

## [405 ILCS 5/1-119](#)

Statutes current through P.A. 100-579 of the 100th Legislative Session

***Illinois Compiled Statutes Annotated > Chapter 405 MENTAL HEALTH > Mental Health and Developmental Disabilities Code > Chapter I. Short Title and Definitions***

### **405 ILCS 5/1-119 [Person subject to involuntary admission on an inpatient basis]**

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“Person subject to involuntary admission on an inpatient basis” means:

- (1) A person with mental illness who because of his or her illness is reasonably expected, unless treated on an inpatient basis, to engage in conduct placing such person or another in physical harm or in reasonable expectation of being physically harmed;
- (2) A person with mental illness who because of his or her illness is unable to provide for his or her basic physical needs so as to guard himself or herself from serious harm without the assistance of family or others, unless treated on an inpatient basis; or
- (3) A person with mental illness who:
  - (i) refuses treatment or is not adhering adequately to prescribed treatment;
  - (ii) because of the nature of his or her illness, is unable to understand his or her need for treatment; and
  - (iii) if not treated on an inpatient basis, is reasonably expected, based on his or her behavioral history, to suffer mental or emotional deterioration and is reasonably expected, after such deterioration, to meet the criteria of either paragraph (1) or paragraph (2) of this Section.

In determining whether a person meets the criteria specified in paragraph (1), (2), or (3), the court may consider evidence of the person’s repeated past pattern of specific behavior and actions related to the person’s illness.

### **History**

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P.A. 80-1414; [88-380](#), § 90; [91-726](#), § 10; [93-573](#), § 5; [95-602](#), § 5; [96-1399](#), § 5; [96-1453](#), § 5.

Annotations

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## [Minn. Stat. § 253B.05](#)

This document is current through the end of the 2017 Regular Session and the 2017 1st Special Session of the Minnesota 90th Legislature.

**LexisNexis® Minnesota Annotated Statutes > Public Welfare and Related Activities > Chapter 253B. Civil Commitment**

### **253B.05 EMERGENCY ADMISSION**

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#### ***Subdivision 1. Emergency hold.***

- (a) Any person may be admitted or held for emergency care and treatment in a treatment facility, except to a facility operated by the Minnesota sex offender program, with the consent of the head of the treatment facility upon a written statement by an examiner that:
- (1) the examiner has examined the person not more than 15 days prior to admission;
  - (2) the examiner is of the opinion, for stated reasons, that the person is mentally ill, developmentally disabled, or chemically dependent, and is in danger of causing injury to self or others if not immediately detained; and
  - (3) an order of the court cannot be obtained in time to prevent the anticipated injury.
- (b) If the proposed patient has been brought to the treatment facility by another person, the examiner shall make a good faith effort to obtain a statement of information that is available from that person, which must be taken into consideration in deciding whether to place the proposed patient on an emergency hold. The statement of information must include, to the extent available, direct observations of the proposed patient's behaviors, reliable knowledge of recent and past behavior, and information regarding psychiatric history, past treatment, and current mental health providers. The examiner shall also inquire into the existence of health care directives under chapter 145, and advance psychiatric directives under section 253B.03, subdivision 6d.
- (c) The examiner's statement shall be: (1) sufficient authority for a peace or health officer to transport a patient to a treatment facility, (2) stated in behavioral terms and not in conclusory language, and (3) of sufficient specificity to provide an adequate record for review. If danger to specific individuals is a basis for the emergency hold, the statement must identify those individuals, to the extent practicable. A copy of the examiner's statement shall be personally served on the person immediately upon admission and a copy shall be maintained by the treatment facility.
- (d) A patient must not be allowed or required to consent to nor participate in a clinical drug trial during an emergency admission or hold under this subdivision or subdivision 2. A consent given during a period of an emergency admission or hold is void and unenforceable. This paragraph does not prohibit a patient from continuing participation in a clinical drug trial if the patient was participating in the drug trial at the time of the emergency admission or hold.

#### ***Subd. 2. Peace or health officer authority.***

- (a) A peace or health officer may take a person into custody and transport the person to a licensed physician or treatment facility if the officer has reason to believe, either through direct observation of the person's behavior, or upon reliable information of the person's recent behavior and knowledge of the person's past behavior or psychiatric treatment, that the person is mentally ill or developmentally disabled and in danger of injuring self or others if not immediately detained. A peace or health officer or a person working under such officer's supervision, may take a person who is believed to be chemically dependent or is intoxicated in public into custody and transport the person to a treatment facility. If the

## Minn. Stat. § 253B.05

person is intoxicated in public or is believed to be chemically dependent and is not in danger of causing self-harm or harm to any person or property, the peace or health officer may transport the person home. The peace or health officer shall make written application for admission of the person to the treatment facility. The application shall contain the peace or health officer's statement specifying the reasons for and circumstances under which the person was taken into custody. If danger to specific individuals is a basis for the emergency hold, the statement must include identifying information on those individuals, to the extent practicable. A copy of the statement shall be made available to the person taken into custody. The peace or health officer who makes the application shall provide the officer's name, the agency that employs the officer, and the telephone number or other contact information for purposes of receiving notice under subdivision 3, paragraph (d).

- (b) As far as is practicable, a peace officer who provides transportation for a person placed in a facility under this subdivision may not be in uniform and may not use a vehicle visibly marked as a law enforcement vehicle.
- (c) A person may be admitted to a treatment facility for emergency care and treatment under this subdivision with the consent of the head of the facility under the following circumstances: (1) a written statement shall only be made by the following individuals who are knowledgeable, trained, and practicing in the diagnosis and treatment of mental illness or developmental disability; the medical officer, or the officer's designee on duty at the facility, including a licensed physician, a licensed physician assistant, or an advanced practice registered nurse who after preliminary examination has determined that the person has symptoms of mental illness or developmental disability and appears to be in danger of harming self or others if not immediately detained; or (2) a written statement is made by the institution program director or the director's designee on duty at the facility after preliminary examination that the person has symptoms of chemical dependency and appears to be in danger of harming self or others if not immediately detained or is intoxicated in public.

**Subd. 2a.** [Repealed, [1997 c 217 art 1 s 118](#)]

**Subd. 2b. Notice.** — Every person held pursuant to this section must be informed in writing at the time of admission of the right to leave after 72 hours, to a medical examination within 48 hours, and to request a change to voluntary status. The treatment facility shall, upon request, assist the person in exercising the rights granted in this subdivision.

**Subd. 3. Duration of hold.**

- (a) Any person held pursuant to this section may be held up to 72 hours, exclusive of Saturdays, Sundays, and legal holidays after admission. If a petition for the commitment of the person is filed in the district court in the county of financial responsibility or of the county in which the treatment facility is located, the court may issue a judicial hold order pursuant to section 253B.07, subdivision 2b.
- (b) During the 72-hour hold period, a court may not release a person held under this section unless the court has received a written petition for release and held a summary hearing regarding the release. The petition must include the name of the person being held, the basis for and location of the hold, and a statement as to why the hold is improper. The petition also must include copies of any written documentation under subdivision 1 or 2 in support of the hold, unless the person holding the petitioner refuses to supply the documentation. The hearing must be held as soon as practicable and may be conducted by means of a telephone conference call or similar method by which the participants are able to simultaneously hear each other. If the court decides to release the person, the court shall direct the release and shall issue written findings supporting the decision. The release may not be delayed pending the written order. Before deciding to release the person, the court shall make every reasonable effort to provide notice of the proposed release to:
  - (1) any specific individuals identified in a statement under subdivision 1 or 2 or individuals identified in the record who might be endangered if the person was not held;
  - (2) the examiner whose written statement was a basis for a hold under subdivision 1; and

- (3) the peace or health officer who applied for a hold under subdivision 2.
- (c) If a person is intoxicated in public and held under this section for detoxification, a treatment facility may release the person without providing notice under paragraph (d) as soon as the treatment facility determines the person is no longer a danger to themselves or others. Notice must be provided to the peace officer or health officer who transported the person, or the appropriate law enforcement agency, if the officer or agency requests notification.
- (d) Notwithstanding section 144.293, subdivisions 2 and 4, if a treatment facility releases or discharges a person during the 72-hour hold period or if the person leaves the facility without the consent of the treating health care provider, the head of the treatment facility shall immediately notify the agency which employs the peace or health officer who transported the person to the treatment facility under this section. This paragraph does not apply to the extent that the notice would violate federal law governing the confidentiality of alcohol and drug abuse patient records, under Code of Federal Regulations, title 42, part 2.
- (e) A person held under a 72-hour emergency hold must be released by the facility within 72 hours unless a court order to hold the person is obtained. A consecutive emergency hold order under this section may not be issued.

**Subd. 4. Change of status.** — Any person admitted pursuant to this section shall be changed to voluntary status provided by section 253B.04 upon the person's request in writing and with the consent of the head of the treatment facility.

**Subd. 5.** [Repealed, [1997 c 217 art 1 s 118](#)]

## History

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1982 c 581 s 5; 1983 c 251 s 8,9; 1986 c 444; [1991 c 64 s 1-3](#); [1995 c 189 s 4,5,8](#); [1996 c 277 s 1](#); [1997 c 217 art 1 s 30-34](#); [1998 c 313 s 4](#); 1Sp2001 c 9 art 9 s 29; [2002 c 335 s 1](#); [2002 c 379 art 1 s 113](#); [2003 c 108 s 3](#); 1Sp2003 c 14 art 6 s 46; [2005 c 56 s 1](#); [2005 c 165 art 3 s 3](#); [2009 c 159 s 88](#); [2010 c 300 s 19](#); [2010 c 357 s 3](#); [2016 c 120 s 1-3](#); [2017 c 85 s 1](#); [2017 c 85 s 1](#).

Annotations

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## [Nev. Rev. Stat. Ann. § 433A.115](#)

This document is current through Chapters 1-104, 106-179, 181-293, 295-303, 305-317, 320-322, 324-341, 343-355, 357-362, 364, 366-420, 423, 425-434, 436-445, 447-478, 480, 482, 484-485, 487-505, 508, 510, 512-17, 519-522, 524-547, 549-551, 553-555, 557-560, 562-565, 567, 569, 571, 573, 576, 579-582, 584-586, 589-590, 595-596, 599-603, and 607-608 of the Seventy-Ninth Regular Session (2017).

***Nevada Revised Statutes Annotated > Title 39. Mental Health. > Chapter 433A. Admission to Mental Health Facilities or Programs of Community-Based or Outpatient Services; Hospitalization. > Admission to Mental Health Facilities or Programs of Community-Based or Outpatient Services > General Provisions***

### **433A.115. “Person with mental illness” defined.**

1. As used in [NRS 433A.115 to 433A.330](#), inclusive, and section 1 of this act, unless the context otherwise requires, “person with mental illness” means any person whose capacity to exercise self-control, judgment and discretion in the conduct of the person’s affairs and social relations or to care for his or her personal needs is diminished, as a result of a mental illness, to the extent that the person presents a clear and present danger of harm to himself or herself or others, but does not include any person in whom that capacity is diminished by epilepsy, intellectual disability, dementia, delirium, brief periods of intoxication caused by alcohol or drugs, or dependence upon or addiction to alcohol or drugs, unless a mental illness that can be diagnosed is also present which contributes to the diminished capacity of the person.
2. A person presents a clear and present danger of harm to himself or herself if, within the immediately preceding 30 days, the person has, as a result of a mental illness:
  - (a) Acted in a manner from which it may reasonably be inferred that, without the care, supervision or continued assistance of others, the person will be unable to satisfy his or her need for nourishment, personal or medical care, shelter, self-protection or safety, and if there exists a reasonable probability that the person’s death, serious bodily injury or physical debilitation will occur within the next following 30 days unless he or she is admitted to a mental health facility or required to participate in a program of communitybased or outpatient services pursuant to the provisions of [NRS 433A.115 to 433A.330](#), inclusive, and section 1 of this act, and adequate treatment is provided to the person;
  - (b) Attempted or threatened to commit suicide or committed acts in furtherance of a threat to commit suicide, and if there exists a reasonable probability that the person will commit suicide unless he or she is admitted to a mental health facility or required to participate in a program of community-based or outpatient services pursuant to the provisions of [NRS 433A.115 to 433A.330](#), inclusive, and section 1 of this act, and adequate treatment is provided to the person; or
  - (c) Mutilated himself or herself, attempted or threatened to mutilate himself or herself or committed acts in furtherance of a threat to mutilate himself or herself, and if there exists a reasonable probability that he or she will mutilate himself or herself unless the person is admitted to a mental health facility or required to participate in a program of community-based or outpatient services pursuant to the provisions of [NRS 433A.115 to 433A.330](#), inclusive, and section 1 of this act, and adequate treatment is provided to the person.
3. A person presents a clear and present danger of harm to others if, within the immediately preceding 30 days, the person has, as a result of a mental illness, inflicted or attempted to inflict serious bodily harm on any other person, or made threats to inflict harm and committed acts in furtherance of those threats, and if there exists a reasonable probability that he or she will do so again unless the person is admitted to a mental health facility or required to participate in a program of community-based or outpatient services

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pursuant to the provisions of [NRS 433A.115 to 433A.330](#), inclusive, and section 1 of this act, and adequate treatment is provided to him or her.

## History

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1985, p. 2268; [1989, ch. 748](#), § 11, p. 1757; [1997, ch. 688](#), § 15, p. 3493; [2009, ch. 92](#), § 2, p. 333; [2013, ch. 186](#), § 1, p. 668, [2013, ch. 537](#), § 6, p. 3488; [2017, ch. 309](#), § 1.3.

Annotations

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## [RSA 135-C:27](#)

Statutes current through Act 4 of the 2018 Regular Session.

**LEXIS™ New Hampshire Revised Statutes Annotated > Title X Public Health > Chapter 135-C  
New Hampshire Mental Health Services System > Involuntary Emergency Admissions**

### 135-C:27. Involuntary Emergency Admission; Criteria.

A person shall be eligible for involuntary emergency admission if he is in such mental condition as a result of mental illness to pose a likelihood of danger to himself or others.

I. As used in this section “danger to himself” is established by demonstrating that:

- (a) Within 40 days of the completion of the petition, the person has inflicted serious bodily injury on himself or has attempted suicide or serious self-injury and there is a likelihood the act or attempted act will recur if admission is not ordered;
- (b) Within 40 days of the completion of the petition, the person has threatened to inflict serious bodily injury on himself and there is likelihood that an act or attempt of serious self-injury will occur if admission is not ordered; or
- (c) The person's behavior demonstrates that he so lacks the capacity to care for his own welfare that there is a likelihood of death, serious bodily injury, or serious debilitation if admission is not ordered.
- (d) The person meets all of the following criteria:
  - (1) The person has been determined to be severely mentally disabled in accordance with rules authorized by [RSA 135-C:61](#) for a period of at least one year;
  - (2) The person has had at least one involuntary admission, within the last 2 years, pursuant to [RSA 135-C:34-54](#);
  - (3) The person has no guardian of the person appointed pursuant to RSA 464-A;
  - (4) The person is not subject to a conditional discharge granted pursuant to [RSA 135-C:49](#), II;
  - (5) The person has refused the treatment determined necessary by a mental health program approved by the department; and
  - (6) A psychiatrist at a mental health program approved by the department has determined, based upon the person's clinical history, that there is a substantial probability that the person's refusal to accept necessary treatment will lead to death, serious bodily injury, or serious debilitation if admission is not ordered.

II. As used in this section “danger to others” is established by demonstrating that within 40 days of the completion of the petition, the person has inflicted, attempted to inflict, or threatened to inflict serious bodily harm on another.

### History

1986, 212:1, eff. Jan. 1, 1987. [1997, 150:1](#), eff. Jan. 1, 1998.

Annotations

## [N.C. Gen. Stat. § 122C-3](#)

Current through Session Laws 2017-214 of the 2017 Regular Session.

### **General Statutes of North Carolina > CHAPTER 122C. MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE ACT OF 1985 > ARTICLE 1. GENERAL PROVISIONS**

#### **§ 122C-3. Definitions**

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The following definitions apply in this Chapter:

- (1) "Area authority" means the area mental health, developmental disabilities, and substance abuse authority.
- (2) "Area board" means the area mental health, developmental disabilities, and substance abuse board.
- (2a) "Area director" means the administrative head of the area authority program appointed pursuant to [G.S. 122C-121](#).
- (2b) "Board of county commissioners" includes the participating boards of county commissioners for multicounty area authorities and multicounty programs.
- (3) "Camp Butner reservation" means the original Camp Butner reservation as may be designated by the Secretary as having been acquired by the State and includes not only areas which are owned and occupied by the State but also those which may have been leased or otherwise disposed of by the State, and shall also include those areas within the municipal boundaries of the Town of Butner and that portion of the extraterritorial jurisdiction of the Town of Butner consisting of lands not owned by the State of North Carolina.
- (4) "City" has the same meaning as in [G.S. 153A-1\(1\)](#).
- (5) "Catchment area" means the geographic part of the State served by a specific area authority or county program.
- (6) "Client" means an individual who is admitted to and receiving service from, or who in the past had been admitted to and received services from, a facility.
- (7) "Client advocate" means a person whose role is to monitor the protection of client rights or to act as an individual advocate on behalf of a particular client in a facility.
- (8) "Commission" means the Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services, established under Part 4 of Article 3 of Chapter 143B of the General Statutes.
- (9) "Confidential information" means any information, whether recorded or not, relating to an individual served by a facility that was received in connection with the performance of any function of the facility. "Confidential information" does not include statistical information from reports and records or information regarding treatment or services which is shared for training, treatment, habilitation, or monitoring purposes that does not identify clients either directly or by reference to publicly known or available information.
- (9a) "Core services" are services that are necessary for the basic foundation of any service delivery system. Core services are of two types: front-end service capacity such as screening, assessment, and emergency triage, and indirect services such as prevention, education, and consultation at a community level.



- (10)** "County of residence" of a client means the county of his domicile at the time of his admission or commitment to a facility. A county of residence is not changed because an individual is temporarily out of his county in a facility or otherwise.
- (10a)** "County program" means a mental health, developmental disabilities, and substance abuse services program established, operated, and governed by a county pursuant to [G.S. 122C-115.1](#).
- (11)** "Dangerous to himself or others" means:
- a. "Dangerous to himself" means that within the relevant past:
1. The individual has acted in such a way as to show:
    - I. That he would be unable, without care, supervision, and the continued assistance of others not otherwise available, to exercise self-control, judgment, and discretion in the conduct of his daily responsibilities and social relations, or to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety; and
    - II. That there is a reasonable probability of his suffering serious physical debilitation within the near future unless adequate treatment is given pursuant to this Chapter. A showing of behavior that is grossly irrational, of actions that the individual is unable to control, or of behavior that is grossly inappropriate to the situation, or of other evidence of severely impaired insight and judgment shall create a prima facie inference that the individual is unable to care for himself; or
  2. The individual has attempted suicide or threatened suicide and that there is a reasonable probability of suicide unless adequate treatment is given pursuant to this Chapter; or
  3. The individual has mutilated himself or attempted to mutilate himself and that there is a reasonable probability of serious self-mutilation unless adequate treatment is given pursuant to this Chapter.
- Previous episodes of dangerousness to self, when applicable, may be considered when determining reasonable probability of physical debilitation, suicide, or self-mutilation.
- b. "Dangerous to others" means that within the relevant past, the individual has inflicted or attempted to inflict or threatened to inflict serious bodily harm on another, or has acted in such a way as to create a substantial risk of serious bodily harm to another, or has engaged in extreme destruction of property; and that there is a reasonable probability that this conduct will be repeated. Previous episodes of dangerousness to others, when applicable, may be considered when determining reasonable probability of future dangerous conduct. Clear, cogent, and convincing evidence that an individual has committed a homicide in the relevant past is prima facie evidence of dangerousness to others.
- (11a)** "Day/night service" means a service provided on a regular basis, in a structured environment that is offered to the same individual for a period of three or more hours within a 24-hour period.
- (12)** "Department" means the North Carolina Department of Health and Human Services.
- (12a)** "Developmental disability" means a severe, chronic disability of a person which:
- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - b. Is manifested before the person attains age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22;
  - c. Is likely to continue indefinitely;
  - d. Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self-direction and economic self-sufficiency; and

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- e. Reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of a lifelong or extended duration and are individually planned and coordinated; or
  - f. When applied to children from birth through four years of age, may be evidenced as a developmental delay.
- (13)** "Division" means the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services of the Department.
- (13a)** Repealed by Session Laws 2000-67, s. 11.21(c), effective July 1, 2000.
- (13a1)** Recodified as subdivision (13c).
- (13b)** Recodified as subdivision (13d).
- (13c)** "Eligible infants and toddlers" means children with or at risk for developmental delays or atypical development until:
- a. They have reached their third birthday;
  - b. Their parents have requested to have them receive services in the preschool program for children with disabilities established under Article 9 of Chapter 115C of the General Statutes; and
  - c. They have been placed in the program by the local educational agency.
- In no event shall a child be considered an eligible toddler after the beginning of the school year immediately following the child's third birthday, unless the Secretary and the State Board enter into an agreement under G.S. 115C-106.4(c) [[G.S. 115C-107.1\(c\)](#)].
- The early intervention services that may be provided for these children and their families include early identification and screening, multidisciplinary evaluations, case management services, family training, counseling and home visits, psychological services, speech pathology and audiology, and occupational and physical therapy. All evaluations performed as part of early intervention services shall be appropriate to the individual child's age and development.
- (13d)** "Eligible psychologist" means a licensed psychologist who has at least two years' clinical experience. After January 1, 1995, "eligible psychologist" means a licensed psychologist who holds permanent licensure and certification as a health services provider psychologist issued by the North Carolina Psychology Board.
- (14)** "Facility" means any person at one location whose primary purpose is to provide services for the care, treatment, habilitation, or rehabilitation of the mentally ill, the developmentally disabled, or substance abusers, and includes:
- a. An "area facility", which is a facility that is operated by or under contract with the area authority or county program. For the purposes of this subparagraph, a contract is a contract, memorandum of understanding, or other written agreement whereby the facility agrees to provide services to one or more clients of the area authority or county program. Area facilities may also be licensable facilities in accordance with Article 2 of this Chapter. A State facility is not an area facility;
  - b. A "licensable facility", which is a facility that provides services to individuals who are mentally ill, developmentally disabled, or substance abusers for one or more minors or for two or more adults. These services shall be day services offered to the same individual for a period of three hours or more during a 24-hour period, or residential services provided for 24 consecutive hours or more. Facilities for individuals who are substance abusers include chemical dependency facilities;
  - c. A "private facility", which is a facility that is either a licensable facility or a special unit of a general hospital or a part of either in which the specific service provided is not covered under the terms of a contract with an area authority;
  - d. The psychiatric service of the University of North Carolina Hospitals at Chapel Hill;

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- e. A "residential facility", which is a 24-hour facility that is not a hospital, including a group home;
  - f. A "State facility", which is a facility that is operated by the Secretary;
  - g. A "24-hour facility", which is a facility that provides a structured living environment and services for a period of 24 consecutive hours or more and includes hospitals that are facilities under this Chapter; and
  - h. A Veterans Administration facility or part thereof that provides services for the care, treatment, habilitation, or rehabilitation of the mentally ill, the developmentally disabled, or substance abusers.
- (15) "Guardian" means a person appointed as a guardian of the person or general guardian by the court under Chapters 7A or 35A or former Chapters 33 or 35 of the General Statutes.
- (16) "Habilitation" means training, care, and specialized therapies undertaken to assist a client in maintaining his current level of functioning or in achieving progress in developmental skills areas.
- (17) "Incompetent adult" means an adult individual adjudicated incompetent.
- (18) "Intoxicated" means the condition of an individual whose mental or physical functioning is presently substantially impaired as a result of the use of alcohol or other substance.
- (19) "Law-enforcement officer" means sheriff, deputy sheriff, police officer, State highway patrolman, or an officer employed by a city or county under [G.S. 122C-302](#).
- (20) "Legally responsible person" means: (i) when applied to an adult, who has been adjudicated incompetent, a guardian; (ii) when applied to a minor, a parent, guardian, a person standing in loco parentis, or a legal custodian other than a parent who has been granted specific authority by law or in a custody order to consent for medical care, including psychiatric treatment; or (iii) when applied to an adult who is incapable as defined in [G.S. 122C-72\(c\)](#) and who has not been adjudicated incompetent, a health care agent named pursuant to a valid health care power of attorney.
- (20a) "Local funds" means fees from services, including client payments, Medicare and the local and federal share of Medicaid receipts, fees from agencies under contract, gifts and donations, and county and municipal funds, and any other funds not administered by the Division.
- (20b) "Local management entity" or "LME" means an area authority, county program, or consolidated human services agency. It is a collective term that refers to functional responsibilities rather than governance structure.
- (20c) "Local management entity/managed care organization" or "LME/MCO" means a local management entity that is under contract with the Department to operate the combined Medicaid Waiver program authorized under Section 1915(b) and Section 1915(c) of the Social Security Act.
- (21) "Mental illness" means: (i) when applied to an adult, an illness which so lessens the capacity of the individual to use self-control, judgment, and discretion in the conduct of his affairs and social relations as to make it necessary or advisable for him to be under treatment, care, supervision, guidance, or control; and (ii) when applied to a minor, a mental condition, other than mental retardation alone, that so impairs the youth's capacity to exercise age adequate self-control or judgment in the conduct of his activities and social relationships so that he is in need of treatment.
- (22) "Mental retardation" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested before age 22.
- (23) "Mentally retarded with accompanying behavior disorder" means an individual who is mentally retarded and who has a pattern of maladaptive behavior that is recognizable no later than adolescence and is characterized by gross outbursts of rage or physical aggression against other individuals or property.
- (23a) "Minimally adequate services" means a level of service required for compliance with all applicable State and federal laws, rules, regulations, and policies and with generally accepted professional standards and principles.

- (24) "Next of kin" means the individual designated in writing by the client or his legally responsible person upon the client's acceptance at a facility; provided that if no such designation has been made, "next of kin" means the client's spouse or nearest blood relation in accordance with [G.S. 104A-1](#).
- (25) "Operating costs" means expenditures made by an area authority in the delivery of services for mental health, developmental disabilities, and substance abuse as provided in this Chapter and includes the employment of legal counsel on a temporary basis to represent the interests of the area authority.
- (26) Repealed by Session Laws 1987, c. 345, s. 1.
- (26a) "Other recipient" means an individual who is not admitted to a facility but who receives a service other than care, treatment, or rehabilitation services. The services that the "other recipient" may receive include consultative, preventative, educational, and assessment services.
- (27) "Outpatient treatment" as used in Part 7 of Article 5 means treatment in an outpatient setting and may include medication, individual or group therapy, day or partial day programming activities, services and training including educational and vocational activities, supervision of living arrangements, and any other services prescribed either to alleviate the individual's illness or disability, to maintain semi-independent functioning, or to prevent further deterioration that may reasonably be predicted to result in the need for inpatient commitment to a 24-hour facility.
- (28) "Person" means any individual, firm, partnership, corporation, company, association, joint stock association, agency, or area authority.
- (29) "Physician" means an individual licensed to practice medicine in North Carolina under Chapter 90 of the General Statutes or a licensed medical doctor employed by the Veterans Administration.
- (29a) "Program director" means the director of a county program established pursuant to [G.S. 122C-115.1](#).
- (30) "Provider of support services" means a person that provides to a facility support services such as data processing, dosage preparation, laboratory analyses, or legal, medical, accounting, or other professional services, including human services.
- (30a) "Psychologist" means an individual licensed to practice psychology under Chapter 90. The term "eligible psychologist" is defined in subdivision (13a).
- (30b) "Public services" means publicly funded mental health, developmental disabilities, and substance abuse services, whether provided by public or private providers.
- (31) "Qualified professional" means any individual with appropriate training or experience as specified by the General Statutes or by rule of the Commission in the fields of mental health or developmental disabilities or substance abuse treatment or habilitation, including physicians, psychologists, psychological associates, educators, social workers, registered nurses, certified fee-based practicing pastoral counselors, and certified counselors.
- (32) "Responsible professional" means an individual within a facility who is designated by the facility director to be responsible for the care, treatment, habilitation, or rehabilitation of a specific client and who is eligible to provide care, treatment, habilitation, or rehabilitation relative to the client's disability.
- (33) "Secretary" means the Secretary of the Department of Health and Human Services.
- (33a) "Severe and persistent mental illness" means a mental disorder suffered by persons of 18 years of age or older that leads these persons to exhibit emotional or behavioral functioning that is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long term or indefinite duration. This disorder is a severe and persistent mental disability, resulting in a long-term limitation of functional capacities for the primary activities of daily living, such as interpersonal relations, homemaking, self-care, employment, and recreation.
- (34) Repealed by Session Laws 2001-437, s. 1.2(c), effective July 1, 2002.
- (35) Repealed by Session Laws 2001-437, s. 1.2(c), effective July 1, 2002.

- (35a)** Renumbered as subdivision (35e).
- (35b)** "Specialty services" means services that are provided to consumers from low-incidence populations.
- (35c)** "State" or "Local" Consumer Advocate means the individual carrying out the duties of the State or Local Consumer Advocacy Program Office in accordance with Article 1A of this Chapter.
- (35d)** "State Plan" means the State Plan for Mental Health, Developmental Disabilities, and Substance Abuse Services.
- (35e)** "State resources" means State and federal funds and other receipts administered by the Division.
- (36)** "Substance abuse" means the pathological use or abuse of alcohol or other drugs in a way or to a degree that produces an impairment in personal, social, or occupational functioning. "Substance abuse" may include a pattern of tolerance and withdrawal.
- (37)** "Substance abuser" means an individual who engages in substance abuse.
- (38)** "Targeted population" means those individuals who are given service priority under the State Plan.
- (39)** "Uniform portal process" means a standardized process and procedures used to ensure consumer access to, and exit from, public services in accordance with the State Plan.

## History

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1899, c. 1, s. 28; Rev., s. 4574; C.S., s. 6189; 1945, c. 952, s. 18; 1947, c. 537, s. 12; 1949, c. 71, s. 3; 1955, c. 887, s. 1; 1957, c. 1232, s. 13; 1959, c. 1028, s. 4; 1963, c. 1166, ss. 2, 10; c. 1184, s. 1; 1965, c. 933; 1973, c. 475, s. 2; c. 476, s. 133; c. 726, s. 1; c. 1408, ss. 1, 3; 1977, c. 400, ss. 2, 12; c. 568, s. 1; c. 679, s. 7; 1977, 2nd Sess., c. 1134, s. 2; 1979, c. 164, ss. 3, 4; c. 171, s. 2; c. 358, ss. 2, 26; c. 915, s. 1; c. 751, s. 28; 1981, c. 51, ss. 2-4; c. 539, s. 1; 1983, c. 280; c. 383, s. 2; c. 638, s. 2; c. 718, s. 1; c. 864, s. 4; 1983 (Reg. Sess., 1984), c. 1110, s. 4; 1985, c. 589, s. 2; c. 695, s. 1; c. 777, s. 2; 1985 (Reg. Sess., 1986), c. 863, s. 7; 1987, c. 345, s. 1; c. 830, ss. 47(a), (b); [1989, c. 141, s. 8](#); c. 223; c. 486, s. 2; c. 625, s. 2; 1989 (Reg. Sess., 1990), c. 823, s. 11; c. 1003, s. 2; c. 1024, s. 26(a); [1993, c. 321, s. 220\(a\)-\(c\)](#); c. 375, s. 6; c. 396, ss. 1, 2; [1995, c. 249, s. 1](#); [c. 406, s. 5](#); [1997-443, s. 11A.118\(a\)](#); [1997-456, s. 27](#); [1998-198, s. 3](#); [1998-202, s. 4\(r\)](#); [1999-186, s. 1](#); [2000-67, s. 11.21\(c\)](#); [2001-437, ss. 1.2\(b\)](#), 1.2(c); [2001-437, s. 1.2\(a\)](#); [2003-313, s. 1](#); [2006-69, s. 3\(n\)](#); [2006-142, ss. 4\(a\)](#), 7; [2007-269, s. 3.1](#); [2007-502, s. 15\(a\)](#); [2008-107, s. 10.15\(dd\)](#); [2013-85, s. 1](#).

Annotations

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## 50 P.S. § 7301

Pa.C.S. documents are current through 2018 Regular Session Acts 1-10; P.S. documents are current through 2018 Regular Session Acts 1-10

*Pennsylvania Statutes, Annotated by LexisNexis® > Pennsylvania Statutes > Title 50. Mental Health > Chapter 15. Mental Health Procedures > Article III. Involuntary Examination and Treatment*

### **§ 7301. Persons who may be subject to involuntary emergency examination and treatment**

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- (a) **PERSONS SUBJECT.** — Whenever a person is severely mentally disabled and in need of immediate treatment, he may be made subject to involuntary emergency examination and treatment. A person is severely mentally disabled when, as a result of mental illness, his capacity to exercise self-control, judgment and discretion in the conduct of his affairs and social relations or to care for his own personal needs is so lessened that he poses a clear and present danger of harm to others or to himself.
- (b) **DETERMINATION OF CLEAR AND PRESENT DANGER.** —
- (1) Clear and present danger to others shall be shown by establishing that within the past 30 days the person has inflicted or attempted to inflict serious bodily harm on another and that there is a reasonable probability that such conduct will be repeated. If, however, the person has been found incompetent to be tried or has been acquitted by reason of lack of criminal responsibility on charges arising from conduct involving infliction of or attempt to inflict substantial bodily harm on another, such 30-day limitation shall not apply so long as an application for examination and treatment is filed within 30 days after the date of such determination or verdict. In such case, a clear and present danger to others may be shown by establishing that the conduct charged in the criminal proceeding did occur, and that there is a reasonable probability that such conduct will be repeated. For the purpose of this section, a clear and present danger of harm to others may be demonstrated by proof that the person has made threats of harm and has committed acts in furtherance of the threat to commit harm.
  - (2) Clear and present danger to himself shall be shown by establishing that within the past 30 days:
    - (i) the person has acted in such manner as to evidence that he would be unable, without care, supervision and the continued assistance of others, to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is a reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded under this act; or
    - (ii) the person has attempted suicide and that there is the reasonable probability of suicide unless adequate treatment is afforded under this act. For the purposes of this subsection, a clear and present danger may be demonstrated by the proof that the person has made threats to commit suicide and has committed acts which are in furtherance of the threat to commit suicide; or
    - (iii) the person has substantially mutilated himself or attempted to mutilate himself substantially and that there is the reasonable probability of mutilation unless adequate treatment is afforded under this act. For the purposes of this subsection, a clear and present danger shall be established by proof that the person has made threats to commit mutilation and has committed acts which are in furtherance of the threat to commit mutilation.

### **History**

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50 P.S. § 7301

Act 1976-143 (S.B. 1025), P.L. 817, § 301, approved July 9, 1976, eff. in 60 days; Act 1978-324 (S.B. 1105), P.L. 1362, § 1, approved Nov. 26, 1978, eff. in 60 days.

Annotations

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## [Tenn. Code Ann. § 33-6-401](#)

Current through 2017 Regular Session (Chapter 493).

***Tennessee Code Annotated > Title 33 Mental Health and Substance Abuse and Intellectual and Developmental Disabilities > Chapter 6 Mental Health Service > Part 4 Emergency Involuntary Admission to Inpatient Treatment***

### **33-6-401. Emergency detention.**

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IF AND ONLY IF

- (1) a person has a mental illness or serious emotional disturbance, AND
- (2) the person poses an immediate substantial likelihood of serious harm under [§ 33-6-501](#) because of the mental illness or serious emotional disturbance,  
THEN
- (3) the person may be detained under [§ 33-6-402](#) to obtain examination for certification of need for care and treatment.

### **History**

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[Acts 2000, ch. 947, § 1.](#)

Annotations

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## [Tenn. Code Ann. § 33-6-501](#)

Current through 2017 Regular Session (Chapter 493).

***Tennessee Code Annotated > Title 33 Mental Health and Substance Abuse and Intellectual and Developmental Disabilities > Chapter 6 Mental Health Service > Part 5 Nonemergency Involuntary Admission to Inpatient Treatment***

### **33-6-501. "Substantial likelihood of serious harm" defined.**

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IF AND ONLY IF

(1)

- (A) a person has threatened or attempted suicide or to inflict serious bodily harm on the person, OR
- (B) the person has threatened or attempted homicide or other violent behavior, OR
- (C) the person has placed others in reasonable fear of violent behavior and serious physical harm to them, OR
- (D) the person is unable to avoid severe impairment or injury from specific risks, AND

(2) there is a substantial likelihood that the harm will occur unless the person is placed under involuntary treatment,

THEN

(3) the person poses a "substantial likelihood of serious harm" for purposes of this title.

### **History**

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[Acts 2000, ch. 947, § 1.](#)

Annotations

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## [Tenn. Code Ann. § 33-6-403](#)

Current through 2017 Regular Session (Chapter 493).

***Tennessee Code Annotated > Title 33 Mental Health and Substance Abuse and Intellectual and Developmental Disabilities > Chapter 6 Mental Health Service > Part 4 Emergency Involuntary Admission to Inpatient Treatment***

### **33-6-403. Admission to treatment facility.**

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IF AND ONLY IF

- (1) a person has a mental illness or serious emotional disturbance, AND
- (2) the person poses an immediate substantial likelihood of serious harm, under [§ 33-6-501](#), because of the mental illness or serious emotional disturbance, AND
- (3) the person needs care, training, or treatment because of the mental illness or serious emotional disturbance, AND
- (4) all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person,

THEN

- (5) the person may be admitted and detained by a hospital or treatment resource for emergency diagnosis, evaluation, and treatment under this part.

### **History**

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[Acts 2000, ch. 947, § 1.](#)

Annotations

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## 18 V.S.A. § 7101

Statutes current with legislation through Chapter 89 and Municipal Act 15 of the 2017 adjourned session (2018) but not including changes and corrections made by the Vermont Legislative Council. The final official version of the statutes affected by the 2017 adjourned session (2018) legislation will appear on LexisAdvance in October 2018.

### **Vermont Statutes Annotated > TITLE EIGHTEEN. HEALTH > PART 8. MENTAL HEALTH > CHAPTER 171. GENERAL PROVISIONS**

## **§ 7101. Definitions**

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As used in this part of this title, the following words, unless the context otherwise requires, shall have the following meanings:

- (1) "Board" means the Board of Mental Health.
- (2) "Commissioner" means the Commissioner of Mental Health.
- (3) "Custody" means safekeeping, protection, charge, or care.
- (4) "Designated hospital" means a hospital or other facility designated by the Commissioner as adequate to provide appropriate care for the mentally ill patient.
- (5) "Elopement" means the leaving of a designated hospital or designated program or training school without lawful authority.
- (6) "Head of a hospital" means the administrator or persons in charge at any time.
- (7) "Hospital" means a public or private hospital or facility or part thereof, equipped and otherwise qualified to provide inpatient care and treatment for persons with mental conditions or psychiatric disabilities.
- (8) "Individual" means a resident of or a person in Vermont.
- (9) "Interested party" means a guardian, spouse, parent, adult child, close adult relative, responsible adult friend, or person who has the individual in his or her charge or care. It also means a mental health professional, a law enforcement officer, a licensed physician, or a head of a hospital.
- (10) "Law enforcement officer" means a sheriff, deputy sheriff, constable, municipal police officer, or State Police.
- (11) "Licensed physician" means a physician legally qualified and licensed to practice as a physician in Vermont.
- (12) [Repealed.]
- (13) "Mental health professional" means a person with professional training, experience, and demonstrated competence in the treatment of mental illness, who shall be a physician, psychologist, social worker, mental health counselor, nurse, or other qualified person designated by the Commissioner.
- (14) "Mental illness" means a substantial disorder of thought, mood, perception, orientation, or memory, any of which grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life, but shall not include intellectual disability.
- (15) "Patient" means a resident of or person in Vermont qualified under this title for hospitalization or treatment as a person with a mental illness or intellectual disability.
- (16) "A patient in need of further treatment" means:
  - (A) a person in need of treatment; or

## 18 V.S.A. § 7101

- (B)** a patient who is receiving adequate treatment, and who, if such treatment is discontinued, presents a substantial probability that in the near future his or her condition will deteriorate and he or she will become a person in need of treatment.
- (17)** "A person in need of treatment" means a person who has a mental illness and, as a result of that mental illness, his or her capacity to exercise self-control, judgment, or discretion in the conduct of his or her affairs and social relations is so lessened that he or she poses a danger of harm to himself, to herself, or to others:
- (A)** A danger of harm to others may be shown by establishing that:
- (i)** he or she has inflicted or attempted to inflict bodily harm on another; or
  - (ii)** by his or her threats or actions he or she has placed others in reasonable fear of physical harm to themselves; or
  - (iii)** by his or her actions or inactions he or she has presented a danger to persons in his or her care.
- (B)** A danger of harm to himself or herself may be shown by establishing that:
- (i)** he or she has threatened or attempted suicide or serious bodily harm; or
  - (ii)** he or she has behaved in such a manner as to indicate that he or she is unable, without supervision and the assistance of others, to satisfy his or her need for nourishment, personal or medical care, shelter, or self-protection and safety, so that it is probable that death, substantial physical bodily injury, serious mental deterioration, or serious physical debilitation or disease will ensue unless adequate treatment is afforded.
- (18)** "Resident of Vermont" means:
- (A)** A person who has lived continuously in Vermont for one year immediately preceding his or her admission as a patient or immediately preceding his or her becoming a proposed patient.
- (B)** A person who has a present intention to make Vermont his or her home for an indefinite period of time. This intention may be evidenced by prior statements or it may be implied from facts which show that the person does in fact make Vermont his or her permanent home. A married woman shall be capable of establishing a legal residence apart from her husband, and a child under 18 years shall take legal residence of the parent or guardian with whom he or she is actually living.
- (19)** "Retreat" means the Brattleboro Retreat.
- (20)** "Secretary" means the Secretary of Human Services.  
(21), (22) [Repealed.]
- (23)** "Vermont" means the State of Vermont.
- (24)** "Voluntary patient" means an individual admitted to a hospital voluntarily or an individual whose status has been changed from involuntary to voluntary.
- (25)** "Children and adolescents with a severe emotional disturbance" means those persons defined as such under [33 V.S.A. § 4301\(3\)](#).
- (26)** "No refusal system" means a system of hospitals and intensive residential recovery facilities under contract with the Department of Mental Health that provides high intensity services, in which the facilities shall admit any individual for care if the individual meets the eligibility criteria established by the Commissioner in contract.
- (27)** "Participating hospital" means a hospital under contract with the Department of Mental Health to participate in the no refusal system.
- (28)** "Successor in interest" means the mental health hospital owned and operated by the State that provides acute inpatient care and replaces the Vermont State Hospital.

## 18 V.S.A. § 7101

- (29) "Peer" means an individual who has a personal experience of living with a mental health condition or psychiatric disability.
- (30) "Peer services" means support services provided by trained peers or peer-managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery.

## History

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Added 1967, No. 305 (Adj. Sess.), § 1, eff. Oct. 1, 1968; amended 1973, No. 107, § 3; 1977, No. 245 (Adj. Sess.), § 2; 1977, No. 248 (Adj. Sess.), § 7; 1977, No. 252 (Adj. Sess.), § 2; 1977, No. 257 (Adj. Sess.), §§ 1, 4; 1977, No. 264 (Adj. Sess.), § 6; [1989, No. 187](#) (Adj. Sess.), § 5; [1995, No. 174](#) (Adj. Sess.), § 3; [2005, No. 174](#) (Adj. Sess.), §§ 35, 140; [2007, No. 15](#), § 9; [2011, No. 79](#) (Adj. Sess.), § 17, eff. April 4, 2012; [2013, No. 96](#) (Adj. Sess.), § 100; [2013, No. 161](#) (Adj. Sess.), § 72; [2013, No. 192](#) (Adj. Sess.), § 1.

Annotations

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## [18 V.S.A. § 7611](#)

Statutes current with legislation through Chapter 89 and Municipal Act 15 of the 2017 adjourned session (2018) but not including changes and corrections made by the Vermont Legislative Council. The final official version of the statutes affected by the 2017 adjourned session (2018) legislation will appear on LexisAdvance in October 2018.

***Vermont Statutes Annotated > TITLE EIGHTEEN. HEALTH > PART 8. MENTAL HEALTH > CHAPTER 181. JUDICIAL PROCEEDINGS***

### **§ 7611. Involuntary treatment**

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No person may be made subject to involuntary treatment unless he or she is found to be a person in need of treatment or a patient in need of further treatment.

### **History**

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Added 1977, No. 252 (Adj. Sess.), § 18.

Annotations

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