <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	5
4. Authorizes AOT directly from community (5 pts)	S.D. Codified Laws § 27A-10-9		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	S.D. Codified Laws § 27A-10-14	<input type="checkbox"/> Process specified and reasonable (1 pt) <input type="checkbox"/> Timelines specified and reasonable (1 pt) <input type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	1
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)	S.D. Codified Laws §§ 27A-10-9.4, 9.5		5
8. Duration of initial order	S.D. Codified Laws § 27A-10-9.1	<input checked="" type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts) 90 days	2
9. Duration of continued order	S.D. Codified Laws § 27A-10-14	<input checked="" type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts) 180 days	2
SUBTOTAL			30
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	S.D. Codified Laws § 27A-10-1	County board of mental illness (serves as administrative court)	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			31

FINAL SCORE	
PART ONE TOTAL	41
PART TWO TOTAL	31
TOTAL	72
GRADE	C-

Tennessee State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Tenn. Code Ann. §§ 33-6-402, 33-6-404	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	0
2. Quality of emergency petition process (5 pts)	Tenn. Code Ann. §§ 33-6-401, 33-6-403	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Tenn. Code Ann. § 33-6-413	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) Five days following certification by court	5
4. Citizen access to court, inpatient petition (5 pts)	Tenn. Code Ann. § 33-6-504	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) Professionals plus a parent, legal guardian, legal custodian, conservator, spouse, or responsible relative	3
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Tenn. Code Ann. § 33-6-501	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input checked="" type="checkbox"/> Harm must be imminent (-3 pts)	7
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Tenn. Code Ann. § 33-6-501(1)(d)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input checked="" type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	7
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			27
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			27

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Tenn. Code Ann. § 33-6-602	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5

2. Citizen access to court for AOT (5 pts)	Tenn. Code Ann. § 33-6-602	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts) No statutory authority for citizen petition	0
3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Tenn. Code Ann. § 33-6-602	Evaluate applicable provision only: <input type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	10
4. Authorizes AOT directly from community (5 pts)		AOT, known as mandatory outpatient treatment, is available only at discharge from inpatient	0
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Tenn. Code Ann. § 33-6-604	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input type="checkbox"/> Renewal process expressly specified (1 pt)	3
6. Procedures require the treatment plan to be shared with the court (5 pts)	Tenn. Code Ann. § 33-6-603	Written treatment plan is developed by provider; no current requirement for court hearing before discharge unless requested	0
7. Specifies procedures and consequences for nonadherence (5 pts)	Tenn. Code Ann. § 33-6-608-9		5
8. Duration of initial order	Tenn. Code Ann. § 33-6-623	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) Six months	5
9. Duration of continued order	Tenn. Code Ann. § 33-6-623	<input checked="" type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts)	2
SUBTOTAL			30
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			30
FINAL SCORE			
PART ONE TOTAL			27
PART TWO TOTAL			30
TOTAL			57
GRADE			F

Texas State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Tex. Health & Safety Code Ann. § 573.011(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Tex. Health & Safety Code Ann. § 573.012	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input checked="" type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts) (See comment below)	0
3. Emergency hold duration (5 pts)	Tex. Health & Safety Code Ann. § 573.021(b)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts) No longer than 48 hours	3
4. Citizen access to court, inpatient petition (5 pts)	Tex. Health & Safety Code Ann. § 574.001(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Tex. Health & Safety Code Ann. § 574.034(a)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input checked="" type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	7
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Tex. Health & Safety Code Ann. § 574.034(a)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			30
PART ONE: Extra Credit			
1. Specifies court to petition for inpatient commitment (1 pt)			
Extra Credit			0
PART ONE TOTAL			30

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Tex. Health & Safety Code Ann. § 574.034(b)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Tex. Health & Safety Code Ann. § 574.001(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Tex. Health & Safety Code Ann. § 574.034(b)	<p>Evaluate applicable provision only:</p> <input type="checkbox"/> If inpatient/outpatient criteria are the same: <ul style="list-style-type: none"> <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) <p>or</p> <input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <ul style="list-style-type: none"> <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) 	10
4. Authorizes AOT directly from community (5 pts)	Tex. Health & Safety Code Ann. § 574.034(b)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Tex. Health & Safety Code Ann. § 574.037	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	Tex. Health & Safety Code Ann. § 574.037(b)		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Tex. Health & Safety Code Ann. § 574.037(c)		5
8. Duration of initial order	Tex. Health & Safety Code Ann. § 574.034(g)	<input checked="" type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts) 90 days	2
9. Duration of continued order	Tex. Health & Safety Code Ann. §§ 574.035(b), (h)	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) Up to 12 months	5
SUBTOTAL			47
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			47

FINAL SCORE	
PART ONE TOTAL	30
PART TWO TOTAL	47
TOTAL	77
GRADE	C+

Comment:

- While the inpatient standard requires “likel[i]hood” of serious harm to self/others, the emergency evaluation standard requires “substantial risk” of such harm.

Utah State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Utah Code § 62A-15-629(1)(a)(i)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Utah Code § 62A-15-629(1)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts) <i>(See comment below)</i>	5
3. Emergency hold duration (5 pts)	Utah Code § 62A-15-629(3)	<input type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts) 24 hours	0
4. Citizen access to court, inpatient petition (5 pts)	Utah Code § 62A-15-631(1)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Utah Code §§ 62A-15-602(16), (17)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Utah Code § 62A-15-602(17)(c)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			35
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	Utah Code § 62A-15-631(1)	<i>District court</i>	1
Extra Credit			1
PART ONE TOTAL			36

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Utah Code § 62A-15-63(16)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Utah Code § 62A-15-629(1)(a)(i)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Utah Code §§ 62A-15-631(16), 62A-15-602(17)	Evaluate applicable provision only: <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input checked="" type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	5
4. Authorizes AOT directly from community (5 pts)	Utah Code § 62A-15-631		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Utah Code § 62A-15-631(17)(a)	<input type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	4
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)	Utah Code § 62A-15-637(3)(ii)	Authority to place noncompliant individual in a "more restrictive environment"	5
8. Duration of initial order	Utah Code § 62A-15-631(17)(a)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) Six months with review period	5
9. Duration of continued order	Utah Code § 62A-15-631(17)(a)	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) After six-month review, "an order for commitment may be for an indeterminate period."	5

SUBTOTAL			39
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Utah Code § 62A-15-631(1)	District court in the county where the proposed patient resides or is found	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			40

FINAL SCORE	
PART ONE TOTAL	36
PART TWO TOTAL	40
TOTAL	76
GRADE	C

Comment:

- For a layperson to initiate an emergency petition requires, in addition to meeting other requirements, the likelihood that the individual will be a substantial danger "if not restrained"; however, this additional requirement does not apply to law enforcement and is otherwise aligned with the inpatient standard.

Vermont State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Vt. Stat. Ann. tit. 18 §§ 7504(a), 7101(9)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Vt. Stat. Ann. tit. 18 §§ 7504, 7505	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts) <i>(See comments below)</i>	5
3. Emergency hold duration (5 pts)	Vt. Stat. Ann. tit. 18 § 7508	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 24 hours for examination plus 72 hours after second certification	5
4. Citizen access to court, inpatient petition (5 pts)	Vt. Stat. Ann. tit. 18 §§ 7612(a), 7101(9)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Vt. Stat. Ann. tit. 18 § 7101(17)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Vt. Stat. Ann. tit. 18 § 7101(17)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	Vt. Stat. Ann. tit. 18 § 7101(16)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	10
SUBTOTAL			50
PART ONE: Extra Credit			
1. Specifies which court to petition for inpatient commitment (1 pt)	Vt. Stat. Ann. tit. 18 § 7612(b)	Family division of the superior court	1
Extra Credit			1
PART ONE TOTAL			51

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Vt. Stat. Ann. tit. 18 § 7618	<input type="checkbox"/> Requires local government to adopt (-3 pts) Referred to as “order for nonhospitalization”	5
2. Citizen access to court for AOT (5 pts)	VT. Stat. Ann. tit. 18 §§ 7612(a), 7101(9)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Vt. Stat. Ann. tit. 18 §§ 7618, 7101(16)	Evaluate applicable provision only: <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <input checked="" type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	10
4. Authorizes AOT directly from community (5 pts)	Vt. Stat. Ann. tit. 18 § 7618		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Vt. Stat. Ann. tit. 18 § 7621	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	3
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)	Vt. Stat. Ann. tit. 18 § 7618(b)		5
8. Duration of initial order	Vt. Stat. Ann. tit. 18 § 7618(a)	<input checked="" type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts)	2
9. Duration of continued order	Vt. Stat. Ann. tit. 18 § 7621(c)	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) One year	5
SUBTOTAL			40
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Vt. Stat. Ann. tit. 18 § 7612(b)	Family division of the superior court	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			41

FINAL SCORE	
PART ONE TOTAL	51
PART TWO TOTAL	41
TOTAL	92
GRADE	A-

Comment:

- The emergency petitioning criteria differ from inpatient criteria in circumstances when a physician cannot immediately evaluate. In those cases, law enforcement and mental health professionals may make application for a warrant of emergency evaluation if they believe an individual “presents an immediate risk of serious injury to himself or herself or others if not restrained.” Otherwise, the criteria are consistent.

Virginia State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Va. Code Ann. § 37.2-808(A)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Va. Code Ann. §§ 37.2-808(A), (B)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Va. Code Ann. § 37.2-809(B)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 72 hours	5
4. Citizen access to court, inpatient petition (5 pts)	Va. Code Ann. §§ 37.2-814(E), (F)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) Explicitly stated on District Court Form DC-4001	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Va. Code Ann. § 37.2-817(C)(a)(1)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Va. Code Ann. § 37.2-817(C)(a)(2)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			40
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			40

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Va. Code Ann. §§ 37.2-817(C), (C1), and (D)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Va. Code Ann. § 37.2-817(C)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Va. Code Ann. §§ 37.2-817(C), (C1), and (D)	<p>Evaluate applicable provision only:</p> <p><input type="checkbox"/> If inpatient/outpatient criteria are the same:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u></p> <p style="padding-left: 20px;"><input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts)</p> <p>or</p> <p><input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria:</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt)</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) (See comment below)</p>	6
4. Authorizes AOT directly from community (5 pts)	Va. Code Ann. §§ 37.2-817(C), (C1), and (D)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Va. Code Ann. §§ 37.2-817, 817.1	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	Va. Code Ann. §§ 37.2-817(F), 817.2		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Va. Code Ann. §§ 37.2-817.1(B), (C)		5
8. Duration of initial order	Va. Code Ann. §§ 37.2-817 (C1), (E)	<input checked="" type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts)	2
9. Duration of continued order	Va. Code Ann. §37.2-817.2	<input checked="" type="checkbox"/> = 180 days (2 pts) <u>or</u> <input type="checkbox"/> > 180 days (5 pts)	2
SUBTOTAL			40
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			40

FINAL SCORE	
PART ONE TOTAL	40
PART TWO TOTAL	40
TOTAL	80
GRADE	B-

Comment:

- Statute actually requires that the individual agree to participate, rendering the legal obligation illusory.

Washington State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Wash. Rev. Code §§ 71.05.150(1), 71.05.153(1)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	0
2. Quality of emergency petition process (5 pts)	Wash. Rev. Code §§ 71.05.150(1), 71.05.153(1)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	3
3. Emergency hold duration (5 pts)	Wash. Rev. Code § 71.05.153(1)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 72 hours	5
4. Citizen access to court, inpatient petition (5 pts)	Wash. Rev. Code § 71.05.230(4)(a)	<input type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input type="checkbox"/> Authorizes any responsible adult (2 pts)	0
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Wash. Rev. Code §§ 71.05.280(1)–(2), 71.05.020(25)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Wash. Rev. Code § 71.05.020(15)(a)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	Wash. Rev. Code § 71.05.020(15)(b)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	10
SUBTOTAL			38
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			38

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Wash. Rev. Code § 71.05.240(3)(c)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Wash. Rev. Code § 71.05.203	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input checked="" type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	3

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Wash. Rev. Code §§ 71.05.240(3)(c), 71.05.120(21)	Evaluate applicable provision only: <input type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input checked="" type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts)	10
4. Authorizes AOT directly from community (5 pts)	Wash. Rev. Code § 71.05.240(3)(c)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Wash. Rev. Code § 71.05.300	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt)	5
6. Procedures require the treatment plan to be shared with the court (5 pts)	Wash. Rev. Code § 71.05.585(4)		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Wash. Rev. Code § 71.05.590		5
8. Duration of initial order	Wash. Rev. Code §§ 71.05.240(3)(c), 320(2)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts)	5
9. Duration of continued order	Wash. Rev. Code §§ 71.05.240(3)(c), 320(2), 320(6)	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts)	5
SUBTOTAL			48
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Wash. Rev. Code § 71.05.320(5)		1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			49

FINAL SCORE	
PART ONE TOTAL	38
PART TWO TOTAL	49
TOTAL	87
GRADE	B+

West Virginia State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	W. Va. Code § 27-5-2(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	W. Va. Code § 27-5-2	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	W. Va. Code § 27-5-2(e)	<input type="checkbox"/> At least 48-hour hold allowed (3 pts) <input type="checkbox"/> At least 72-hour hold allowed (2 pts) 24 hours, unless person’s need for medical care precludes ability to comply	0
4. Citizen access to court, inpatient petition (5 pts)	W. Va. Code § 27-5-4(b)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	W. Va. Code § 27-1-12(a)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	W. Va. Code § 27-1-12(a)(5)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	10
7. Quality of criteria for psychiatric deterioration (up to 10 pts)		<input type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	0
SUBTOTAL			35
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	W. Va. Code § 27-5-2(c)	Circuit court	1
Extra Credit			1
PART ONE TOTAL			36

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	W. Va. Code § 27-5-2(h)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	W. Va. Code § 27-5-2(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	W. Va. Code § 27-5-2(a)	<p>Evaluate applicable provision only:</p> <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <ul style="list-style-type: none"> <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input checked="" type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) <p>or</p> <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <ul style="list-style-type: none"> <input type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <ul style="list-style-type: none"> <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) 	5
4. Authorizes AOT directly from community (5 pts)	W. Va. Code § 27-5-2(h)	After a period of short-term detention	5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	W. Va. Code § 27-5-2(h)	<input type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input type="checkbox"/> Renewal process expressly specified (1 pt)	2
6. Procedures require the treatment plan to be shared with the court (5 pts)			0
7. Specifies procedures and consequences for nonadherence (5 pts)	W. Va. Code § 27-5-2(h)		5
8. Duration of initial order	W. Va. Code § 27-5-3(h)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input type="checkbox"/> > 90 days (5 pts) 30 days	0
9. Duration of continued order	W. Va. Code § 27-5-4(l)(4)	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) Two years	5
SUBTOTAL			32
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	W. Va. Code § 27-5-2(a)	Circuit court	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			33

FINAL SCORE		
	PART ONE TOTAL	36
	PART TWO TOTAL	33
	TOTAL	69
	GRADE	D+

Wisconsin State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Wis. Stat. Ann. § 51.20(1)(b)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) Three adults	5
2. Quality of emergency petition process (5 pts)	Wis. Stat. Ann. § 51.20(1)(a)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Wis. Stat. Ann. § 51.20(2)(b)	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 72 hours	5
4. Citizen access to court, inpatient petition (5 pts)	Wis. Stat. Ann. § 51.20(10)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Wis. Stat. Ann. §§ 51.20(1)(a)(2)(a)–(c)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Wis. Stat. Ann. § 51.20(1)(a)(2)(d)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input checked="" type="checkbox"/> Endangerment must be imminent (-3 pts) <input type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	7
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	Wis. Stat. Ann. § 51.20(1)(a)(2)(e)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	10
SUBTOTAL			47
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)			
Extra Credit			0
PART ONE TOTAL			47

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Wis. Stat. Ann. § 51.20(13)(a)(3)	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Wis. Stat. Ann. § 51.20(10)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts) Three adults	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Wis. Stat. Ann. § 51.20(1)(a)(2)(e)	<p>Evaluate applicable provision only:</p> <input checked="" type="checkbox"/> If inpatient/outpatient criteria are the same: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) <p>or</p> <input type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <ul style="list-style-type: none"> <input type="checkbox"/> Allows consideration of length of treatment history \geq 36 months (2 pts) <ul style="list-style-type: none"> <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) 	10
4. Authorizes AOT directly from community (5 pts)	Wis. Stat. Ann. § 51.20(13)(a)(3)		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Wis. Stat. Ann. § 51.20(10)	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input checked="" type="checkbox"/> Periodic reporting to court required (1 pt) <input checked="" type="checkbox"/> Renewal process expressly specified (1 pt) "Within a reasonable time"	4
6. Procedures require the treatment plan to be shared with the court (5 pts)	Wis. Stat. Ann. § 51.20(10)(cm)		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Wis. Stat. Ann. § 51.20(13)(g)(2d)(b)		5
8. Duration of initial order	Wis. Stat. Ann. § 51.20(13)(g)(1)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) Six months	5
9. Duration of continued order	Wis. Stat. Ann. § 51.20(13)(g)(1)	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) One year	5
SUBTOTAL			49
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)			
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			49

FINAL SCORE	
PART ONE TOTAL	47
PART TWO TOTAL	49
TOTAL	96
GRADE	A

Wyoming State Report Card

Method and scoring: State involuntary civil commitment laws are evaluated using a 100-point grading scale. The scoring criteria are in accordance with the Treatment Advocacy Center’s values and policy preferences. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the state’s assisted outpatient treatment (AOT) law. Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	Wyo. Stat. Ann. § 25-10-110(a)(ii)(e)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	Wyo. Stat. Ann. § 25-10-110(a)(ii)(e)	<input checked="" type="checkbox"/> Process specified and reasonable (2 pts) <input checked="" type="checkbox"/> Timelines specified and reasonable (2 pts) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Requires certification by more than one professional (-2 pts) <input type="checkbox"/> Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts)	5
3. Emergency hold duration (5 pts)	Wyo. Stat. Ann. § 25-10-109	<input checked="" type="checkbox"/> At least 48-hour hold allowed (3 pts) <input checked="" type="checkbox"/> At least 72-hour hold allowed (2 pts) 24 hours for examination, 72 hours after second certification	5
4. Citizen access to court, inpatient petition (5 pts)	Wyo. Stat. Ann. § 25-10-110(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts)	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	Wyo. Stat. Ann. §§ 25-10-101(a)(ii)(A)–(B)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input type="checkbox"/> Harm must be imminent (-3 pts)	10
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	Wyo. Stat. Ann. § 25-10-101(a)(ii)(C)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts) <input checked="" type="checkbox"/> Endangerment must be imminent (-3 pts) <input checked="" type="checkbox"/> Criteria require family to turn person out of home to receive treatment (-3 pts) <input type="checkbox"/> Unreasonably high risk of harm (-3 pts)	4
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	Wyo. Stat. Ann. § 25-10-101(a)(ii)(C)	<input checked="" type="checkbox"/> Contains explicit criteria (10 pts) <input type="checkbox"/> Language is vague/ambiguous (-3 pts)	10
SUBTOTAL			44
PART ONE: Extra Credit			
1. Specifies court to file petition for inpatient commitment (1 pt)	Wyo. Stat. Ann. § 25-10-110(a)	“The court in the county in which the person is initially detained”	1
Extra Credit			1
PART ONE TOTAL			45

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	Wyo. Stat. Ann. §§ 25-10-110(j), 25-10-110.1	<input type="checkbox"/> Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	Wyo. Stat. Ann. § 25-10-110(a)	<input checked="" type="checkbox"/> Authorizes family/enumerated adults (3 pts) <input checked="" type="checkbox"/> Authorizes any responsible adult (2 pts) <input type="checkbox"/> Authorizes citizen petition to mental health system only (-2 pts)	5

3. Criteria sufficiently broad to provide actual access (up to 10 pts)	Wyo. Stat. Ann. § 25-10-110.1	Evaluate applicable provision only: <input type="checkbox"/> If inpatient/outpatient criteria are the same: <input type="checkbox"/> Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> <input type="checkbox"/> No psychiatric deterioration standard, adequate grave disability standard (5 pts) or <input checked="" type="checkbox"/> If outpatient criteria are distinct from inpatient criteria: <input checked="" type="checkbox"/> Allows consideration of length of treatment history ≥ 36 months (2 pts) <input type="checkbox"/> Does not exclude periods of incarceration or hospitalization (-1 pt) <input type="checkbox"/> Does not limit application to those currently dangerous or unstable (4 pts) <input checked="" type="checkbox"/> Does not limit application to those refusing service or currently lacking insight (4 pts) (See comment below)	6
4. Authorizes AOT directly from community (5 pts)	Wyo. Stat. Ann. § 25-10-110.1		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	Wyo. Stat. Ann. § 25-10-110.1	<input checked="" type="checkbox"/> Process specified and reasonable (1 pt) <input checked="" type="checkbox"/> Timelines specified and reasonable (1 pt) <input checked="" type="checkbox"/> Responsible entities identified (1 pt) <input type="checkbox"/> Periodic reporting to court required (1 pt) <input type="checkbox"/> Renewal process expressly specified (1 pt)	3
6. Procedures require the treatment plan to be shared with the court (5 pts)	Wyo. Stat. Ann. § 25-10-110.1(c)		5
7. Specifies procedures and consequences for nonadherence (5 pts)	Wyo. Stat. Ann. § 25-10-110.1(g)	Following a hearing, there may be modifications to the order or any other disposition consistent with the best interests of the individual	5
8. Duration of initial order	Wyo. Stat. Ann. § 25-10-110.1(a)	<input type="checkbox"/> = 90 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 90 days (5 pts) Two years maximum with review every six months	5
9. Duration of continued order	Wyo. Stat. Ann. § 25-10-110.1(a)	<input type="checkbox"/> = 180 days (2 pts) <u>or</u> <input checked="" type="checkbox"/> > 180 days (5 pts) Two years maximum with review every six months	5
SUBTOTAL			44
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	Wyo. Stat. Ann. § 25-10-110(a)	"The court in the county in which the person is initially detained"	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			1
PART TWO TOTAL			45
FINAL SCORE			
PART ONE TOTAL			45
PART TWO TOTAL			45
TOTAL			90
GRADE			A-

Comment:

- Requires court to find that individual meets threshold of current dangerousness before considering additional criteria for outpatient commitment.

APPENDIX 2: RECOMMENDED STATE STATUTORY CHANGES

Alabama:

- Amend Ala. Code § 22-52-91(a) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend Ala. Code § 22-52-91 to remove requirement for certification by two professionals for emergency evaluation
- Amend Ala. Code § 22-52-91 to eliminate inconsistency between inpatient and emergency standards
- Amend Ala. Code § 22-52- 10.4(a) to provide a definition or additional detail for interpretation of “danger to self or others” and to remove requirement for imminence to meet criteria
- Adopt a grave disability standard
- Adopt a psychiatric deterioration standard
- Amend Ala. Code § 22-52-10.2 to remove requirement for present lack of capacity to meet criteria for outpatient order
- Amend Ala. Code § 22-52-10.3 to include a provision for renewal of order for 180 days or longer

Alaska:

- Amend Alaska Stat. § 47.30.710(a) to remove requirement for certification by two professionals for emergency evaluation
- Amend Alaska Stat. § 47.30.730(a) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for inpatient commitment
- Amend Alaska Stat. § 47.30.915(9)(B) to provide practice guidance for psychiatric deterioration standard
- Amend Alaska Stat. § 47.30.730(a) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for outpatient commitment
- Adopt procedural detail for outpatient commitment including provisions establishing timelines, responsible entities, periodic reporting to court, renewal of orders, procedures for nonadherence and a requirement to submit a written treatment plan to the court
- Amend Alaska Stat. §§ 47.30.730(5) to extend duration of original outpatient order beyond 90 days
- Amend Alaska Stat. § § 47.30.755(b) and 47.30.770 to extend duration of continued outpatient order beyond 180 days

Arizona:

- Amend Ariz. Rev. Stat. §§ 36-524(C), 36-525(B) and 36-501 to add all bases for inpatient commitment to emergency standard to eliminate inconsistency
- Amend Ariz. Rev. Stat. § 36-520(D) to extend duration of emergency evaluation hold to 72 hours or more
- Amend Ariz. Rev. Stat. § 36-531(B) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for inpatient commitment
- Amend Ariz. Rev. Stat. § 36-531(B) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for outpatient commitment

Arkansas:

- Amend Ark. Code Ann. § 20-47-207(c)(2)(D)(ii) to remove requirement for history of noncompliance
- Amend Ark. Code Ann. § 20-47-214 to extend duration of original order beyond 90 days
- Amend Ark. Code Ann. § 20-47-215 to extend duration of continued order beyond 180 days

California:

- Amend Cal. Welf. & Inst. Code § 5150 to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend Cal. Welf. & Inst. Code § 5150 to remove requirement for certification by two professionals for emergency evaluation
- Amend Cal. Welf. & Inst. Code § 5251 to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for inpatient commitment
- Amend Cal. Welf. & Inst. Code § 5250 to provide a definition or additional detail for interpretation of “danger to self or others”
- Adopt a psychiatric deterioration criterion
- Amend Cal. Welf. & Inst. Code § 5349 to eliminate the requirement for local adoption
- Amend Cal. Welf. & Inst. Code § 5346(b) to authorize citizen right of petition directly to court (currently allows a petition only to the department of health) for at least enumerated citizens, preferably any responsible adult, for outpatient commitment
- Amend Cal. Welf. & Inst. Code § 5346(a)(4) to remove language excluding only periods of hospitalization or incarceration that “immediately precede” the filing of the petition; remove language requiring an individual’s condition to be “currently deteriorating” at the time of petition
- Amend Cal. Welf. & Inst. Code § 5346(g) to extend duration of continued orders to or beyond 180 days

Colorado:

- Amend Colo. Rev. Stat. §§ 27-65-107 and 27-65-108 to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for inpatient commitment
- Amend Colo. Rev. Stat. § 27-65-102(9) to provide more clarity to guide practice for psychiatric deterioration standard
- Amend Colo. Rev. Stat. § 27-65-107 to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for outpatient commitment
- Adopt procedural detail for outpatient commitment including provisions establishing timelines, responsible entities, periodic reporting to court, renewal of orders, procedures for nonadherence and a requirement to submit a written treatment plan to the court
- Amend Colo. Rev. Stat. § 27-65-107 to extend duration of original outpatient order beyond 90 days
- Amend Colo. Rev. Stat. §§ 27-65-108 and 27-65-109 to extend duration of continued outpatient order beyond 180 days

Connecticut:

- Adopt a psychiatric deterioration standard
- Adopt statutory authority for outpatient civil commitment

Delaware:

- Amend 16 Del. C. § 5004 to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend 16 Del. C. § 5004 to include reasonable timelines for filing a petition for emergency evaluation
- Amend 16 Del. C. § 5005(e) to extend duration of emergency evaluation hold to 72 hours or more
- Amend 16 Del. C. §§ 5007 and 5008 to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for inpatient commitment
- Amend 16 Del. C. § 5001(3) and 5001(4) to remove requirement for imminence to meet criteria for “danger to self or others”
- Adopt a grave disability standard
- Adopt a psychiatric deterioration standard
- Amend 16 Del. C. § 5007 to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for outpatient commitment
- Amend 16 Del. C. § 5013 to remove requirement for either refusal of voluntary services or current incapacity to meet criteria for outpatient commitment
- Adopt procedural detail for outpatient commitment, including provisions establishing timelines, responsible entities, periodic reporting to court, renewal of orders and a requirement to submit a written treatment plan to the court
- Amend 16 Del. C. § 5013(c) to extend duration of original outpatient order beyond 90 days
- Amend 16 Del. C. § 5013(c) to extend duration of continued orders to or beyond 180 days

District of Columbia:

- Amend D.C. Code Ann. § 21-521 to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend D.C. Code Ann. § 21-523 to extend duration of emergency evaluation hold to 72 hours or more
- Amend D.C. Code Ann. § 21-541(a) to authorize citizen right of petition for any responsible adult for inpatient commitment
- Amend D.C. Code Ann. § 21-521 to provide a definition or additional detail for interpretation of “danger to self or others”
- Adopt a grave disability standard
- Adopt a psychiatric deterioration standard
- Amend D.C. Code Ann. § 21-541(a) to authorize citizen right of petition for any responsible adult for outpatient commitment
- Amend D.C. Code Ann. §§ 21-545 to add a requirement that a written treatment plan be submitted to the court

Florida:

- Amend Fla. Stat. § 394.463(2)(g)(4) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for inpatient commitment
- Amend Fla. Stat. § 394.467(1)(a)(2)(a) to remove requirement that family/friends refuse assistance
- Adopt a psychiatric deterioration standard
- Amend Fla. Stat. § 394.4655 to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for outpatient commitment
- Amend Fla. Stat. § 394.4655 to require periodic reporting to the court for outpatient orders
- Amend Fla. Stat. § 394.4655(7)(b)(1) to extend duration of original outpatient order beyond 90 days
- Amend Fla. Stat. § 394.4655(8) to extend duration of continued orders to or beyond 180 days

Georgia:

- Amend Ga. Code Ann. § 37-3-43 to extend duration of emergency evaluation hold to 72 hours or more
- Amend Ga. Code Ann. § 37-3-1(9.1)(A)(i) to remove the imminence requirement to meet criteria for “danger to self or others”
- Amend Ga. Code Ann. § 37-3-1(9.1)(A)(ii) to remove the imminence requirement to meet criteria for grave disability
- Adopt a psychiatric deterioration standard

Hawaii:

- Amend Haw. Rev. Stat. § 334-59(a) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend Haw. Rev. Stat. § 334-59 to include reasonable timelines for filing a petition for emergency evaluation
- Amend Haw. Rev. Stat. § 334-59(e) to extend duration of emergency evaluation hold to 72 hours or more
- Amend Haw. Rev. Stat. §§ 334-1 and 334-60.2(2) to remove the imminence requirement to meet criteria for “danger to self or others”
- Amend Haw. Rev. Stat. §§ 334-1 and 334-60.2(2) to remove the imminence requirement to meet criteria for grave disability
- Adopt a psychiatric deterioration standard
- Adopt a requirement of periodic reporting to the court for outpatient orders

Idaho:

- Amend Idaho Code § 66-326(1) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend Idaho Code § 66-326 to remove requirement for certification by two professionals for emergency evaluation
- Amend Idaho Code § 66-337(a) to include a provision for renewal of order and a requirement that a written treatment plan be submitted to the court

Illinois:

- Amend 405 ILCS 5/3-601 to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend 405 ILCS 5/3-701 to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for inpatient commitment
- Amend 405 ILCS 5/3-751 to authorize citizen right of petition directly to court (currently allows only a petition to the department of health) for at least enumerated citizens, preferably any responsible adult, for outpatient commitment
- Adopt specific procedures to guide practice for nonadherence
- Amend 405 ILCS 5/3-813(a) to extend duration of original outpatient order beyond 90 days
- Amend 405 ILCS 5/3-813(a) to extend duration of all continued orders to or beyond 180 days

Indiana:

- Amend Ind. Code Ann. § 12-26-5-1 to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend Ind. Code Ann. § 12-26-6-8(a)(2) to extend duration of original outpatient order beyond 90 days
- Amend Ind. Code Ann. § 12-26-6-10 to extend duration of all continued orders to or beyond 180 days

Iowa:

- Amend Iowa Code §§ 229.11(1) and 229.22 to remove inconsistency (“likely to injure” language) between emergency and inpatient standards
- Amend Iowa Code § 229.22(3) to extend duration of emergency evaluation hold to 72 hours or more
- Adopt a psychiatric deterioration standard
- Amend Iowa Code § 229.1(20)(d) to clarify that the provision should apply only to outpatient orders
- Amend Iowa Code § 229.14 to include a requirement that a written treatment plan be submitted to the court

Kansas:

- Amend Kan. Stat. Ann. § 59-2958(e) to extend duration of emergency evaluation hold to 72 hours or more
- Adopt a psychiatric deterioration standard
- Amend Kan. Stat. Ann. § 59-2967 to include a requirement that a written treatment plan be submitted to the court
- Amend Kan. Stat. Ann. § 59-2966(a) to extend duration of original outpatient order beyond 90 days
- Amend Kan. Stat. Ann. § 59-2969(f) to extend duration of all continued orders to or beyond 180 days

Kentucky:

- Amend Ky. Rev. Stat. Ann. § 202A.041(1) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Adopt a psychiatric deterioration standard
- Amend Ky. Rev. Stat. § 202A.0815 in order to (1) extend lookback period to 36 months and (2) revise language requiring present lack of insight to make outpatient civil commitment available to appropriate candidates stable at discharge

Louisiana:

- Adopt a psychiatric deterioration standard

Maine:

- Amend Me. Rev. Stat. tit. 34-B, § 3863(3)(B), to extend duration of emergency evaluation hold to 72 hours or more
- Amend Me. Rev. Stat. tit. 34-B, § 3863(5A), to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for inpatient commitment
- Adopt a psychiatric deterioration standard
- Amend Me. Rev. Stat. tit. 34-B, § 3873(A)(1), to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for outpatient commitment

Maryland:

- Amend Md. Code Ann., Health-General § 10-624(b)(4), to extend duration of emergency evaluation hold to 72 hours or more
- Amend Md. Code Ann., Health-General § 10-632, to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for inpatient commitment
- Amend Md. Code Ann., Health-General § 10-622(a)(2), to provide a definition or additional detail for interpretation of “danger to self or others”
- Adopt a grave disability standard
- Adopt a psychiatric deterioration standard
- Adopt statutory authority for outpatient civil commitment

Massachusetts:

- Amend Mass. Gen. Laws Ann. ch. 123, § 7(a), to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend Mass. Gen. Laws Ann. ch. 123, § 1, to remove or revise unreasonably high risk of harm required to meet grave disability criteria (currently requires “very substantial risk of physical impairment or injury”)
- Adopt a psychiatric deterioration standard
- Adopt statutory authority for outpatient civil commitment

Michigan:

- Amend Mich. Comp. Laws § 330.1429 to extend duration of emergency evaluation hold to a minimum of 72 hours
- Amend Mich. Comp. Laws § 330.1401(1)(d) to expressly exclude periods of hospitalization or incarceration from relevant lookback period

Minnesota:

- Amend Minn. Stat. § 253B.05(1)(a) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend Minn. Stat. § 253B.05(2)(a) to remove inconsistent provisions between emergency and inpatient standard and include all bases for inpatient commitment in emergency standard. The current emergency evaluation statute requires police to find “danger of injuring self or others if not immediately detained,” whereas inpatient standard does not require danger of injury and allows for commitment based on grave disability.
- Adopt a psychiatric deterioration standard
- Amend Minn. Stat. § 253B.065(5)(b) to remove language requiring that individuals refuse treatment in order to be eligible for outpatient order; amend Minn. Stat. 253B.065(5)(b)(2) to remove language requiring that an individual be presently exhibiting symptoms to qualify for step-down discharge; expressly exclude periods of hospitalization or incarceration from relevant lookback period
- Amend Minn. Stat. § 253B.097 to include express renewal language for continued orders
- Amend Minn. Stat. § 253B.066(3) to extend duration of initial outpatient order beyond 90 days, preferably one year
- Adopt a provision for continued order with duration extending to or beyond 180 days

Mississippi:

- Amend Miss. Code Ann. § 41-21-73(4) in order to (1) require periodic reporting to the court and procedures for renewal of order, and (2) include a requirement that a written treatment plan be submitted to the court
- Amend Miss. Code Ann. § 41-21-73(4) to extend duration of initial outpatient order beyond 90 days
- Amend Miss. Code Ann. § 41-21-82 to extend duration of continued outpatient order to or beyond 180 days

Missouri:

- Amend Mo. Ann. Stat. § 632.330(1) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for inpatient commitment
- Amend Mo. Ann. Stat. § 632.330(1) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for outpatient commitment
- Amend Mo. Ann. Stat. § 632.340 to require periodic reporting to the court
- Amend Mo. Ann. Stat. § 632.335(1) to extend duration of continued outpatient order beyond 180 days

Montana:

- Amend Mont. Code Ann. § 53-21-129(1) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend Mont. Code Ann. § 53-21-129(2) to extend duration of emergency evaluation hold to a minimum of 72 hours
- Amend Mont. Code Ann. § 53-21-121(1) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for inpatient commitment
- Adopt a psychiatric deterioration standard
- Amend Mont. Code Ann. § 53-21-121(1) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for outpatient commitment
- Amend Mont. Code Ann. § 53-21-127(8) in order to (1) provide additional procedural detail, including timelines, (2) require periodic reporting to the court, and (3) include a requirement that a written treatment plan be submitted to the court
- Amend Mont. Code Ann. § 53-21-128(1)(d) to extend duration of continued outpatient order beyond 180 days

Nebraska:

- Amend Neb. Rev. Stat. § 71-921(1) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend Neb. Rev. Stat. § 71-921(1) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for inpatient commitment
- Adopt a psychiatric deterioration standard
- Amend Neb. Rev. Stat. § 71-921(1) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for outpatient commitment
- Amend Neb. Rev. Stat. § 71-931(3) to require a that written treatment plan be submitted to the court (current requirement is that plan be submitted to county attorney)
- Amend Neb. Rev. Stat. § 71-932 to extend duration of initial outpatient order beyond 90 days
- Amend Neb. Rev. Stat. § 71-932 to extend duration of all continued orders for outpatient treatment to or beyond 180 days

Nevada:

- Amend Nev. Rev. Stat. § 433A.160(2) to authorize citizen right of petition for any responsible adult for emergency evaluation
- Amend Nev. Rev. Stat. § 433A.200(1) to authorize citizen right of petition for any responsible adult for inpatient commitment
- Amend Nev. Rev. Stat. § 433A.115 (2)(a) to remove the imminence requirement to meet criteria for grave disability
- Adopt a psychiatric deterioration standard
- Amend Nev. Rev. Stat. § 433A.200(1) to authorize citizen right of petition for any responsible adult for outpatient commitment
- Amend Nev. Rev. Stat. § 433A.315 to incorporate a requirement for periodic reporting to the court
- Amend Nev. Rev. Stat. § 433A.310(5) to extend duration of continued outpatient order beyond 180 days

New Hampshire:

- Amend N.H. Rev. Stat. Ann. § 135-C:28 to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend N.H. Rev. Stat. Ann. § 135-C:28 to extend duration of emergency evaluation hold to a minimum of 72 hours
- Amend N.H. Rev. Stat. Ann. § 135-C:27(1)(c) to provide sufficient detail to guide practice for grave disability standard
- Amend N.H. Rev. Stat. Ann. § 135-C:34 to address ambiguity in psychiatric deterioration standard (definition in emergency evaluation statute is not explicitly applied to inpatient petitions, though it is likely intended to apply to both). Clarify N.H. Rev. Stat. Ann. § 135-C:27(1)(d)(6) to increase its utility for future deterioration / need for treatment.
- Amend N.H. Rev. Stat. Ann. § 135-C:45 in order to (1) provide additional procedural detail, including timelines; (2) require periodic reporting to the court; (3) codify process for renewal of order; (4) include a requirement that a written treatment plan be submitted to the court; and (5) provide procedural detail for consequences of nonadherence

New Jersey:

- Amend N.J. Stat. § 30:4-27.6 to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend N.J. Stat. §§ 30:4-27.6 and 30:4-27.10 to remove requirement for certification by two professionals for emergency evaluation
- Amend N.J. Stat. § 30:4-27.6(b) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for inpatient commitment
- Amend N.J. Stat. § 30:4-27.2(h) to remove requirement that family/friends refuse assistance and requirement of probability that substantial bodily injury, serious physical harm or death will result to meet criteria for grave disability
- Adopt a psychiatric deterioration standard
- Amend N.J. Stat. § 30:4-27.6(b) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for outpatient commitment

New Mexico:

- Amend N.M. Stat. Ann. § 43-1-10 to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend N.M. Stat. Ann. § 43-1-11(G) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for inpatient commitment
- Adopt a psychiatric deterioration standard
- Amend N.M. Stat. Ann. § 43-1B-4 to eliminate the requirement for local adoption
- Amend N.M. Stat. Ann. § 43-1B-4 to authorize citizen right of petition for any responsible adult for outpatient commitment
- Amend N.M. Stat. Ann. § 43-1B-6 to incorporate a requirement for periodic reporting to the court

New York:

- Amend N.Y. Mental Hyg. Law § 9.27(a) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for inpatient commitment
- Adopt a grave disability standard
- Adopt a psychiatric deterioration standard
- Amend N.Y. Mental Hyg. Law § 9.60 to incorporate a requirement for periodic reporting to the court

North Carolina:

- Amend N.C. Gen. Stat. § 122C-263 to extend duration of emergency evaluation hold period to a minimum of 72 hours
- Amend N.C. Gen. Stat. § 122C-266(a)(1) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for inpatient commitment
- Adopt authorization for citizen right of petition for at least enumerated citizens, preferably any responsible adult, for outpatient commitment
- Amend N.C. Gen. Stat. §§ 122C-272 to incorporate a requirement for periodic reporting to the court
- Amend N.C. Gen. Stat. § 122C-271(a)(1) to extend duration of initial outpatient order beyond 90 days
- Amend N.C. Gen. Stat. § 122C-275 to extend duration of continued outpatient order beyond 180 days

North Dakota:

- Amend N.D. Cent. Code § 25-03.1-21 to include a requirement for periodic reporting to the court and a requirement that a written treatment plan be submitted to the court
- Amend N.D. Cent. Code § 25-03.1-22 to extend duration of initial outpatient order beyond 90 days

Ohio:

- Amend Ohio Rev. Code Ann. § 5122.01(B)(3) to remove the imminence requirement to meet criteria for grave disability
- Adopt a psychiatric deterioration standard
- Amend Ohio Rev. Code Ann. § 5122.15(F) to extend duration of initial outpatient commitment order beyond 90 days

Oklahoma:

- Amend Okla. Stat. tit. 43A § 5-207(G) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend Okla. Stat. tit. 43A § 5-410(A)(2) to authorize any responsible adult to petition for inpatient commitment
- Amend Okla. Stat. tit. 43A §§ 1-103(13)(a)(1)–(3) to remove the imminence requirement to meet criteria for “danger to self or others”
- Amend Okla. Stat. tit. 43A § 1-103(13)(a)(5) to remove the imminence requirement to meet criteria for grave disability and language requiring threat of serious physical injury
- Amend Okla. Stat. tit. 43A § 1-103(13)(a)(4) to remove language requiring that impairment be severe and that injury will result without immediate intervention
- Amend Okla. Stat. tit. 43A § 5-410 to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for outpatient commitment
- Amend Okla. Stat. tit. 43A § 1-103(20)(d) to enable courts to consider at least 36 months of treatment history

Oregon:

- Amend Or. Rev. Stat. §§ 426.228(1) and 426.233(1)(a) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend Or. Rev. Stat. §§ 426.228(1) and 426.233(1)(a) to remove inconsistency between emergency and inpatient standards by expressly adding other bases for inpatient commitment to emergency standard
- Amend Or. Rev. Stat. § 426.005(1)(f)(A) to provide a definition or additional detail for interpretation of “danger to self or others”
- Amend Or. Rev. Stat. § 426.005(1)(f)(B) to remove imminence requirement to meet criteria for grave disability

Pennsylvania:

- Amend 50 P.S. §§ 7301(b)(1) and 7301(b)(2) to remove or modify imminence requirement that death, serious bodily injury or serious physical debilitation will occur within 30 days
- Amend 50 P.S. § 7301(b)(2)(i) to clarify ambiguity created by requiring a finding on the probability of future dangerousness based exclusively on whether or not certain types of harm have occurred within the past 30 days, without reference to treatment history; remove requirement for imminence of harm to meet criteria for grave disability
- Adopt a psychiatric deterioration standard
- Either adopt separate criteria for outpatient commitment or modify shared criteria to make them usable for outpatient treatment. Current criteria do not allow for continuing court-ordered treatment for a stabilized individual; the shared “clear and present danger” standard for inpatient and outpatient treatment requires such an intensive level of care that it effectively removes the applicability of the standard to outpatient care.
- Amend 50 P.S. § 7304(g)(3) to remove requirement that an individual be released from involuntary treatment as soon as he or she is stabilized

Rhode Island:

- Amend R.I. Gen. Laws § 40.1-5-7(a)(1) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend R.I. Gen. Laws § 40.1-5-2(7)(iii) to remove imminence requirement to meet criteria for grave disability
- Adopt a psychiatric deterioration standard
- Amend R.I. Gen. Laws § 40.1-5-8 in order to (1) provide additional procedural detail, including timelines and responsible parties; (2) require periodic reporting to the court; (3) codify process for renewal of order; (4) include a requirement that a written treatment plan be submitted to the court; and (5) provide procedural detail for consequences of nonadherence
- Amend R.I. Gen. Laws § 40.1-5-8(j) to extend duration of continued order beyond 180 days

South Carolina:

- Amend S.C. Code Ann. § 44-17-410 to make emergency evaluation standard consistent with inpatient standard by incorporating other inpatient criteria as bases for emergency evaluation
- Amend S.C. Code Ann. § 44-17-410(3) to extend duration of emergency evaluation hold to at least 72 hours
- Amend S.C. Code Ann. §§ 44-17-580 in order to (1) provide procedural detail including responsible parties and (2) include a requirement that a written treatment plan be submitted to the court

South Dakota:

- Amend S.D. Codified Laws § 27A-10-1 to provide more direct access to court for citizen petitioners for emergency evaluation
- Adopt a psychiatric deterioration standard
- Amend S.D. Codified Laws § 27A-10-14 in order to (1) provide procedural detail, including timelines and responsible parties; (2) require periodic reporting to the court; and (3) include a requirement that a written treatment plan be submitted to the court
- Amend S.D. Codified Laws § 27A-10-9.1 to extend duration of initial outpatient order beyond 90 days
- Amend S.D. Codified Laws § 27A-10-14 to extend duration of renewed order beyond 180 days

Tennessee:

- Amend Tenn. Code Ann. §§ 33-6-402 and 33-6-404 to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend Tenn. Code Ann. § 33-6-504 to authorize citizen right of petition for any responsible adult for inpatient commitment
- Amend Tenn. Code Ann. § 33-6-501 to remove imminence requirement to meet criteria for “danger to self or others”
- Amend Tenn. Code Ann. § 33-6-501(1)(d) to clarify grave disability standard and remove language requiring severe impairment to meet criteria
- Adopt a psychiatric deterioration standard
- Amend Tenn. Code Ann. § 33-6-602 to 1) enable referral directly from the community and 2) authorize citizen right of petition directly to court for at least enumerated citizens, preferably any responsible adult, for outpatient commitment
- Amend Tenn. Code Ann. § 33-6-604 in order to (1) provide for periodic reporting to court, (2) provide express procedures for renewal of order, and (3) include a requirement that a written treatment plan be submitted to the court
- Amend Tenn. Code Ann. § 33-6-623 to extend duration of continued order for outpatient treatment beyond 180 days

Texas:

- Amend Tex. Health & Safety Code Ann. § 573.012 to make emergency evaluation standard consistent with inpatient standard by requiring likelihood of serious harm to self or others for both
- Amend Tex. Health & Safety Code Ann. § 573.021(b) to extend duration of emergency evaluation hold period to a minimum of 72 hours
- Amend Tex. Health & Safety Code Ann. § 574.034(a) to provide a definition or additional detail for interpretation of “danger to self or others”
- Adopt a psychiatric deterioration standard
- Amend Tex. Health & Safety Code Ann. § 574.034(g) to extend duration of initial outpatient order beyond 90 days

Utah:

- Amend Utah Code § 62A-15-629(3) to extend duration of emergency evaluation hold period to a minimum of 72 hours
- Adopt a psychiatric deterioration standard
- Amend Utah Code § 62A-15-631(17)(a) in order to (1) provide specific procedures for filing and (2) include a requirement that a written treatment plan be submitted to the court

Vermont:

- Amend Vt. Stat. Ann. tit. 18 § 7621 in order to (1) provide specific timelines for filing, (2) require periodic reporting to the court, and (3) include a requirement that a written treatment plan be submitted to the court
- Amend Vt. Stat. Ann. tit. 18 § 7618(a) to extend duration of initial outpatient order beyond 90 days

Virginia:

- Adopt a psychiatric deterioration standard
- Amend Va. Code Ann. §§ 37.2-817(C), (C1) and (D) to eliminate requirement of voluntary agreement for mandatory outpatient treatment orders
- Amend Va. Code Ann. § 37.2-817(C1) and (E) to extend initial commitment beyond 90 days
- Amend Va. Code Ann. § 37.2-817.2 to extend renewed mandatory outpatient treatment order beyond 180 days

Washington:

- Amend Wash. Rev. Code §§ 71.05.150(1) and 71.05.153(1) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for emergency evaluation
- Amend Wash. Rev. Code §§ 71.05.150(1) and 71.05.153(1) to remove requirement for certification by two professionals for emergency evaluation
- Amend Wash. Rev. Code § 71.05.230(4)(a) to authorize citizen right of petition for at least enumerated citizens, preferably any responsible adult, for inpatient commitment
- Amend Wash. Rev. Code § 71.05.203 to authorize citizen right of petition directly to court (currently allows petition only to department of health) for at least enumerated citizens, preferably any responsible adult, for outpatient commitment

West Virginia:

- Amend W. Va. Code § 27-5-2(e) to extend duration of emergency evaluation hold period to a minimum of 72 hours
- Adopt a psychiatric deterioration standard
- Amend W. Va. Code § 27-5-2(h) in order to (1) provide additional procedural detail, (2) require periodic reporting to the court, (3) codify the process for renewal of an order, and (4) include a requirement that a written treatment plan be submitted to the court
- Adopt a provision to authorize assisted outpatient treatment directly from the community without mandatory prior hospitalization
- Amend W. Va. Code § 27-5-3(h) to extend initial order for assisted outpatient treatment from 30 days to a minimum of 90 days

Wisconsin:

- Amend Wis. Stat. Ann. § 51.20(1)(a)(2)(d) to remove the imminence requirement to meet criteria for grave disability

Wyoming:

- Amend Wyo. Stat. Ann. § 25-10-101(a)(ii)(C) to remove imminence requirement to meet criteria for grave disability
- Amend Wyo. Stat. Ann. § 25-10-101(a)(ii)(C) to remove requirement that family/friends refuse assistance for an individual to meet criteria for grave disability
- Amend Wyo. Stat. Ann. § 25-10-110.1 to remove requirement of current dangerousness before additional criteria can be considered for outpatient commitment



© 2018 Treatment Advocacy Center

The Treatment Advocacy Center is a national nonprofit organization dedicated exclusively to eliminating barriers to the timely and effective treatment of severe mental illness. The organization promotes laws, policies and practices for the delivery of psychiatric care and supports the development of innovative treatments for and research into the causes of severe and persistent psychiatric illnesses, such as schizophrenia and bipolar disorder.