

SENATE BILL 1334

By Bailey

AN ACT to amend Tennessee Code Annotated, Title 13,
Chapter 23, Part 1 and Title 33, relative to social
support.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 13, Chapter 23, Part 1, is amended by adding the following new section:

(a) The agency may provide for the construction, maintenance, and funding, for up to two (2) years of services, for a sanctioned camping site for individuals lacking a stable home. The campsites must allow individuals to camp and store personal property, or must provide small-unit shelters housing no more than two (2) individuals. The campsites must be secure and provide access to electricity, potable water, showers, and bathroom facilities. Such campsites must limit occupation to no more than two (2) consecutive years unless there are extenuating circumstances. A public or private operator of such a campsite is immune from liability from the acts of individuals residing on the site except in cases of gross negligence. If the agency determines that extenuating circumstances justify occupation by an individual for more than two (2) consecutive years, services must continue to be provided to the individual during the extended period.

(b) The agency may provide for pay-for-performance contracts for individuals lacking a stable home for up to two (2) years. The contracts must assist such individuals with substance use, mental health treatment, and other similar services, including short-term housing support. The agency shall provide up to twenty-five percent (25%) of the base allocation of such contracts as performance payments to the contracting individual

or group of individuals that can meet pre-defined goals for reducing the amount of days such individual or group is unhoused, in jail or prison, or hospitalized. If a public entity other than the agency maintains data that may assist the agency with evaluating pay-for-performance contracts executed under this subsection (b), then the entity shall provide access to such data to the agency upon request.

(c) Agency funds, or federal funds received by the agency for which there are not explicit requirements for such uses under federal law or regulation, must not be used to construct permanent supportive housing for the homeless, but may be used for the programs set forth under subsections (a) and (b).

(d) The agency shall prioritize the use of awards, including awards from the housing trust fund created pursuant to § 13-23-501, for programs established under subsections (a) and (b) in those counties that have an above-average level of unsheltered homeless individuals per capita, as calculated by the most recent federal decennial census and the most recent point-in-time count of homelessness required by the United States department of housing and urban development.

SECTION 2. Tennessee Code Annotated, Section 33-6-502, is amended by deleting the section and substituting:

A person may be judicially committed to involuntary care and treatment in a hospital or treatment resource, or to assisted outpatient treatment, in proceedings conducted in conformity with chapter 3, part 6 of this title if:

(1) The person has a mental illness or serious emotional disturbance;

(2) The person poses a substantial likelihood of serious harm because of the mental illness or serious emotional disturbance, or the person's condition resulting from the mental illness or serious emotional disturbance is likely to

deteriorate rapidly to the point that the person will pose a substantial likelihood of serious harm;

(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.

SECTION 3. Tennessee Code Annotated, Section 33-6-602, is amended by deleting the section and substituting:

(a) A person is eligible for discharge subject to the obligation to participate in a medically appropriate outpatient treatment, including, but not limited to, psychotherapy, medication, or day treatment, under a plan approved by the releasing facility and the outpatient qualified mental health professional if, on the basis of a review of the person's history before and during hospitalization, the hospital staff concludes that:

(1) The person has a mental illness or serious emotional disturbance or has a mental illness or serious emotional disturbance in remission;

(2) The person's condition resulting from mental illness or serious emotional disturbance is likely to deteriorate rapidly to the point that the person will pose a substantial likelihood of serious harm as defined in § 33-6-501 unless treatment is continued;

(3) The person is likely to participate in outpatient treatment with a legal obligation to do so;

(4) The person is not likely to participate in outpatient treatment unless legally obligated to do so; and

(5) Mandatory outpatient treatment is a suitable less drastic alternative to commitment.

(b) A person shall participate in any medically appropriate outpatient treatment, including, but not limited to, psychotherapy, medication, or day treatment, under a plan approved by the releasing facility and the outpatient qualified mental health professional if, on the basis of a review of the commitment criteria established in §§ 33-6-502 - 504, a court concludes that:

(1) The person has a mental illness or serious emotional disturbance or has a mental illness or serious emotional disturbance in remission;

(2) The person's condition resulting from mental illness or serious emotional disturbance is likely to deteriorate rapidly to the point that the person will pose a substantial likelihood of serious harm as defined in § 33-6-501 unless treatment is started;

(3) The person is likely to participate in outpatient treatment with a legal obligation to do so;

(4) The person is not likely to participate in outpatient treatment unless legally obligated to do so; and

(5) Mandatory outpatient treatment is a suitable less drastic alternative to commitment.

SECTION 4. Tennessee Code Annotated, Section 33-6-603, is amended by deleting the section and substituting:

(a)

(1) In developing the plan for assisted outpatient treatment after release from a hospital, the releasing facility and the outpatient qualified mental health professional shall consult with the service recipient; the service recipient's parents, legal custodian, or legal guardian if the service recipient is a child; and the service recipient's conservator, if any. Subject to obtaining any necessary

consent before making a disclosure of patient information relating to outpatient treatment, the releasing facility and the outpatient qualified mental health professional may also consult with the service recipient's spouse or other adult family member with whom the service recipient would live concerning the outpatient treatment plan. Before approving the outpatient treatment plan, the releasing facility and the outpatient qualified mental health professional shall obtain the service recipient's consent to the plan to the extent practical and shall obtain the consent of the service recipient's parents, legal custodian, or legal guardian if the service recipient is a child.

(2) The releasing facility shall provide a clear written statement of what the service recipient must do to stay in compliance with the plan to the service recipient; the service recipient's parents, legal custodian, or legal guardian if the service recipient is a child; the service recipient's spouse or other adult family member with whom the service recipient would live; and the service recipient's conservator. If the service recipient is a child, the statement must specify the duties of the service recipient's parents, legal custodian, or legal guardian. The plan must be shared with the court and incorporated into the order of commitment. The court may enforce compliance with the plan.

(b)

(1) In developing the plan for assisted outpatient treatment unrelated to previous inpatient treatment, the outpatient qualified mental health professional shall consult with the service recipient; the service recipient's parents, legal custodian, or legal guardian if the service recipient is a child; and the service recipient's conservator, if any. Subject to obtaining any necessary consent before making a disclosure of patient information relating to outpatient treatment,

the outpatient qualified mental health professional may also consult with the service recipient's spouse or other adult family member with whom the service recipient would live concerning the outpatient treatment plan. Before approving the outpatient treatment plan, the outpatient qualified mental health professional shall obtain the service recipient's consent to the plan to the extent practical and shall obtain the consent of the service recipient's parents, legal custodian, or legal guardian if the service recipient is a child.

(2) The outpatient qualified mental health professional shall provide a clear written statement of what the service recipient must do to stay in compliance with the plan to the service recipient; the service recipient's parents, legal custodian, or legal guardian if the service recipient is a child; the service recipient's spouse or other adult family member with whom the service recipient would live; and the service recipient's conservator. If the service recipient is a child, the statement must specify the duties of the service recipient's parents, legal custodian, or legal guardian. The plan must be shared with the court and incorporated into the order of commitment. The court may enforce compliance with the plan.

SECTION 5. This act takes effect upon becoming a law, the public welfare requiring it.