



Bipartisan Task Force on Gun Violence Prevention and Children's Safety Mental Health Subcommittee

Senator Toni Harp, Co-chair
Representative Terrie Wood, Co-chair
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Testimony by Kristina Ragosta
Treatment Advocacy Center

Chairwoman Harp, Chairwoman Wood, members of the committee:

My name is Kristina Ragosta, and I am an attorney for the Treatment Advocacy Center in Arlington, Virginia. The Treatment Advocacy Center is a national non-profit organization whose focus and expertise are state civil commitment laws. Our mission is to eliminate barriers to the timely and effective treatment of severe mental illness before tragedy occurs. Many of our supporters are victims of untreated mental illness and families who have loved ones with severe mental illness they have been unable to get help for, oftentimes due to restrictive civil commitment laws.

I was asked to address the court's role in the mental health delivery system. Civil commitment laws are incorporated in every state's law in order to provide a mechanism for intervention when individuals with severe mental illness are so ill they are unable to seek mental health treatment voluntarily. The vast majority of individuals with mental illness who are receiving treatment are no more dangerous than the general population. The role of the court is often a function of how thoroughly and effectively any state chooses to provide treatment to this small subset of individuals (who are too ill to seek treatment voluntarily) through its civil commitment law.

The role of Connecticut's courts is quite limited in this regard because the state's civil commitment standards are among the more restrictive. As a practical matter, this means judges are far more likely to see individuals with untreated mental illness in court on a criminal matter, including a violent act that occurred because of behavior resulting from symptoms of illness, than in the course of ensuring treatment of the illness before the act.

Although it is not yet clear what led to the unspeakable events in Newtown or whether the state's laws would have come into play, it is clear that Connecticut's civil commitment laws are in need of reform. Connecticut's law is restrictive in three ways that differentiate it from states with better laws, which limits judicial involvement in the prevention of consequences associated with not providing timely and effective treatment for mental illness:

- An individual needs to be dangerous before intervention is possible. Your standard requires that an individual be a danger to self or others or a danger due to grave disability before commitment is possible.
- The state's standard for commitment does not take into consideration an individual's past psychiatric history, such as repeated hospitalizations, a history of violence or arrest and/or symptoms of psychiatric deterioration that could culminate in violence or other consequences of non-treatment.
- The law provides no option for qualifying individuals to receive court-ordered treatment in the community. This makes **Connecticut one of only six states that does not provide the option of assisted outpatient treatment (AOT or outpatient commitment) as a mechanism for helping those who are living in the community to better adhere to treatment.** By omitting this option, Connecticut is denying individuals with severe mental illness a less-restrictive treatment alternative that has been shown to reduce consequences and save governments money.

Assisted outpatient treatment laws typically combine a court order and a comprehensive treatment and services plan. When implemented, they require the individual patient to follow his or her treatment plan. The court's role and the legal procedures related to outpatient commitment laws vary from state to state. Typically, the court commits the patient to the treatment system but, more importantly, it commits the treatment system to the patient.

The Department of Justice in 2012 deemed assisted outpatient treatment an evidence-based practice for reducing crime and violence based upon findings from multiple studies that show AOT laws reduce rates and incidents of hospitalization, arrest, emergency room utilization, victimization, suicide attempt and other violence. For example, one study of results under New York's law found that:

- 77 percent fewer experienced hospitalizations compared to before participation.
- 74 percent fewer experienced homelessness compared to before participation.
- 83 percent fewer experienced arrests compared to before participation.
- 88 percent fewer experienced incarceration compared to before participation.

A 2010 Columbia University study found that individuals under outpatient commitment — who were more violent to begin with — were nevertheless four times *less* likely than members of the control group to perpetrate serious violence after undergoing treatment.

It is time for the state to reform its civil commitment laws so they prevent dangerous situations, rather than require them. It is not about civil rights. There is nothing civil or right about waiting for someone to be so ill — that they are dangerous — before you can intervene.

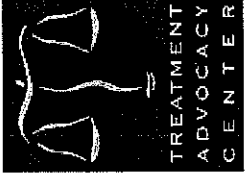
Last session, Judge Killian presented a bill that sought to improve Connecticut's mental health treatment law. The bill was met with overwhelming opposition within the mental health community. While the Treatment Advocacy Center did not support the specific language in the bill, its goal was laudable and logical: to ensure timely and effective treatment for people suffering from untreated mental illness in your communities.

Now the legislature — for the second time in a year — is looking at ways to address the underlying issue that the mental health community has failed to resolve: how the state of Connecticut can make it easier for families and other caregivers to get help for a loved one experiencing psychiatric crisis before revolving-door consequences of non-treatment such as homelessness, arrest, incarceration, hospitalization, suicide or violence occurs?

The mental health community has failed to do its job in providing treatment to some of its most vulnerable citizens. Our prisons and jails are overflowing with people suffering from severe mental illness as a result. In Connecticut, a person with serious mental illness is twice as likely to be in jail or prison as in a psychiatric hospital bed.

While the current discussion is largely a response to Newtown, your law enforcement agencies, emergency room directors, homeless officials and others would likely tell you that smaller, less publicized tragedy occurs routinely in Connecticut as a result of untreated severe mental illness.

Improving your state civil commitment laws will not solve all of the issues with the mental health system and will not prevent all tragedies, but it is a critical component to any discussion of accessing your mental health system and public safety.



Assisted Psychiatric Treatment Inpatient and Outpatient Standards by State

The following chart captures the most essential information about the laws for inpatient and outpatient assisted treatment in each state - court-ordered treatment for symptoms of severe mental illness.

Please note that while this chart contains much of each standard's actual language, it summarizes only the most crucial provisions of the pertinent statutes for each state. This information does not constitute legal advice and should not be relied upon as a substitute for seeking legal counsel.

KEY TO CHART TERMS

"Need for treatment" - states whose civil commitment standards include a "need for treatment." "Gravely disabled" standards authorize court-ordered treatment when inability to access food, shelter or other basics was judged to imperil physical safety. States where "gravely disabled" standards have been broadened to incorporate, at a minimum, the inability to make informed medical decisions or to seek psychiatric care are indicated below with an **x** in the "need-for-treatment" column. Twenty-seven states and the District of Columbia currently have "need-for-treatment" standards.

Assisted outpatient treatment (AOT) - states that authorize court-ordered outpatient treatment, also known as "assisted

treatment," "AOT," and by other names, depending on the state. States that only authorize assisted outpatient treatment as a condition of release from court-ordered hospitalization are *not* classified as states with AOT. Forty-four states have laws for assisted outpatient treatment; far fewer make effective use of those laws. States with AOT laws are indicated with an **x**.

Relevant code sections - sections where each state's civil commitment standards can be found. Statutory language is provided in "State Standards for Assisted Treatment - Civil Commitment Criteria for Psychiatric Inpatient or Outpatient Intervention by State."

Standard - key elements of each state's requirement(s) for court-ordered treatment for symptoms of mental illness.

Assisted Psychiatric Treatment: Inpatient and Outpatient Standards by State

State	Need for treatment	AOT	Relevant code sections	Standard
AL	X	X	ALA. CODE § 22-52-10.4 § 22-52-10.2	Inpatient: A real and present danger to self/others, without treatment will continue to suffer mental distress and deterioration of ability to function independently, and unable to make a rational and informed decision concerning treatment. Outpatient: Without treatment will continue to suffer mental distress and deterioration of the ability to function independently and the respondent is unable to make a rational and informed decision concerning treatment.
AK	X	X	ALASKA STAT § 47.30.755 § 47.30.915(7), (10)	Inpatient and Outpatient: (1) Danger to self/others; (2) in danger from inability to provide basic needs for food, clothing, shelter, or personal safety; or (3) without treatment will suffer severe and abnormal mental, emotional, or physical distress causing deterioration of ability to function independently.
AZ	X	X	ARIZ. REV. STAT. § 36-540(A) § 36-501(5), (6), (16), (33)	Inpatient and Outpatient: (1) Danger to self/others; (2) in danger from inability to provide basic physical needs; or (3) likely to suffer severe and abnormal mental emotional or physical harm without treatment, likely to benefit from treatment, and substantially impaired capacity to make informed decisions regarding treatment.
AR	X	X	ARK. CODE ANN § 20-47-207(c)	Inpatient and Outpatient: (1) Clear and present danger to self/others; (2) recent behavior or behavior history demonstrates that he/she so lacks the capacity to care for own welfare that there is a reasonable probability of death, serious bodily injury, or serious physical or mental debilitation; or (3) impaired understanding of need for treatment to point that is unlikely to needs treatment to prevent relapse or deterioration. AND prior noncompliance a factor in placement in a psychiatric hospital, prison, or jail at least two (2) times in last forty-eight (48) months or a factor in committing one (1) or more acts attempts, or threats of serious violent behavior in last forty-eight (48) months
CA		4	CALIF. WELF. & INST. CODE § 5250; § 5008(h)(1); § 5346(a)	Inpatient: (1) Danger to self/others or (2) unable to provide for basic personal needs for food, clothing, or shelter. Outpatient: Condition likely to substantially deteriorate, unlikely to survive safely in community without supervision, history of noncompliance which includes two hospitalizations in past 36 months or act/threat/attempt of violence to self/others in 48 months immediately preceding petition filing, likely needs to prevent meeting inpatient standard, and likely to benefit from assisted treatment.
CO	X	X	COLORADO REV. STAT. § 27-65-11(1); § 27-65-102(9)	Inpatient and Outpatient: (1) Danger to self/others; (2) in danger of serious physical harm due to inability to provide essential human needs of food, clothing, shelter, and medical care; (3) cannot manage resources or conduct social relations so that health or safety significantly endangered and lacks capacity to understand this is so; or (4) criteria allowing for those in need of care because of pending loss of support of a relative who is a caregiver

¹ Any standard which, at a minimum, allows for the treatment of individuals based on the likelihood of serious mental harm or impairment due to a lack of treatment.

² Assisted outpatient treatment (also known as "outpatient commitment," "involuntary treatment," "mandatory treatment," "court-ordered treatment" and by other terms, depending on the state)

³ Excludes some common or less important criteria, i.e. has mental illness, is 18 years old, services available, etc.

⁴ Separate outpatient standard only available in counties that have adopted provisions established by Assembly Bill 1421 (2002) (a.k.a. Laura's Law); otherwise mandated outpatient treatment only permitted via conservatorship process.

State	Need for treatment	AOT	Relevant code sections	Standard
CT			CONN. GEN. STAT. ANN. § 17a-488(c) § 17a-495(a)	Inpatient: (1) Danger to self/others or (2) in danger of serious harm from inability to provide for basic needs such as essential food, clothing, shelter or safety and unable to make a rational and informed decision concerning treatment.
DE	X	X	DEL. CODE ANN. tit. 16, § 5001(6) tit. 16, § 5010	Inpatient and Outpatient: Real and present danger to self/others/property, in need of treatment, and unable to make responsible decisions with respect to hospitalization.
DC	X	X	D.C. CODE ANN. § 21-545(b)	Inpatient and Outpatient: Danger to self/others.
FL	X	X	FLA. STAT. ANN. § 394.467(1) § 394.4655(1)	Inpatient: Unable or refuses to make responsible decisions with respect to voluntary placement for treatment AND either: (1) without treatment, incapable of surviving alone or with the help of willing family or friends, and likely to suffer from neglect or refuse to care for himself/herself that will pose a real and present threat of substantial harm to self-being; OR (2) danger to self/others, as evidenced by recent behavior. Outpatient: Unlikely to survive safely in community without supervision, history of noncompliance which includes two hospitalizations in past 36 months or acts/threat/attempt of violence to self/others in 36 months immediately preceding petition filing, unlikely to voluntarily participate, needs in order to prevent relapse or deterioration likely to result in serious harm to self/others, and likely to benefit from assisted treatment.
GA	X	X	GA. CODE ANN. § 37-3-1(9,1) § 37-3-1(12,1)	Inpatient: In need of involuntary treatment AND (1) imminent danger to self/others, evidenced by recent overt acts or expressed threats of violence OR (2) unable to care for physical health and safety so as to create an imminently life-endangering crisis and in need of involuntary treatment. Outpatient: Based on treatment history or current mental status, requires outpatient treatment in order to avoid predictably and imminently becoming an inpatient and unable to voluntarily seek or comply with outpatient treatment.
HI	X	X	HAW. REV. STAT. § 334-602 § 334-121 § 334-1	Inpatient: In need of treatment AND either: (1) imminent danger to self/others, including that of substantial emotional injuries to others; OR (2) unable to provide for basic personal needs for food, clothing, or shelter, unable to make or communicate rational decisions concerning personal welfare, and lacking the capacity to understand that this is so; OR (3) behavior and previous history indicate a disabling mental illness and unable to make rational decisions concerning treatment. Outpatient: Either previous inpatient hospital treatment for a severe mental disorder or substance abuse OR previously been imminently dangerous to self/others OR meets no 2. above AND capable of surviving safely in the community with available supervision, based on the treatment history and current behavior, treatment is needed to prevent deterioration predictably resulting in imminent danger to self/others, unable to make a rational decision concerning treatment, and outpatient treatment ordered is likely to be beneficial.
ID	X	X	IDAHO CODE § 66-329(11) § 66-317(11), (12), (13)	Inpatient and Outpatient: (1) Danger to self/others or (2) lacks insight, unwilling/unable to comply with treatment, and risk of deterioration in future to danger to self/others (3) in danger of serious physical harm due to inability to provide for basic needs for nourishment, essential medical care, or shelter or safety, or (4) lacks insight, unwilling/unable to comply with treatment, and risk of deterioration in future to being in danger of serious physical harm due to inability to provide for basic needs for nourishment, essential medical care, or shelter or safety.

State	Need for treatment	AOT	Relevant code sections	Standard
IL	X	X	405 Ill. Comp. Stat. 5/7-19 § 5/7-19.1	Inpatient: (1) Reasonable expectation of danger to self/others; (2) unable to provide for basic physical needs so as to guard against serious harm without the assistance of others; or (3) refuses or does not adhere to treatment; unable to understand need for treatment; and, if not treated, reasonably expected to suffer mental or emotional deterioration and become dangerous and/or unable to provide for basic physical needs. Outpatient: (1) Person would, in the absence of outpatient treatment, meet criteria for inpatient commitment, and outpatient treatment can only be reasonably ensured through court order; or (2) mental illness left untreated reasonably expected to result in qualification for inpatient commitment, and has more than once caused the person to refuse needed outpatient care.
IN	X	X	IND. CODE ANN. § 12-7-2-53 § 12-7-2-96 § 12-26-7-5(a) § 12-26-14-1 § 12-26-6-8-(a)	Inpatient: (1) danger to self/others; or in danger of coming to harm because either (2) unable to provide for food, clothing, shelter, or other essential human needs OR (3) substantial impairment or obvious deterioration that results in inability to function independently. Outpatient: Same as for inpatient except must also be likely to benefit from the recommended outpatient treatment program and not be likely to meet inpatient standard if compliant with the recommended program.
IA	X	X	IOWA CODE § 229.14 § 229.1(16), (17)	Inpatient and Outpatient: Lacks sufficient judgment to make responsible decisions concerning treatment AND is either (1) a danger to self/others; including that of serious emotional injuries to family members and others; OR (2) unable to satisfy need for nourishment, clothing, essential medical care, or shelter so that it is likely that the person will suffer physical injury, physical debilitation, or death.
KS	X	X	KAN. STAT. ANN. § 89-2946(f) § 89-2987(a)	Inpatient: Lacks capacity to make informed decision concerning treatment AND either (1) danger to self/others/property OR (2) substantially unable to provide for basic needs, such as food, clothing, shelter, health or safety. Outpatient: Same as for inpatient except must also be likely to comply with outpatient treatment order and not likely be danger to self/others/community while subject to outpatient treatment order.
KY	X	X	KY REV. STAT. ANN. § 202A.026 § 202A.011(2)	Inpatient and Outpatient: Danger to self/others/family including actions which deprive self/others/family of basic means of survival such as provision for reasonable shelter, food or clothing; can reasonably benefit from treatment; and hospitalization is the least restrictive form of treatment available.
LA	X	X	LA. REV. STAT. ANN. § 28:55(E)(1) § 28:2(3), (4), (10) § 28:66	Inpatient: (1) Danger to self/others or (2) unable to provide for basic physical needs, such as essential food, clothing, medical care, and shelter, and unable to survive safely in freedom or guard against serious harm. Outpatient: Unlikely to survive safely in community without supervision, history of noncompliance which includes two hospitalizations in past 36 months or acts/threat/attempt of violence to self/others in 48 months immediately preceding petition filing, unlikely to voluntarily participate, needs in order to prevent relapse or deterioration likely to result harm to self/others, and likely to benefit from treatment.

⁵ Kentucky allows for only a 60-day period of AOT and a possible single 60-day renewal period that must be agreed to by all parties.

State	Need for treatment	AOT	Relevant code sections	Standard
ME	X	X	ME REV. STAT. ANN. tit. 24-B, § 386(6)(A) tit. 34-B, § 3807(4) tit. 34-B, § 3873-A	Inpatient: Inpatient hospitalization is the best available means for treatment of the patient, the Court is satisfied with the submitted treatment plan AND based on recent actions or behavior, either (1) danger to self/others OR (2) severe physical or mental impairment or injury likely to result without treatment plus a determination that suitable community resources for his care and treatment are unavailable Outpatient: Same as for Inpatient OR in view of the person's treatment history, current behavior and inability to make an informed decision, a reasonable likelihood that the person's will deteriorate and in the foreseeable future pose a likelihood of serious harm
MD			MD. CODE ANN., HEALTH-GEN. § 10-632(e)(2)	Inpatient: Danger to self/others, in need of treatment, and unable or unwilling to be voluntarily admitted.
MA			MASS. GEN. LAWS ANN. ch. 123, § 8(e) ch. 123, § 1	Inpatient: (1) Danger to self/others or (2) very substantial risk of physical impairment or injury because unable to protect himself/herself in the community
MI	X	X	MICH. COMP. LAWS § 330.1401	Inpatient and Outpatient: (1) Danger to self others; (2) unable to attend to basic physical needs such as food, clothing, or shelter necessary to avoid serious harm in the near future; or (3) unable to understand need for treatment and continued behavior reasonably expected to result in significant physical harm to self/others. Outpatient: Impaired understanding of the need for treatment makes voluntarily participation in treatment unlikely, noncompliant with recommended treatment necessary to prevent a relapse or harmful deterioration of condition, and history of noncompliance that includes two hospitalizations in past 36 months or acts/threat/attempt of violence to self/others in past 48 months.
MIN		X	MINN. STAT. § 253B.09(1) § 253B.02(15), (17)(a) § 253B.05(6)	Inpatient: A clear danger to others OR the likelihood of physical harm to self/others as demonstrated by either (1) failure to obtain necessary food, clothing, shelter, or medical care as a result of impairment OR (2) inability to obtain necessary food, clothing, shelter or medical care and is more probable than not will suffer substantial harm, significant psychiatric deterioration or debilitation, or serious illness OR (3) a recent attempt or threat to harm self/others OR (4) recent, volitional conduct involving significant damage to property Outpatient: Meets one of the criteria from the inpatient standard AND either (1) manifestations interfere with ability to care for self and when competent would choose substantially similar treatment OR (2) has had at least two court-ordered hospitalizations in past three years, exhibits symptoms/behavior substantially similar to those precipitating one or more of those hospitalizations, and reasonably expected to deteriorate to inpatient standard unless treated
MS	X	X	MISS. CODE ANN. § 41-21-73(4) § 41-21-61(e)	Inpatient and Outpatient: A substantial likelihood of physical harm to self/others as demonstrated by (1) a recent attempt or threat to harm self/others or (2) failure to provide necessary food, clothing, shelter or medical care. Explicitly includes person who, based on treatment history, is in need of treatment to prevent further disability or deterioration predictably resulting in danger to self/others if unable to make informed decisions concerning treatment.
MO		X	MO. ANN. STAT. § 632.339(4) § 632.005(10) § 632.350(6)	Inpatient and Outpatient: (1) Likelihood of serious harm to self/others. (2) substantial risk that serious physical harm will result due to an impairment in capacity to make treatment decisions, evidenced by inability to provide for basic necessities of food, clothing, shelter, safety, medical care, or necessary mental health care. Evidence may also include past patterns of behavior.

State	Need for treatment	AOT	Relevant code sections	Standard
MT	X	X	MONT. CODE ANN. § 53-21-126(1) § 53-21-127(7) § 53-21-102(9)(a)	Inpatient and Outpatient: In determining whether the respondent requires commitment, the court shall consider the following (1) whether substantially unable to provide for basic needs of food, clothing, shelter, health, or safety; (2) whether recently caused self-injury or injury to others; (3) whether imminent danger to self/others; and (4) whether the respondent's mental disorder, demonstrated by the respondent's recent acts or omissions, will, if untreated, predictably result in deterioration to meet considerations nos. 1, 2 or 3. Predictability may be established by the respondent's relevant medical history. Commitments based solely on consideration no. 4 must be on an outpatient basis.
NE	X	X	NEB. REV. STAT. § 71-925(4) § 71-925(4) § 71-908	Inpatient and Outpatient: (1) Danger to self/others as manifested by recent threats/acts of violence or (2) substantial risk of serious harm evidenced by inability to provide for basic human needs, including food, clothing, shelter, essential medical care, or personal safety
NV			NEV. REV. STAT. § 433A.310(1) § 433A.115	Inpatient: Clear and present danger of harm to self/others and diminished capacity to conduct affairs, social relations, or care for personal needs. Explicitly includes the inability, without assistance, to satisfy need for nourishment, personal/medical care, shelter, self-protection or safety which will result in a reasonable probability that death, serious bodily injury or physical debilitation will occur within immediately preceding 30 days.
NH	X	X	NH REV. STAT. ANN. § 135-C:34 § 135-C:27	Inpatient and Outpatient: A potentially serious likelihood of danger to self/others as evidenced by either (1) recent infliction of serious bodily injury, attempted suicide, or serious self-injury in last 40 days which is likely to reoccur without treatment; (2) threatened infliction serious bodily injury on self in last 40 days, and that without treatment an act or attempt of serious self-injury will likely occur; (3) lacks capacity to care for own welfare and a likelihood of death, serious bodily injury, or serious debilitation; (4) severely mentally disabled for at least one year, involuntary admission within last 2 years, refusal of necessary treatment; and substantial probability that refusal will lead to death, serious bodily injury, or serious debilitation. OR: (5) threatened, attempted or actual act of violence in last 40 days.
NJ		6X	N.J. STAT. ANN. § 30-4-27.2(m), (r), (h), (i) § 30-4-27.5(b) § 30-4-27.10(g)	Inpatient and Outpatient: Danger to self/others/property, unwilling to be admitted voluntarily, and in need of treatment. Danger to self explicitly includes the inability, without assistance, to satisfy need for nourishment, essential medical care or shelter. Determination shall take into account a person's history, recent behavior and any recent act, threat or serious psychiatric deterioration.
NM			N.M. STAT. ANN. § 43-11(E) § 43-13(M), (N)	Inpatient: Danger to self/others, likely to benefit from treatment, and proposed commitment is consistent with treatment needs and least drastic means. Harm to self includes grave passive neglect
NY	X	X	N.Y. MENTAL HYG. LAW § 9.31(c) § 9.01 § 9.60(C) Case Law	Inpatient: Danger to self/others, treatment in hospital is essential to welfare, and is unable to understand need for care and treatment. Outpatient: Unlikely to survive safely in community without supervision, history of noncompliance which includes two hospitalizations in past 36 months or acts/threat/attempt of violence to self/others in 48 months immediately preceding petition filing, unlikely to voluntarily participate, needs in order to prevent relapse or deterioration likely to result in serious harm to self/others, and likely to benefit from assisted treatment.

⁶ Outpatient law was effective August 11, 2010, but implementation was initially delayed by Governor Chris Christie. The law is scheduled to be phased in over the next three years.

State	Need for treatment	AOT	Relevant code sections	Standard
NC	X	X	N.C. GEN. STAT. § 122C-268(i) § 122C-31(f)(1) § 122C-267(h) § 122C-265(a)(1) § 122C-271(e)	Inpatient: Danger to self/others/property. Explicitly includes reasonable probability of suffering serious physical debilitation from the inability to, without assistance, either exercise self-control, judgment, and discretion in conduct and social relations; OR safety need for nourishment, personal or medical care, shelter, or self-protection and safety. Outpatient: Capable of surviving safely in community with available supervision in need of treatment to prevent further deterioration predictably resulting in dangerousness, and inability to make informed decision to seek comply with voluntary treatment.
ND	X	X	N.D. CENT. CODE § 25-03.1-07 § 25-03.1-02(12)	Inpatient and Outpatient: Danger to self/others/property if not treated. Harm to self includes substantial likelihood of deterioration in physical health/substantial injury/disease/death, based upon recent poor self-control or judgment in providing shelter/nutrition/personal care; or substantial deterioration in mental health predictably resulting in danger to self/others/property based upon objective facts of loss of cognitive or volitional control over thoughts or actions or based upon history, current condition, effect of mental condition on ability to consent.
OH	X	X	OH REV. CODE ANN. § 5122.15(C) § 5122.01(B)	Inpatient and Outpatient: (1) Danger to self/others; (2) substantial and immediate risk of serious physical impairment or injury to self as manifested by inability to provide for basic physical needs and provision for needs is unavailable in community; or (3) needs and would benefit from treatment as evidenced by behavior creating grave and imminent risk to substantial rights of others/self.
OK	X	X	OKLA. STAT. ANN. tit. 43A, § 1-103(13)(e)	Inpatient and outpatient: (1) Substantial risk of immediate physical harm to self, manifested by serious threats or attempts; (2) substantial risk of immediate physical harm to another, manifested by violent behavior; (3) placement of another in reasonable fear of violence by serious and immediate threats; (4) severe deterioration of condition requiring immediate intervention to avert a substantial risk of severe impairment or injury; or (5) inability to meet basic physical needs, posing a substantial risk of death or immediate serious physical injury.
OR	X	X	OR REV. STAT. § 46.006(1)(e)	Inpatient and Outpatient: (1) Danger to self/others (2) unable to provide for basic personal needs and is not receiving care necessary for health/safety; or (3) chronic mental illness; two hospitalizations in previous three years, symptoms/behavior substantially similar to those that led to the previous hospitalizations, and will continue to physically or mentally deteriorate to either standard (1) or (2) if untreated.
PA	X	X	50 PA. CONS. STAT. ANN. § 7301(a) § 7301(b) § 7304(a) § 7304(f)	Inpatient and Outpatient: Clear and present danger to self/others; includes inability, without assistance, to satisfy need for nourishment, personal or medical care, shelter, or self-protection and safety, and reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days.
RI	X	X	R.I. GEN. LAWS § 40-1-5(8) § 40-1-5-2(7)	Inpatient and Outpatient: In need of care/treatment in a facility and if unsupervised in the community would be a danger to self/others. Explicitly includes substantial risk of harm manifested by grave, clear and present risk to physical health and safety.
SC	X	X	S.C. CODE ANN. § 44-17-580 § 44-23-10(12),(20)	Inpatient and Outpatient: Needs treatment and either (1) unable to make responsible decisions with respect to treatment; OR (2) likelihood of serious harm to self/others, including the substantial risk of physical impairment from inability to protect oneself in community and provisions for protection are unavailable.
SD	X	X	S.D. CODIFIED LAWS § 27A-1-2 § 27A-1-1(4), (5)	Inpatient and Outpatient: Danger to self/others, as evidenced by treatment history and recent acts, and needs and is likely to benefit from treatment. Danger to self includes danger of serious personal harm in the very near future evidenced by inability to provide for some basic human needs such as food, clothing, shelter, physical health, or personal safety, or arrest for criminal behavior due to mental illness.

State	Need for treatment	AOT	Relevant code sections	Standard
TN			TENN. CODE ANN. § 33-6-501 § 33-6-502	Inpatient: Substantial likelihood of serious harm, which includes the inability to avoid severe impairment or injury from specific risks or placing others in reasonable fear of serious physical harm.
TX	X	X	TEX. HEALTH & SAFETY CODE § 574.034 § 574.035	Inpatient: (1) Danger to self/others; or (2) severe and abnormal mental, emotional, or physical distress, substantial mental or physical deterioration of ability to function independently, exhibited by the inability to provide for basic needs, including food, clothing, health, or safety, and inability to make rational and informed treatment decisions Outpatient: (1) Danger to self/others; or (2) severe and persistent mental illness if untreated will suffer severe and abnormal mental, emotional, or physical distress, and deterioration of the ability to function independently and inability to live safely in community, and inability to voluntarily and effectively participate in outpatient treatment as demonstrated by actions of past two years; or the inability to make an informed treatment decision
UT		X	UTAH CODE ANN. § 62A-15-631(10) 62A-15-602(12) 62A-15-602(13)	Inpatient and Outpatient: Inability to make rational treatment decision and danger to self/others, explicitly including both inability to provide basic necessities such as food, clothing, and shelter and substantial risk of extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of mental faculty.
VT	X	X	VT STAT. ANN. tit. 18, § 7601 tit. 18, § 7101(16) tit. 18, § 7101(17)	Inpatient and Outpatient: (1) Danger to self/others and (2) a patient who is receiving adequate treatment, and who, if such treatment is discontinued, is likely to deteriorate to the standard in (1). Danger to others includes presenting a danger to persons in his/her care. Danger to self can be the inability, without assistance, to satisfy need for nourishment, personal or medical care, shelter, or self-protection and safety, so that probable death, substantial physical bodily injury, serious mental deterioration, or physical debilitation or disease will ensue.
VA		X	VA. CODE ANN. § 37.1-67.3(f) § 37.1-67.3(j)	Inpatient: (1) Imminent danger to self/others; or (2) so seriously mentally ill as to be substantially unable to care for self substantially likely to "suffer serious harm due to substantial deterioration of his capacity to protect himself from harm or to provide for his basic human needs as evidenced by current circumstances." Outpatient: Same as for inpatient plus is competent to understand the stipulations of treatment, wants to live in community and agrees to abide by treatment plan, has capacity to comply with treatment plan, ordered treatment can be delivered on outpatient basis, and can be monitored by community services board or designated providers.
WA	X	X	REV. CODE WASH. § 71.05.240(3) § 71.05.020(7)(19) (25)(45)	Inpatient: (1) Danger to self/others/property, or (2) in danger of serious physical harm from failure to provide for essential human needs of health or safety, or (3) severe deterioration in routine functioning evidenced by loss of cognitive or volitional control and not receiving essential care Outpatient: Same as inpatient if outpatient treatment is in best interest of person
WV		X	W. VA. CODE § 27-5-4(i) § 27-1-12	Inpatient and Outpatient: Danger to self/others. Danger to others includes presenting a danger to persons in his/her care. Danger to self can be the inability, without assistance, to satisfy need for nourishment, personal or medical care, shelter, or self-protection and safety, so that probable death, substantial physical bodily injury, serious mental deterioration or physical debilitation or disease will ensue. Note: Applications for final commitment must state, in detail, the recent overt acts upon which a danger to self/others conclusion is based.

State	Need for treatment	AOT	Relevant code sections	Standard
WI	X	X	<p>WIS. STAT. ANN. § 51.20(1)(a) § 51.20(1)(b)2</p>	<p>Inpatient and Outpatient: (1) Danger to self/others as evidenced by recent acts/threats; (2) substantial probability of physical impairment/injury to self as evidenced by recent acts/omissions; (3) inability to satisfy basic needs for nourishment, medical care, shelter or safety so that substantial probability of imminent death, serious physical injury, serious physical debilitation or serious physical disease; or (4) substantial inability to make informed treatment choice; needs care or treatment to prevent deterioration, and substantial probability that if untreated, will lack services for health or safety and suffer severe mental, emotional or physical harm that will result in the loss of ability to function in community or loss of cognitive or volitional control over thoughts or actions.</p>
WY	X	X	<p>WYO. STAT. ANN. § 25-10-110(j) § 25-10-101(a)(ix) § 25-10-101(a)(iii) § 25-10-110(j)(ii)</p>	<p>Inpatient and Outpatient: (1) Danger to self/others; (2) unable, without available assistance, to satisfy basic needs for nourishment, essential medical care, shelter or safety so it is likely that death, serious physical injury, serious physical debilitation, serious mental debilitation, destabilization from lack of or refusal to take prescribed psychotropic medications for a diagnosed condition or serious physical disease will imminently ensue.</p>