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# **MISSOURI INVOLUNTARY HOLDS INFORMATION:**

## **MISSOURI INVOLUNTARY STATUTES**

### **Chapter 632**

#### **Comprehensive Psychiatric Services**

#### **DEFINITIONS:**

**632.005. As used in chapter 631, RSMo, and this chapter, unless the context clearly requires otherwise, the following terms shall mean:**

- (1) “Comprehensive psychiatric services”, any one, or any combination of two or more, of the following services to persons affected by mental disorders other than mental retardation or developmental disabilities: inpatient, outpatient, day program or other partial hospitalization, emergency, diagnostic, treatment, liaison, follow-up, consultation, education, rehabilitation, prevention, screening, transitional living, medical prevention and treatment for alcohol abuse, and medical prevention and treatment for drug abuse;
- (2) “Council”, the Missouri advisory council for comprehensive psychiatric services;
- (3) “Court”, the court which has jurisdiction over the respondent or patient;
- (4) “Division”, the division of comprehensive psychiatric services of the department of mental health;
- (5) “Division director”, director of the division of comprehensive psychiatric services of the department of mental health, or his designee;
- (6) “Head of mental health facility”, superintendent or other chief administrative officer of a mental health facility, or his designee;
- (7) “Judicial day”, any Monday, Tuesday, Wednesday, Thursday or Friday when the court is open for business, but excluding Saturdays, Sundays and legal holidays;
- (8) “Licensed physician”, a physician licensed pursuant to the provisions of chapter 334, RSMo, or a person authorized to practice medicine in this state pursuant to the provisions of section 334.150, RSMo;
- (9) “Likelihood of serious harm” means any one or more of the following but does not require actual physical injury to have occurred:
  - (a) A substantial risk that serious physical harm will be inflicted by a person upon his own person, as evidenced by recent threats, including verbal threats, or attempts to commit suicide or inflict physical harm on himself. Evidence of substantial risk may also include information about

patterns of behavior that historically have resulted in serious harm previously being inflicted by a person upon himself;

(b) A substantial risk that serious physical harm to a person will result or is occurring because of an impairment in his capacity to make decisions with respect to his hospitalization and need for treatment as evidenced by his current mental disorder or mental illness which results in an inability to provide for his own basic necessities of food, clothing, shelter, safety or medical care or his inability to provide for his own mental health care which may result in a substantial risk of serious physical harm. Evidence of that substantial risk may also include information about patterns of behavior that historically have resulted in serious harm to the person previously taking place because of a mental disorder or mental illness which resulted in his inability to provide for his basic necessities of food, clothing, shelter, safety or medical or mental health care; or

(c) A substantial risk that serious physical harm will be inflicted by a person upon another as evidenced by recent overt acts, behavior or threats, including verbal threats, which have caused such harm or which would place a reasonable person in reasonable fear of sustaining such harm. Evidence of that substantial risk may also include information about patterns of behavior that historically have resulted in physical harm previously being inflicted by a person upon another person; (10) “Mental health coordinator”, a mental health professional employed by the state of Missouri who has knowledge of the laws relating to hospital admissions and civil commitment and who is appointed by the director of the department, or his designee, to serve a designated geographic area or mental health facility and who has the powers, duties and responsibilities provided in this chapter;

(11) “Mental health facility”, any residential facility, public or private, or any public or private hospital, which can provide evaluation, treatment and, inpatient care to persons suffering from a mental disorder or mental illness and which is recognized as such by the department or any outpatient treatment program certified by the department of mental health. No correctional institution or facility, jail, regional center or mental retardation facility shall be a mental health facility within the meaning of this chapter;

(12) “Mental health professional”, a psychiatrist, resident in psychiatry, psychologist, psychiatric nurse or psychiatric social worker;

(13) “Mental health program”, any public or private residential facility, public or private hospital, public or private specialized service or public or private day program that can provide care, treatment, rehabilitation or services, either through its own staff or through contracted providers, in an inpatient or outpatient setting to persons with a mental disorder or mental illness or with a diagnosis of alcohol abuse or drug abuse which is recognized as such by the department. No correctional institution or facility or jail may be a mental health program within the meaning of this chapter;

(14) “Ninety-six hours” shall be construed and computed to exclude Saturdays, Sundays and legal holidays which are observed either by the court or by the mental health facility where the respondent is detained;

(15) “Peace officer”, a sheriff, deputy sheriff, county or municipal police officer or highway patrolman;

(16) “Psychiatric nurse”, a registered professional nurse who is licensed under chapter 335, RSMo, and who has had at least two years of experience as a registered professional nurse in providing psychiatric nursing treatment to individuals suffering from mental disorders;

(17) “Psychiatric social worker”, a person with a master’s or further advanced degree from an

accredited school of social work, practicing pursuant to chapter 337, RSMo, and with a minimum of one year training or experience in providing psychiatric care, treatment or services in a psychiatric setting to individuals suffering from a mental disorder;

(18) “Psychiatrist”, a licensed physician who in addition has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program certified as equivalent by the department;

(19) “Psychologist”, a person licensed to practice psychology under chapter 337, RSMo, with a minimum of one year training or experience in providing treatment or services to mentally disordered or mentally ill individuals;

(20) “Resident in psychiatry”, a licensed physician who is in a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program certified as equivalent by the department;

(21) “Respondent”, an individual against whom involuntary civil detention proceedings are instituted pursuant to this chapter;

(22) “Treatment”, any effort to accomplish a significant change in the mental or emotional conditions or the behavior of the patient consistent with generally recognized principles or standards in the mental health professions.

(L. 1980 H.B. 1724, A.L. 1985 S.B. 265, A.L. 1988 H.B. 971, A.L. 1996 S.B. 884 & 841)

CROSS REFERENCE:

Definitions also applicable, RSMo 630.005

### **632.010. Responsibilities, powers, functions and duties of division.**

1. The “Division of Comprehensive Psychiatric Services” is hereby created within the department of mental health. The division shall have the responsibility of insuring that division prevention, evaluation, treatment and rehabilitation services are accessible, wherever possible. The division shall have and exercise supervision of division residential facilities, day programs and other specialized services operated by the department and oversight over facilities, programs and services funded or licensed by the department.

2. The powers, functions and duties of the division shall include the following:

(1) Provision of funds for the planning and implementation of accessible programs to prevent and alleviate mental disorders and mental illness;

(2) Review of comprehensive psychiatric service plans submitted to receive state and federal funds allocated by the department;

(3) Provision of technical assistance and training to community-based programs to assist in planning and implementing quality services;

(4) Assurance of program quality in compliance with such appropriate standards as may be established by the department;

(5) Sponsorship and encouragement of research into the causes, effects, prevention, treatment and rehabilitation of mental disorders and mental illness;

(6) Provision of public information relating to mental disorders and mental illness;

(7) Cooperation with non-state governmental agencies and the private sector in establishing, conducting, integrating and coordinating facilities, programs, projects and services for persons affected by mental disorders or mental illness;

(8) Participation in developing and implementing a statewide plan to prevent and alleviate mental disorders and mental illness and to overcome the barriers to the treatment and rehabilitation of persons chronically affected by mental disorders or mental illness;

- (9) Encouragement of coordination of division services with other divisions of the department and other state agencies, where appropriate;
- (10) Encouragement of the utilization, support, assistance and dedication of volunteers to participate in the treatment and rehabilitation of persons affected by mental disorders or mental illness or to persuade such persons to voluntarily seek appropriate services to alleviate their disorders or illness;
- (11) Evaluation, or the requirement of the evaluation, including the collection of appropriate and necessary information, of division programs to determine their cost-and-benefit effectiveness;
- (12) Participation in developing standards for residential facilities, day programs and specialized services operated, funded or licensed by the department for persons affected by mental disorders or mental illness.

(L. 1980 H.B. 1724)

**632.015. Division director to be chief administrative officer.**

The division director, subject to the supervision of the director, shall be the chief administrative officer of his division and shall exercise for the division the powers and duties of an appointing authority under chapter 36, RSMo, to employ such administrative, technical and other personnel, except employees of department facilities, as may be necessary for the performance of the powers and duties of the division.

(L. 1980 H.B. 1724)

**632.020. Advisory council for comprehensive psychiatric services—members, number, terms, qualifications, appointment—organization, meetings –duties.**

1. The Missouri advisory council for comprehensive psychiatric services, created by executive order of the governor on June 10, 1977, shall act as an advisory body to the division and the division director. The council shall be comprised of up to twenty-five members, the number to be determined under the council bylaws.

2. The members of the council shall be appointed by the director. Members shall serve for overlapping terms of three years each. The members of the existing council appointed under the provisions of the executive order shall serve the remainder of their appointed terms. At the expiration of the term of each such member, the director shall appoint an individual who shall hold office for a term of three years. Each member shall hold office until a successor has been appointed. Members shall have professional, research or personal interest in the prevention, evaluation, care, treatment and rehabilitation of persons affected by mental disorders and mental illness. The council shall include representatives from the following:

(1) Nongovernment organization or groups and state agencies concerned with the planning, operation or use of comprehensive psychiatric services;

(2) Representatives of consumers and providers of comprehensive psychiatric services who are familiar with the need for such services. At least one-half of the members shall be consumers. No more than one-fourth of the members shall be vendors or members of boards of directors, employees or officers of vendors, or any of their spouses, if such vendors receive more than fifteen hundred dollars under contract with the department; except that members of boards of directors of not-for-profit corporations shall not be considered members of board of directors of vendors under this subsection.

3. A vacancy occurring on the council shall be filled by appointment of the director.

4. Meetings shall be held at least every ninety days at the call of the division director or the

council chairman, who shall be elected by the council.

5. Each member shall be reimbursed for reasonable and necessary expenses, including travel expenses pursuant to the travel regulations for employees of the department, actually incurred in the performance of his official duties.

6. The council may be divided into sub-councils in accordance with its bylaws. The council shall study, plan and make recommendations on the prevention, evaluation, care, treatment, rehabilitation, housing and facilities for persons affected by mental disorders and mental illness.

7. No member of a state advisory council may participate in or seek to influence a decision or vote of the council if the member would be directly involved with the matter or if he would derive income from it. A violation of the prohibition contained herein shall be grounds for a person to be removed as a member of the council by the director.

8. The council shall collaborate with the department in developing and administering a state plan for comprehensive psychiatric services. The council shall be advisory and shall:

(1) Promote meetings and programs for the discussion of reducing the debilitating effects of mental disorders and mental illness and disseminate information in cooperation with any other department, agency or entity on the prevention, evaluation, care, treatment and rehabilitation for persons affected by mental disorders or mental illness;

(2) Study and review current prevention, evaluation, care, treatment and rehabilitation technologies and recommend appropriate preparation, training, retraining and distribution of manpower and resources in the provision of services to persons affected by mental disorders or mental illness through private and public residential facilities, day programs and other specialized services;

(3) Recommend what specific methods, means and procedures should be adopted to improve and upgrade the department comprehensive psychiatric service delivery system for citizens of this state;

(4) Participate in developing and disseminating criteria and standards to qualify comprehensive psychiatric service residential facilities, day programs and other specialized services in this state for funding or licensing, or both, by the department.

(L. 1980 H.B. 1724)

### **632.025. Services to be provided.**

The division may provide prevention, evaluation, care, treatment, rehabilitation and such related services directly or through performance contracts with appropriate residential facilities, day programs or specialized services licensed and funded by the department.

(L. 1980 H.B. 1724)

### **632.030. Department to develop state plan, contents.**

1. The department shall prepare a state plan to secure coordinated prevention, evaluation, care, treatment and rehabilitation services accessible to persons in need of them in defined geographic areas, which plan shall be reviewed and revised annually.

2. The state plan shall include, but need not be limited to, the following:

(1) A needs-assessment of the state to determine underserved, un-served and inappropriately served populations and areas;

(2) Statements of short-term and long-term goals for meeting the needs of the currently served, un-served, underserved or inappropriately served populations and areas of the state;

(3) An inventory of existing private or community-based public residential facilities, clinics, day

programs and other specialized service providers offering mental disorder or mental illness services;

(4) Evaluations of the effects of prevention, evaluation, care, treatment and rehabilitation programs;

(5) Descriptions of the following:

(a) Methods for assuring active, consumer-oriented citizen participation throughout the system;

(b) Strategies and procedures for encouraging, coordinating and integrating community-based services wherever practicable to avoid duplication by private, not-for-profit and public state and community-based providers of services;

(c) Methods for monitoring the quality of prevention, evaluation, care, treatment and rehabilitation services funded by the state;

(d) Rules which set standards for construction, staffing, operations and programs, as appropriate, for any public or private entity to meet before receiving state licensing, certification or funding; and

(e) Plans for addressing the particular mental disorder and mental illness service needs of each region, including special strategies for rural and urban un-served, underserved or inappropriately served populations and areas of the state.

3. In preparing the state plan, the department shall take into consideration its regional plans.

(L. 1980 H.B. 1724)

**632.035. Department director to establish regions.**

The department director shall divide the state into regions. The boundaries of such regions shall, to the extent practicable, be contiguous with relevant boundaries of political subdivisions and health service areas.

(L. 1980 H.B. 1724)

**632.040. Department director may establish regional councils—division director to appoint members—terms and qualifications of members.**

1. The director may establish regional councils in any of the regions. If a regional council is established in a region, the division director shall appoint up to twenty members who reside in the region to serve staggered three-year terms on the councils.

2. At least one-half of the members shall be consumers and no more than one-fourth of the members shall be vendors, or employees, members of boards of directors or officers of vendors, or their spouses, if such vendors receive more than fifteen hundred dollars under contract with the department; except that members of boards of directors of not-for-profit corporations shall not be subject to the one-fourth limitation on the membership under this subsection.

3. No member of a regional advisory council may participate in or seek to influence a decision or vote of the council if the member would be directly involved with the matter or if he would derive income from it. A violation of the prohibition contained herein shall be grounds for a person to be removed as a member of the council by the director.

(L. 1980 H.B. 1724)

**632.045. Duties of regional advisory councils—plans—employment of staff.**

1. Any regional advisory councils established under section 632.040 shall participate in the preparation of regional plans and annually review, advise on and recommend them before they are transmitted to the state advisory council and the division director. The plans shall include at

least the following:

(1) An inventory of existing private or community-based public residential facilities, clinics, day programs and other specialized service providers offering mental disorder or mental illness services;

(2) An assessment of needs, including any special target populations, of un-served, underserved or inappropriately served persons;

(3) A statement of specific goals for the region.

\*2. Any staff of such regional advisory councils shall be provided only from funds appropriated specifically for that purpose. This subsection shall become effective July 1, 1981.

(L. 1980 H.B. 1724)

**632.050. Division to identify community-based services.**

The division shall identify community-based services in each geographic area as entry and exit points into and from the state mental health delivery system offering a continuum of comprehensive mental health services.

(L. 1980 H.B. 1724)

**632.055. Division to provide services.**

The division shall provide or arrange for the provision of services in the least restrictive environment to mentally disordered and mentally ill persons based upon their diagnoses and individualized treatment plans on a continuum of services.

(L. 1980 H.B. 1724)

**632.060. Department may establish outpatient clinics—cooperation with others.**

The department may establish clinics for the evaluation, care, treatment or rehabilitation, on an outpatient basis, of persons affected by mental disorders or mental illness. The department shall cooperate with political subdivisions, schools and other organizations in the geographic area where it locates its clinic to establish and further programs of education and training for the prevention of mental disorders and mental illness.

(L. 1980 H.B. 1724)

**632.070. Family services division to cooperate with mental health department—consent for minors required.**

The division of family services of the department of social services through its county family service offices shall cooperate with the facilities, programs and services operated or funded by the department in locating, referring and interviewing any persons who are in need of comprehensive psychiatric services. The parents or legal custodians of any minors shall consent to the treatment of the minors, and they shall be advised that they have the right to consult their regular physicians before giving their consent to any treatment.

(L. 1980 H.B. 1724)

**632.105. Adults to be accepted for evaluation, when, by whom—may then be admitted to mental health facility—consent required.**

1. The head of a private mental health facility may, and the head of a department mental health facility shall, except in the case of a medical emergency and subject to the availability of suitable programs and accommodations, accept for evaluation, on an outpatient basis if practicable, any

person eighteen years of age or over who applies for his admission. The department may require that a community-based service where the person resides perform the evaluation pursuant to an affiliation agreement and contract with the department.

2. If a person is diagnosed as having a mental disorder, other than mental retardation or developmental disability without another accompanying mental disorder, and is determined to be in need of inpatient treatment, the person may be admitted by a private mental health facility and shall be admitted by a department mental health facility, if suitable accommodations are available, for care and treatment as an inpatient for such periods and under such conditions as authorized by law. The department may require that a community-based service where the patient resides admit the person for inpatient care and treatment pursuant to an affiliation agreement and contract with the department.

3. A person who is admitted under this section is a voluntary patient and shall have the right to consent to evaluation, care, treatment and rehabilitation and shall not be medicated without his prior voluntary and informed consent; except that medication may be given in emergency situations.

(L. 1980 H.B. 1724)

**632.110. Minors to be accepted for evaluation, when, by whom—may then be admitted to mental health facility—parent or guardian to consent —peace officer may transport to facility, when.**

1. The head of a private mental health facility may, and the head of a department mental health facility shall, except in the case of a medical emergency and subject to the availability of suitable programs and accommodations, accept for evaluation, on an outpatient basis if practicable, any minor for whom an application for voluntary admission is made by his parent or other legal custodian. The department may require that a community-based service where the minor resides perform the evaluation pursuant to an affiliation agreement or contract with the department.

2. If the minor is diagnosed as having a mental disorder, other than mental retardation or developmental disability without another accompanying mental disorder, and found suitable for inpatient treatment as a result of the evaluation, the minor may be admitted by a private mental health facility or shall be admitted by a department mental health facility, if suitable accommodations are available, for care, treatment and rehabilitation as an inpatient for such periods and under such conditions as authorized by law. The department may require that a community-based service where the patient resides admit the person for inpatient care, treatment and rehabilitation pursuant to an affiliation agreement and contract with the department.

3. The parent or legal custodian who applied for the admission of the minor shall have the right to authorize his evaluation, care, treatment and rehabilitation and the right to refuse permission to medicate the minor; except that medication may be given in emergency situations. 4. The parent or legal custodian may request a peace officer to take a minor into custody and transport him to the mental health facility for evaluation if the parent or legal custodian applies for such evaluation under subsection 1 of this section.

(L. 1980 H.B. 1724)

**632.115. Juveniles to be admitted by heads of facilities when committed.**

The head of a private mental health facility may, and the head of a public mental health facility shall, except in the case of medical emergency and subject to the availability of suitable programs and accommodations, admit any minor who has symptoms of mental disorder other



than mental retardation or developmental disability, who is under the jurisdiction of a juvenile court and who is committed to a facility not operated by the state of Missouri under section 211.181, RSMo, or to the custody of the director pursuant to sections 211.201 to 211.207, RSMo, for assignment by the director to an appropriate facility.  
(L. 1980 H.B. 1724)

**632.120. Incompetents to be accepted by heads of facilities upon application –duration of admission for evaluation–consent may be authorized.**

1. The head of a private mental health facility may, and the head of a department facility shall, except in the case of a medical emergency and subject to the availability of suitable programs and accommodations, accept for evaluation and treatment, on an outpatient basis if practicable, any person who has been declared incapacitated by a court of competent jurisdiction and for whom an application for voluntary admission is made by his guardian. The department may require that a community-based service where the person resides perform the evaluation pursuant to an affiliation agreement and contract with the department.

2. If the person is diagnosed as having a mental disorder, other than mental retardation or developmental disability without another accompanying mental disorder, and the person is found suitable for inpatient treatment as a result of the evaluation, the person may be admitted by a private mental health facility or shall be admitted by a public mental health facility, if suitable accommodations are available, for care, treatment and rehabilitation as an inpatient for up to thirty days after admission for evaluation and treatment.

3. If further inpatient services are recommended, the person may remain in the facility only if his guardian is authorized by the court to continue the inpatient hospitalization. The court may authorize the guardian to consent to evaluation, care, treatment, including medication, and rehabilitation on an inpatient basis.

(L. 1980 H.B. 1724, A.L. 1985 S.B. 35, et al.)

**632.150. Release of voluntary patients–voluntary patient may be involuntarily detained, procedure.**

1. A voluntary patient who has applied for his own admission may request his release either orally or in writing to the head of the mental health facility and shall be released immediately; except, that if the head of the facility determines that he is mentally disordered and, as a result, presents a likelihood of serious physical harm to himself or others, the head of the facility may refuse the request for release.

2. If the request for release is refused, the mental health facility may detain the person only if a mental health coordinator, a licensed physician, a registered professional nurse designated by the facility and approved by the department, a mental health professional or a peace officer completes an application for detention for evaluation and treatment to begin the involuntary detention of the patient under this chapter.

(L. 1980 H.B. 1724)

**632.155. Release of voluntary minor patients, consent required–may be involuntarily detained, when, procedure.**

1. A voluntary patient who is a minor and who requests his release either orally or in writing, or whose release is requested in writing to the head of the facility by his parent, spouse, adult next of kin, or person entitled to his custody, shall be released immediately; except, that if the patient

was admitted on the application of another person, his release shall be conditioned upon receiving the consent of the person applying for his admission.

2. If the head of the mental health facility determines that the minor is mentally disordered and, as a result, presents a likelihood of serious physical harm to himself or others, the head of the facility may refuse the release. The mental health facility may detain the minor only if a mental health coordinator, a licensed physician, a mental health professional or a registered professional nurse designated by the facility and approved by the department completes an application for detention for evaluation and treatment to begin the involuntary detention of the minor under this chapter or, if appropriate, the minor is detained in the facility under the provisions of chapter 211, RSMo.

(L. 1980 H.B. 1724)

**632.175. Review of patient's condition, by whom, when—release or placement—copy of review to be given.**

1. At least once every one hundred eighty days, the head of each mental health facility shall cause the condition of each patient to be reviewed for the purpose of determining whether the patient needs further hospitalization or should be released. If, as a result of such review, it is determined that inpatient care, treatment and rehabilitation are no longer appropriate, the head of the facility shall discharge, or initiate proceedings to discharge, the patient. If a patient meets the criteria for placement, the head of the facility shall refer him for placement.

2. In making the review required by this section, the head of the facility shall satisfy himself that the patient is receiving care, treatment or rehabilitation in the least restrictive environment available.

3. If the patient has a guardian, copies of this review and the person's individualized treatment plan shall be sent to the guardian and the court.

(L. 1980 H.B. 1724)

**632.300. Procedure when a likelihood of serious harm is alleged.**

1. When a mental health coordinator receives information alleging that a person, as the result of a mental disorder, presents a likelihood of serious harm to himself or others, he shall:

(1) Conduct an investigation;

(2) Evaluate the allegations and the data developed by investigation; and

(3) Evaluate the reliability and credibility of all sources of information.

2. If, as the result of personal observation or investigation, the mental health coordinator has reasonable cause to believe that such person is mentally disordered and, as a result, presents a likelihood of serious harm to himself or others, the mental health coordinator may file an application with the court having probate jurisdiction pursuant to the provisions of section 632.305; provided, however, that should the mental health coordinator have reasonable cause to believe, as the result of personal observation or investigation, that the likelihood of serious harm by such person to himself or others as a result of a mental disorder is imminent unless the person is immediately taken into custody, the mental health coordinator shall request a peace officer to take or cause such person to be taken into custody and transported to a mental health facility in accordance with the provisions of subsection 3 of section 632.305.

3. If the mental health coordinator determines that involuntary commitment is not appropriate, he should inform either the person, his family or friends about those public and private agencies and

courts which might be of assistance.  
(L. 1980 H.B. 1724, A.L. 1996 S.B. 884 & 841)

**632.305. Detention for evaluation and treatment, who may request—procedure —duration—disposition after application.**

1. An application for detention for evaluation and treatment may be executed by any adult person, who need not be an attorney or represented by an attorney, including the mental health coordinator, on a form provided by the court for such purpose, and must allege under oath that the applicant has reason to believe that the respondent is suffering from a mental disorder and presents a likelihood of serious harm to himself or to others. The application must specify the factual information on which such belief is based and should contain the names and addresses of all persons known to the applicant who have knowledge of such facts through personal observation.
2. The filing of a written application in court by any adult person, who need not be an attorney or represented by an attorney, including the mental health coordinator, shall authorize the applicant to bring the matter before the court on an ex parte basis to determine whether the respondent should be taken into custody and transported to a mental health facility. The application may be filed in the court having probate jurisdiction in any county where the respondent may be found. If the court finds that there is probable cause, either upon testimony under oath or upon a review of affidavits, to believe that the respondent may be suffering from a mental disorder and presents a likelihood of serious harm to himself or others, it shall direct a peace officer to take the respondent into custody and transport him to a mental health facility for detention for evaluation and treatment for a period not to exceed ninety-six hours unless further detention and treatment is authorized pursuant to this chapter. Nothing herein shall be construed to prohibit the court, in the exercise of its discretion, from giving the respondent an opportunity to be heard.
3. A mental health coordinator may request a peace officer to take or a peace officer may take a person into custody for detention for evaluation and treatment for a period not to exceed ninety-six hours only when such mental health coordinator or peace officer has reasonable cause to believe that such person is suffering from a mental disorder and that the likelihood of serious harm by such person to himself or others is imminent unless such person is immediately taken into custody. Upon arrival at the mental health facility, the peace officer or mental health coordinator who conveyed such person or caused him to be conveyed shall either present the application for detention for evaluation and treatment upon which the court has issued a finding of probable cause and the respondent was taken into custody or complete an application for initial detention for evaluation and treatment for a period not to exceed ninety-six hours which shall be based upon his own personal observations or investigations and shall contain the information required in subsection 1 of this section.
4. If a person presents himself or is presented by others to a mental health facility and a licensed physician, a registered professional nurse or a mental health professional designated by the head of the facility and approved by the department for such purpose has reasonable cause to believe that the person is mentally disordered and presents an imminent likelihood of serious harm to himself or others unless he is accepted for detention, the licensed physician, the mental health professional or the registered professional nurse designated by the facility and approved by the department may complete an application for detention for evaluation and treatment for a period not to exceed ninety-six hours. The application shall be based on his own personal observations

or investigation and shall contain the information required in subsection 1 of this section. (L. 1980 H.B. 1724, A.L. 1996 S.B. 884 & 841)

**632.310. Facilities to accept certain applicants—evaluation to follow –transportation back to place of residence.**

1. Whenever a court has authorized the initial detention and evaluation of a respondent pursuant to subsection 2 of section 632.305, or whenever a mental health coordinator submits an application for initial detention and evaluation pursuant to subsection 3 of section 632.305, or whenever a licensed physician, a registered professional nurse designated by the facility and approved by the department, or a mental health professional submits an application for initial detention and evaluation pursuant to subsection 4 of section 632.305, a public mental health facility shall, and a private mental health facility may immediately accept such application and the respondent on a provisional basis, and the facility shall then evaluate the respondent's condition and admit him for treatment or release him in accordance with the provisions of this chapter.

2. Whenever a peace officer applies for initial detention and evaluation pursuant to subsection 3 of section 632.305, the mental health facility may, but is not required to, accept the application and the respondent. If the facility accepts the application and the respondent, the facility shall evaluate the respondent's condition and admit him for treatment or release him in accordance with the provisions of this chapter.

3. If the respondent is not accepted for admission by a facility providing ninety-six-hour evaluation and treatment, the facility shall immediately furnish transportation, if not otherwise available, to return the respondent to his place of residence or other appropriate place; provided, that in the case of a person transported to the facility by a peace officer or other governmental agency, such peace officer or agency shall furnish or arrange for such transportation. 4. The department may require, pursuant to an affiliation agreement and contract with a community-based service certified by the department to serve the catchment area where a respondent whose mental disorder consists of alcohol or drug abuse resides, that the service immediately accept the application and respondent engaging in alcohol or drug abuse on a provisional basis and that the service then evaluate such respondent's condition and admit him for treatment for up to ninety-six hours, petition for further detention and treatment, or release him in accordance with the provisions of chapter 631, RSMo.

(L. 1980 H.B. 1724, A.L. 1982 H.B. 1565, A.L. 1985 S.B. 265)

**632.315. Copies of admission application to be furnished.**

Any mental health facility accepting a respondent pursuant to section 632.310 shall be furnished a copy of the application for initial detention and evaluation. If a person is involuntarily detained in a mental health facility pursuant to section 632.310, no later than twenty-four hours after his arrival, excluding Saturdays, Sundays and legal holidays, the head of the mental health facility or the mental health coordinator shall file with the court the application, a copy of the notice required by section 632.325 and proof that the notice was given. The person's designated attorney shall receive a copy of all documents. The head of the mental health facility shall send copies of all completed applications, whether accepted for admission or not, to the designated mental health coordinator for the region. (L. 1980 H.B. 1724)

CROSS REFERENCE:

Alcohol and drug abuse facilities, procedure applicable, RSMo 631.175

**632.320. Time limits for certain procedures.**

1. Within three hours of the time at which the respondent arrives at a mental health facility he shall:

- (1) Be seen by a mental health professional or registered professional nurse; and
- (2) Be given a copy of the application for initial detention and evaluation, a notice of rights pursuant to section 632.325 and a notice giving the name, business address and telephone number of the attorney appointed to represent him; and
- (3) Be provided assistance in contacting the appointed attorney or an attorney of his own choosing, if so requested.

2. Within eighteen hours after the respondent arrives at the mental health facility, he shall be examined by a licensed physician.

3. Within four days after the respondent arrives at the mental health facility, unless sooner released, the mental health coordinator shall meet with the respondent and explain his statutory rights under this chapter.

(L. 1980 H.B. 1724)

**632.325. Information to be furnished to patient and others, when.**

If the respondent is accepted for evaluation or for evaluation and treatment pursuant to this chapter, he shall be advised, orally and in writing, of the information contained in subdivisions (1) through (11) of this section. The respondent's guardian and, if possible and the respondent consents, a responsible member of his immediate family shall be advised, within eight hours either orally or in writing, of the information contained in subdivisions (1) through (11) of this section. The personnel of the mental health facility to which the respondent is taken or the mental health coordinator shall advise the aforementioned individuals that unless the respondent is released or voluntarily admits himself within ninety-six hours of the initial detention:

- (1) He may be detained for ninety-six hours from the time of his initial detention to be evaluated and treated;
- (2) Within the ninety-six hours, the head of the mental health facility or the mental health coordinator may file a petition to have him detained for an additional period not to exceed twenty-one days, after a court hearing;
- (3) He will be given a judicial hearing within two judicial days after the day the petition for additional detention is filed;
- (4) An attorney has been appointed who will represent him before and after the hearing and who will be notified as soon as possible; provided, however, that he also has the right to private counsel of his own choosing and at his own expense;
- (5) He has the right to communicate with counsel at all reasonable times and to have assistance in contacting such counsel;
- (6) The purpose of the evaluation is to determine whether he meets the criteria for civil detention under this chapter and that anything he says to personnel at the mental health facility may be used in making that determination, may result in involuntary detention proceedings being filed against him and may be used at the court hearing;
- (7) He has the right to present evidence and to cross-examine witnesses who testify against him at the hearing;
- (8) During the period prior to being examined by a licensed physician, he may refuse medication unless he presents an imminent likelihood of serious physical injury to himself or others;
- (9) He has the right to refuse medication except for lifesaving treatment beginning twenty-four

hours prior to the hearing for twenty-one-day detention;

(10) He has the right to request that the hearing be held in his county of residence if he is a resident of this state;

(11) He has the right to have an interpreter assist him to communicate, at the facility or during the hearing, or both, if he has impaired hearing or does not speak English.

(L. 1980 H.B. 1724, A.L. 1996 S.B. 884 & 841)

**632.330. Additional detention and treatment may be requested—contents of petition.**

1. At the expiration of the ninety-six hour period, the respondent may be detained and treated involuntarily for an additional two judicial days only if the head of the mental health facility or a mental health coordinator either has filed a petition for additional inpatient detention and treatment not to exceed twenty-one days or has filed a petition for outpatient detention and treatment for a period not to exceed one hundred eighty days.

2. Within ninety-six hours following initial detention, the head of the facility or the mental health coordinator may file or cause to be filed either a petition for a twenty-one-day inpatient involuntary detention and treatment period or a petition for outpatient detention and treatment for a period not to exceed one hundred eighty days, provided he has reasonable cause to believe that the person is mentally ill and as a result presents a likelihood of serious harm to himself or others. The court shall serve the petition and list of prospective witnesses for the petitioner upon the respondent and his attorney at least twenty-four hours before the hearing. The head of the facility shall also notify the mental health coordinator if the petition is not filed by the mental health coordinator. The petition shall:

(1) Allege that the respondent, by reason of mental illness, presents a likelihood of serious harm to himself or to others;

(2) Allege that the respondent is in need of continued detention and treatment either on an inpatient basis or on an outpatient basis;

(3) Allege the specific behavior of the respondent or the facts which support such conclusion;

(4) Affirm that attempts were made to provide necessary care, treatment and services in the least restrictive environment to the respondent on a voluntary basis, but either the petitioner believes that the respondent lacks the capacity to voluntarily consent to care, treatment and services or the respondent refuses to voluntarily consent to care, treatment and services such that proceeding with a petition for the respondent's civil detention in the least restrictive environment is necessary; (5) Allege that there will be appropriate support from family, friends, case managers or others during the period of outpatient detention and treatment in the community if such commitment is sought;

(6) Specify the mental health program that is appropriate to handle the respondent's condition and that has agreed to accept the respondent;

(7) Specify the range of care, treatment and services that shall be provided to the respondent if the petition for further detention is sustained by the court;

(8) Name the entities that have agreed to fund and provide the specified interventions; and

(9) Be verified by a psychiatrist or by a licensed physician and a mental health professional who have examined the respondent.

3. The petitioner shall consider whether based on the respondent's condition and treatment history, the respondent meets the criteria in chapter 475, RSMo, so that appointment of a full or limited guardian or conservator is appropriate for the court to consider, and if deemed so, the petitioner then shall proceed as specified in subsection 4 of this section.

4. If the head of the mental health facility, or his designee, or the mental health coordinator believes that the respondent, because of a mental illness or mental disorder, may be incapacitated or disabled as defined in chapter 475, RSMo, the head of the mental health facility or mental health coordinator shall cause a petition to be filed pursuant to section 475.060, RSMo, and section 475.061, RSMo, if applicable, with the court having probate jurisdiction as determined by section 475.035, RSMo. In addition, if the head of the mental health facility, his designee or the mental health coordinator believes it appropriate, he shall proceed with obtaining an order for the respondent's temporary emergency detention as provided for in section 475.355, RSMo. Furthermore, the hearing on the petition filed pursuant to chapter 475, RSMo, shall be conducted pursuant to the requirements of section 475.075, RSMo, and other appropriate sections of chapter 475, RSMo, and shall be held within two judicial days after termination of the ninety-six-hour civil detention period unless continued for good cause shown. Nothing contained in this subsection shall restrict or prohibit the head of the mental health facility, his designee or the mental health coordinator from proceeding under the appropriate provisions of this chapter if the petition for guardianship or conservatorship is denied.  
(L. 1980 H.B. 1724, A.L. 1996 S.B. 884 & 841)

**632.335. Court procedures relating to continued detention or outpatient detention and treatment—continued detention may be ordered—patient's rights relating thereto.**

1. The petition for additional inpatient detention and treatment not to exceed twenty-one days or the petition for outpatient detention and treatment not to exceed one hundred eighty days shall be filed with the court having probate jurisdiction. At the time of filing the petition, the court clerk shall set a date and time for the hearing which shall take place within two judicial days of the filing of the petition. The clerk shall promptly notify the respondent, his attorney, the petitioner and the petitioner's attorney of the date and time for the hearing. The court shall not grant continuances except upon a showing of good and sufficient cause. If a continuance is granted, the court, in its discretion, may order the person released pending the hearing upon conditions prescribed by the court. The court may order the continued detention and treatment of the person at a mental health facility pending the continued hearing, and a copy of such order shall be furnished to the facility.

2. The hearing shall be conducted in as informal a manner as may be consistent with orderly procedure and in a physical setting not likely to have a harmful effect on the respondent. Due consideration shall be given by the court to holding a hearing at the mental health facility. The respondent shall have the following rights in addition to those specified elsewhere:

- (1) To be represented by an attorney;
- (2) To present evidence on his own behalf;
- (3) To cross-examine witnesses who testify against him;
- (4) To remain silent;
- (5) To view and copy all petitions and reports in the court file of his case;
- (6) To have the hearing open or closed to the public as he elects;
- (7) To be proceeded against according to the rules of evidence applicable to civil judicial proceedings;
- (8) A hearing before a jury if requested by the patient or his attorney.

3. The respondent shall be present at the hearing, unless the respondent's physical condition is such that he cannot be present in the courtroom or if the court determines that the respondent's conduct in the courtroom is so disruptive that the proceedings cannot reasonably continue.

4. At the conclusion of the hearing, if the court finds, based upon clear and convincing evidence, that respondent, as the result of mental illness, presents a likelihood of serious harm to himself or to others, and that a mental health program appropriate to handle the respondent's condition has agreed to accept him, the court shall order either that the respondent be detained for inpatient involuntary treatment in the least restrictive environment for a period not to exceed twenty-one days or be detained for outpatient detention and treatment under the supervision of a mental health program in the least restrictive environment for a period not to exceed one hundred eighty days.

(L. 1980 H.B. 1724, A.L. 1996 S.B. 884 & 841)

**632.337. Immediate inpatient detention during court-ordered outpatient detention and treatment, procedure.**

1. When the court has ordered up to one hundred eighty days of outpatient detention and treatment pursuant to section 632.335 or 632.350 or 632.355, and the supervisory mental health program has good cause to believe that immediate detention in a more appropriate least restrictive environment is required because the respondent presents a likelihood of serious harm due to mental illness, the supervisory mental health program may direct that the respondent be detained for up to ninety- six hours at an appropriate mental health program that has agreed to accept the respondent and may authorize the sheriff to detain and transport the respondent to that mental health program. Detention for more than ninety- six hours shall be pursuant to section 632.330.

2. Evidence of detention for ninety-six-hour periods during the one hundred eighty-day outpatient detention and treatment may be considered by the court in determining additional periods of detention and treatment.

(L. 1996 S.B. 884 & 841)

**632.340. Further additional detention or outpatient detention and treatment may be requested—hearing to be held, when—treatment plan to be presented.**

1. Before the expiration of the twenty-one-day inpatient detention and treatment period ordered pursuant to section 632.335, the court may order the respondent to be detained and treated involuntarily for an additional period not to exceed ninety inpatient days or may order the respondent to be detained for outpatient detention and treatment for a period not to exceed one hundred eighty days; provided, that:

(1) The respondent is mentally ill and continues to present a likelihood of serious harm to himself or others; and

(2) The court, after a hearing, orders the respondent detained and treated for the additional period.

2. If, within seventeen days of the court hearing described in section 632.335, the head of the mental health program or the mental health coordinator has reasonable cause to believe that the respondent is mentally ill and as a result presents a likelihood of serious harm to himself or others, and believes that further detention and treatment is necessary, he shall file, or cause to be filed, with the court a petition for ninety days additional detention and treatment or a petition for outpatient detention and treatment for a period not to exceed one hundred eighty days. The court shall immediately set a date and time for a hearing on the petition, which shall take place within four judicial days of the date of the filing of the petition. The court shall serve a copy of the petition and the notice of the date and time of the hearing upon the petitioner, the respondent,



and their attorneys as promptly as possible, but not later than two judicial days after the filing of the petition. The petitioner shall also file with the court, for the court to serve upon the respondent's attorney not later than two judicial days after the filing of the petition, a list of the proposed witnesses for the petitioner. The head of the mental health program shall notify the mental health coordinator if the petition is not filed by the mental health coordinator. The petition shall comply with the requirements of section 632.330, and an individualized treatment plan for the respondent shall be attached thereto.

(L. 1980 H.B. 1724, A.L. 1996 S.B. 884 & 841)

**632.345. Physician or licensed psychologist to be appointed, qualifications –detention to be continued, how long.**

1. If requested by the respondent, the court shall appoint an available licensed physician or licensed psychologist to examine him and testify at the respondent's request. If the respondent or his counsel so request, the court shall not appoint a physician or licensed psychologist who is on the staff of the program wherein the person is detained, and if the respondent is detained in a program operated by the department and respondent or his counsel so request, the court shall not appoint a physician or licensed psychologist who is an employee of the department.

2. The court may grant continuances but shall do so only upon a showing of good and sufficient cause.

3. The respondent shall continue to be detained and treated pending the hearing unless released by order of the court. If a continuance is granted, the court, in its discretion, may order respondent released upon conditions described by the court pending the hearing. If no order has been made within thirty days after the filing of the petition, not including extensions of time requested by the respondent and granted, the respondent shall be released.

(L. 1980 H.B. 1724, A.L. 1996 S.B. 884 & 841)

**632.350. Conduct of hearing–jury question–result.**

1. The hearing for a ninety-day inpatient detention and treatment period or for outpatient detention and treatment for a period not to exceed one hundred eighty days shall be conducted in as informal a manner as may be consistent with orderly procedure and in a physical setting not likely to have a harmful effect on the mental health of the respondent. If a jury trial is not requested, due consideration shall be given by the court to holding a hearing at the mental health program. The hearing shall be held in accordance with the provisions set forth in section 632.335.

2. The burden of proof at the hearing shall be by clear and convincing evidence and shall be upon the petitioner.

3. If the matter is tried before a jury, the jury shall determine and shall be instructed only upon the issues of whether or not the respondent is mentally ill and, as a result, presents a likelihood of serious harm to himself or others. The remaining procedures for the jury trial shall be as in other civil matters.

4. The respondent shall not be required to file an answer or other responsive pleading.

5. At the conclusion of the hearing, if the court or jury finds that the respondent, as the result of mental illness, presents a likelihood of serious harm to himself or to others, and the court finds that a program appropriate to handle the respondent's condition has agreed to accept him, the court shall order the respondent to be detained for involuntary treatment in the least restrictive environment for a period not to exceed ninety days or for outpatient detention and treatment

under the supervision of a mental health program in the least restrictive environment for a period not to exceed one hundred eighty days.

(L. 1980 H.B. 1724, A.L. 1996 S.B. 884 & 841)

**632.355. Additional detention or period of outpatient detention and treatment may be ordered, when.**

1. At the expiration of the ninety-day inpatient commitment period ordered by the court pursuant to section 632.350, the respondent may be detained and treated as an involuntarily inpatient for an additional period of time not to exceed one year or such lesser period of time as determined by the court or may be detained for outpatient detention and treatment for a period of time not to exceed one hundred eighty days; provided, that:

(1) The respondent is mentally ill and continues to present a likelihood of serious harm to himself or to others; and

(2) The court after a hearing orders the person detained and treated for the additional period.

2. Within the ninety-day commitment period, the head of the mental health program or the mental health coordinator may file or cause to be filed, in compliance with the requirements of section 632.330, a petition for a one-year inpatient detention and treatment period or a petition for outpatient detention and treatment for a period not to exceed one hundred eighty days if he has reasonable cause to believe that the respondent is mentally ill and as a result presents a likelihood of serious harm to himself or others, and that further detention and treatment is necessary pursuant to an individualized treatment plan prepared by the program and filed with the court. Procedures specified in sections 632.340, 632.345 and 632.350 shall be followed.

3. At the conclusion of the hearing, if the court or jury finds that the respondent, as the result of mental illness, presents a likelihood of serious harm to himself or others, and the court finds that a program appropriate to handle the respondent's condition has agreed to accept him, the court shall order that the respondent be detained for involuntary treatment in the least restrictive environment for a period not to exceed one year or for outpatient detention and treatment under the supervision of a mental health program in the least restrictive environment for a period not to exceed one hundred eighty days.

(L. 1980 H.B. 1724, A.L. 1996 S.B. 884 & 841)

**632.360. Discharge of patient, when—procedure.**

At the end of any detention period ordered by the court under this chapter, the respondent shall be discharged unless a petition for further detention is filed and heard in the same manner as provided herein. Successive one-year detention periods, or successive one hundred eighty-day outpatient detention periods, are permissible on the same grounds and pursuant to the same procedures as the initial detention period. No order of civil detention under this chapter may exceed one year for an inpatient detention period or one hundred eighty days for an outpatient detention period

(L. 1980 H.B. 1724, A.L. 1996 S.B. 884 & 841)

**632.365. Where detention to take place.**

Notwithstanding any other provision of the law to the contrary, whenever a court orders a person detained for involuntary treatment in a mental health program operated by the department, the order of detention shall be to the custody of the director of the department, who shall determine where detention and involuntary treatment shall take place in the least restrictive environment, be

it an inpatient or outpatient setting.  
(L. 1980 H.B. 1724, A.L. 1996 S.B. 884 & 841)

**632.370. Transfer of patient by department—hearing on transfer of minor to adult ward—consent required—notice to be given—considerations —transfer to federal facility, notice, restrictions.**

1. The department may transfer, or authorize the transfer of, an involuntary patient detained under this chapter, chapter 211, RSMo, chapter 475, RSMo, or chapter 552, RSMo, from one mental health program to another if the department determines that it would be consistent with the medical needs of the patient to do so. If a minor is transferred from a ward for minors to an adult ward, the department shall conduct a due process hearing within six days of such transfer during which hearing the head of the program shall have the burden to show that the transfer is appropriate for the medical needs of the minor. Whenever a patient is transferred, written notice thereof shall be given after obtaining the consent of the patient, his parent if he is a minor or his legal guardian to his legal guardian, parents and spouse, or, if none be known, his nearest known relative or friend. In all such transfers, due consideration shall be given to the relationship of the patient to his family, legal guardian or friends, so as to maintain relationships and encourage visits beneficial to the patient. The head of the mental health program shall notify the court ordering detention or commitment, the patient's last known attorney of record and the mental health coordinator for the region, and if the person was committed pursuant to chapter 552, RSMo, to the prosecuting attorney of the jurisdiction where the person was tried and acquitted, of any transfer from one mental health facility to another. The prosecutor of the jurisdiction where the person was tried and acquitted shall use their best efforts to notify the victims of dangerous felonies. Notification by the appropriate person or agency by certified mail to the most current address provided by the victim shall constitute compliance with the victim notification requirement of this section. In the case of a patient committed under chapter 211, RSMo, the court, on its own motion, may hold a hearing on the transfer to determine whether such transfer is appropriate to the medical needs of the patient.

2. Upon receipt of a certificate of an agency of the United States that facilities are available for the care or treatment of any individual heretofore ordered involuntarily detained, treated and evaluated pursuant to this chapter in any facility for the care or treatment of the mentally ill, mentally retarded or developmentally disabled and that such individual is eligible for care or treatment in a hospital or institution of such agency, the department may cause his transfer to such agency of the United States for hospitalization. Upon effecting any such transfer, the court ordering hospitalization, the legal guardian, spouse and parents, or, if none be known, his nearest known relative or friend shall be notified thereof immediately by the department. No person shall be transferred to an agency of the United States if he is confined pursuant to a conviction for any felony or misdemeanor or if he has been acquitted of any felony or misdemeanor solely on the ground of mental illness, unless prior to transfer the court originally ordering confinement of such person enters an order for the transfer after appropriate motion and hearing. Any person transferred to an agency of the United States shall be deemed to be hospitalized by such agency pursuant to the original order of hospitalization.

(L. 1980 H.B. 1724, A.L. 1996 S.B. 884 & 841)

**632.375. Patient to be evaluated, when—report to certain persons—court may consider continuation of detention.**

1. At least once every one hundred eighty days, the head of each mental health program shall have each respondent who is detained at the program for a one-year period under this chapter examined and evaluated to determine if the respondent continues to be mentally ill, and as a result presents a likelihood of serious harm to himself or others. The court, the mental health coordinator for the region, the respondent and the respondent's attorney shall be provided copies of the report of the examination and evaluation described by this section and the respondent's individualized treatment plan.

2. Upon receipt of the report, the court may, upon its own motion, or shall, upon the motion of the respondent, order a hearing to be held as to the need for continued detention and involuntary treatment. At the conclusion of the hearing, the court may order:

(1) The discharge of the respondent; or

(2) An appropriate least restrictive course of detention and involuntary treatment; or

(3) The respondent to be remanded to the mental health program for the unexpired portion of the original commitment order.

(L. 1980 H.B. 1724, A.L. 1996 S.B. 884 & 841)

**632.380. Provisions of chapter not to apply to certain persons.**

Persons who are mentally retarded, developmentally disabled, senile or impaired by alcoholism or drug abuse shall not be detained judicially under this chapter, unless they are also mentally ill and as a result present likelihood of serious harm to themselves or to others. Such persons may, however, be committed upon court order under this chapter and the provisions of chapter 475, RSMo, relating to incapacitated persons, pursuant to chapter 211, RSMo, relating to juveniles, or may be admitted as voluntary patients under section 632.105 or 632.120.

(L. 1980 H.B. 1724, A.L. 1983 S.B. 44 & 45, A.L. 1996 S.B. 884 & 841)

**632.385. Patient to be placed outside facility, when—conditions—duration —furloughs—modification of orders—notice requirements.**

1. The head of a mental health facility shall release a patient, whether voluntary or involuntary, from the facility to the least restrictive environment, including referral to and subsequent placement in the placement program of the department, when he believes that such release is in the best interests of the patient. Release to the least restrictive environment shall include provisions for continuing responsibility to and by the facility.

2. Release to the least restrictive environment may be conditioned on the patient receiving outpatient care as prescribed by the head of the mental health facility from which the patient is being released. The period of treatment in the least restrictive environment shall not exceed the period of one year.

3. The facility or agency which is to provide treatment in the least restrictive environment must agree in writing to assume such responsibility. A copy of the conditions for release shall be given to the patient, to the probate division of the circuit court having jurisdiction and the mental health facility providing treatment.

4. The head of a mental health facility may permit a respondent detained for treatment to leave the facility for prescribed short periods on trial visit during his detention subject to conditions prescribed by the head of the mental health facility.

5. The head of the mental health facility providing treatment may modify the conditions for continued release from the facility to the least restrictive environment when such modification is in the best interest of the patient. Notification of any changes shall be sent to the patient and to

the court within ninety-six hours if the patient is involuntarily detained under this chapter. Upon a receipt of a notification returning the patient to the facility as an inpatient, the committing court shall, if necessary, order the sheriff or other law enforcement official to apprehend and transport the patient to the facility. The committing court may, on its own motion or shall upon the respondent's motion, order a hearing to be held on the need for such change.  
(L. 1980 H.B. 1724, A.L. 1988 H.B. 971)

**632.390. Head of program to release certain patients—notification to interested parties—  
involuntary patient may become voluntary, notification to interested parties.**

1. The head of a mental health program shall release any person who is involuntarily detained under this chapter when, in his opinion, the person is no longer mentally ill or, although mentally ill, does not present a likelihood of serious harm to himself or others, even though the detention period has not expired. 2. Whenever the head of a mental health program discharges a person prior to the expiration of the detention order, he shall notify in writing the court and the mental health coordinator.

3. Whenever a respondent voluntarily admits himself and the head of a mental health program accepts the admission application submitted by respondent in good faith under section 632.105, the respondent's involuntary detention shall cease, and the head of the program shall notify, in writing, the court and the mental health coordinator.

(L. 1980 H.B. 1724, A.L. 1996 S.B. 884 & 841)

**632.392. Release of patient involuntarily detained, duties of department—educational  
materials—disclosure of confidential information—“care provider” defined.**

1. Notwithstanding the provisions of subsection 1 of section 630.140, RSMo, a mental health program and any treating physician, upon release of a patient who was committed or who is civilly detained and consents to voluntary treatment during the course of the inpatient stay pursuant to section 632.150, 632.155, 632.300, 632.305, 632.330, 632.335, 632.340, 632.350, 632.355 or 632.375:

(1) Shall provide to the patient and his care provider a written packet of educational information developed and supplied by the department of mental health describing symptoms of common mental illnesses, early warning signs of decompensation, and availability of other education, community and statewide services. The packet shall also include the telephone number of the department of mental health information line and information specific to the laws and procedures addressing civil detention and guardianship;

(2) May disclose confidential treatment information to the primary care provider or care providers, when such information is medically necessary for the provision of appropriate health care or treatment by the care provider or is related to the safety of the patient or care provider.

2. Prior to disclosure of the information specified under subdivision (2) of subsection 1 of this section, the mental health facility shall provide written notice to the patient; request in writing the consent of the patient; work with the patient and care provider to encourage and secure appropriate patient authorization; function as a mediator, negotiating the boundaries of confidentiality to meet the needs of the client and care provider; and work with the client to stress the importance of keeping the care provider informed and involved with his treatment process. If the patient refuses to consent and the treating physician deems the information is medically necessary for the appropriate provision of health care or treatment by the care provider or is related to the safety of the patient or care provider, the information may still be released to

the appropriate care provider. The reason for the intended disclosure, the specific information to be released and the persons to whom the disclosure is to be made, even if consent has not been obtained, will be provided to the client and care provider. All these procedures shall be documented by the treating physician in the client record, including a specific notation as to whether client consent was given.

3. As used in this section, the term “care provider” means the person or persons who can demonstrate that they are primarily responsible for the health care of the person with a mental illness. The term does not apply to any person providing care through hospitals, nursing homes, group homes or any other such facility.

(L. 1996 S.B. 884 & 841)

**632.395. Court may order transfer of custody to federal facility, when—head of federal facility to be successor administrator—court to retain jurisdiction—orders from courts of other states to be observed in this state.**

1. If an individual ordered to be involuntarily detained or committed, treated and evaluated pursuant to this chapter is eligible for hospital care or treatment by any agency of the United States, the court, upon receipt of a certificate from such agency showing that facilities are available and that the individual is eligible for care or treatment therein, may order him to be placed in the custody of such agency for hospitalization. When any individual is admitted pursuant to the order of the court to any hospital or institution operated by any agency of the United States within or without this state, he shall be subject to the rules and regulations of such agency. The chief officer of any hospital or institution operated by such agency and in which the individual is so hospitalized shall, with respect to such individual, be vested with the same powers as the heads of hospitals or the division within this state have with respect to detention, custody, transfer, conditional release and discharge of patients. Jurisdiction is retained in the appropriate courts of this state at any time to inquire into the mental condition of an individual so hospitalized and to determine the necessity for continuance of his hospitalization, and every order of hospitalization issued pursuant to this section is so conditioned.

2. An order of a court of competent jurisdiction of another state, or of the District of Columbia, authorizing hospitalization of an individual by any agency of the United States shall have the same force and effect as to the individual while in this state as in the jurisdiction in which is situated the court entering the order, and the courts of the state or District of Columbia issuing the order shall be deemed to have retained jurisdiction of the individual so hospitalized for the purpose of inquiring into his mental condition and of determining the necessity for continuance of his hospitalization, as is provided in subsection 1 of this section with respect to individuals ordered hospitalized by the courts of this state. Consent is hereby given to the application of the law of the state or District of Columbia in which is located the court issuing the order for hospitalization with respect to the authority of the chief officer of any hospital or institution operated in this state by any agency of the United States to retain custody, transfer, conditional release or discharge the individual hospitalized.

(L. 1980 H.B. 1724)

**632.400. Reexamination of detained person.**

Any respondent ordered detained for ninety-day or one-year periods of involuntary inpatient treatment or ordered detained for a period of up to one hundred eighty days of outpatient detention and treatment under this chapter shall be entitled to a reexamination of the order for his

detention on his own motion, or that of his legal guardian, parent, spouse, relative, friend or attorney to the court. Upon receipt of the motion, the court shall conduct or cause to be conducted by a special commissioner proceedings in accordance with section 632.340. (L. 1980 H.B. 1724, A.L. 1996 S.B. 884 & 841)

**632.405. Prosecutor’s duties.**

It shall be the duty of the prosecuting attorney of the county wherein a hearing described under this chapter takes place to represent the petitioner and to file and prosecute in court all petitions for detention, evaluation and treatment pursuant to this chapter. Such duty shall be fulfilled by the county counselor in counties having a county counselor and by the circuit attorney in any city not within a county.

(L. 1980 H.B. 1724)

CROSS REFERENCE:

Alcohol and drug abuse facility detention, prosecutor’s duties, RSMo 631.175

**632.410. Venue—change of jurisdiction.**

Venue for proceedings for involuntary detentions pursuant to the provisions of this chapter shall be in the court having probate jurisdiction in the county in which the mental health program is located wherein the respondent is detained; provided, however, that if the respondent is a resident of this state and makes application for the hearing to be held in his county of residence, the court shall order the proceedings, with all papers, files and transcripts of the proceedings, to be transferred to the court having probate jurisdiction in the respondent’s county of residence. Once a court has assumed jurisdiction with respect to involuntary detention proceedings, no other court shall assume jurisdiction until the court having prior jurisdiction has transferred jurisdiction and all papers, files, and transcripts. If the court having jurisdiction receives notice that a respondent has been transferred to a mental health program in another county, the court shall transfer jurisdiction, along with all papers, files and transcripts, to the court in the county where the respondent has been transferred.

(L. 1980 H.B. 1724, A.L. 1996 S.B. 884 & 841)

**632.415. Court to maintain register of attorneys available to represent patients—state to pay certain attorney’s fees.**

1. The judge having probate jurisdiction in each county where a mental health program is located shall prepare and maintain a current register of attorneys who have agreed to be appointed to represent respondents against whom involuntary civil detention proceedings have been instituted in such county. The judge may choose lawyers who are paid by any public or private agency or other lawyers who are appointed to the register. The register shall be provided to the mental health coordinator for the area which includes the county for which the list was prepared. A new register shall be provided to the mental health coordinator each time a new attorney is added.

2. If the judge finds that the respondent is unable to pay attorney’s fees for the services rendered in the proceedings, the judge shall allow a reasonable attorney’s fee for the services, which fee shall be assessed as costs and paid together with all other costs in the proceeding by the state, in accordance with rules and regulations promulgated by the state court administrator, from funds appropriated to the office of administration for such purposes provided that no attorney’s fees shall be allowed for services rendered by any attorney who is a salaried employee of a public agency or a private agency which receives public funds.

(L. 1980 H.B. 1724, A.L. 1996 S.B. 884 & 841)

CROSS REFERENCE:

Alcohol and drug abuse, respondent's rights, court's duties, RSMo 631.175

**632.420. Certain examining physicians to be paid by state.**

The court having probate jurisdiction in appointing licensed physicians pursuant to section 632.345 shall choose, if available, physicians who have agreed to serve without fee or physicians paid by any private or public agency, if they are found suitable; provided, that if the court finds no suitable physicians from such sources, the court shall appoint an available licensed physician and he shall be paid a reasonable fee, as determined by the court, by the state from funds appropriated to the office of administration for this purpose.

(L. 1980 H.B. 1724)

**632.425. Physician-patient, psychologist-patient privileges waived in detention proceedings.**

The physician-patient privilege recognized by section 491.060, RSMo, and the psychologist-patient privilege recognized by section 337.055, RSMo, shall be deemed waived in detention proceedings under this chapter. The fact that such privileges have been waived pursuant to this section does not by itself waive the privileges in any other proceeding, civil or criminal. The waiver of the privileges shall extend only to that evidence which is directly material and relevant to detention proceedings. (L. 1980 H.B. 1724)

CROSS REFERENCE:

Alcohol and drug abuse, detention proceedings, privileges waived, RSMo 631.175

**632.430. Appeals—to have priority—attorney general to be notified and to represent state.**

1. Appeals from court orders made under this chapter may be made by the respondent or by the petitioner to the appropriate appellate court pursuant to the rules of civil procedure of the supreme court of Missouri pertaining to appeals. Such appeal shall have priority on the docket of the appellate court and shall be expedited in all respects. The court shall notify the attorney general's office whenever an appeal is filed under this subsection, and the attorney general shall represent the state when it is a party to such appeal.

2. A motion to stay any order restricting an individual's liberty may be filed in either the court or the appropriate appellate court. A stay order shall not be granted in any case where the court finds that the person is so mentally ill that there is an imminent likelihood of serious physical harm to himself or others if he is not detained or treated pending appeal. Any refusal to grant a stay by the court may be reviewed by the appropriate appellate court on motion.

(L. 1980 H.B. 1724)

**632.435. Habeas corpus.**

Any person detained under this chapter shall be entitled to apply for a writ of habeas corpus.

(L. 1980 H.B. 1724)

CROSS REFERENCE:

Alcohol and drug abuse detention, right of application for writ of habeas corpus, RSMo 631.175

**632.440. No liability for health care professionals, public officials and certain peace officers.**



No officer of a public or private agency, mental health facility or mental health program; no head, attending staff or consultant of any such agency, facility or mental health program; no mental health coordinator, registered professional nurse, licensed physician, mental health professional nor any other public official performing functions necessary for the administration of this chapter; no peace officer responsible for detaining a person pursuant to this chapter; and no peace officer responsible for detaining or transporting, or both, any person upon the request of any mental health coordinator pursuant to section 632.300 or 632.305 or acting pursuant to the request of a guardian who is acting pursuant to chapter 475, RSMo, or upon the request of the head of any supervisory mental health program who is acting pursuant to section 632.337, regardless of whether such peace officer is outside the jurisdiction for which he serves as a peace officer during the course of such detention or transportation, or both, shall be civilly liable for detaining, transporting, conditionally releasing or discharging a person pursuant to this chapter or chapter 475, RSMo, at or before the end of the period for which the person was admitted or detained for evaluation or treatment so long as such duties were performed in good faith and without gross negligence.

(L. 1980 H.B. 1724, A.L. 1983 H.B. 801, A.L. 1996 S.B. 884 & 841)

CROSS REFERENCE:

Alcohol and drug abuse treatment facility, no liability for public officials and certain peace officers, RSMo 631.175

**632.445. No liability for petitioners.**

No person making or filing an application alleging that a person should be involuntarily detained, certified or committed, treated or evaluated pursuant to this chapter shall be rendered civilly or criminally liable if the application was made and filed in good faith.

(L. 1980 H.B. 1724)

CROSS REFERENCE:

Alcohol and drug abuse detention, no liability for petitioners, RSMo 631.175

**632.450. Representation by attorney required—duties of attorney.**

1. An attorney shall be appointed to represent the respondent in all judicial proceedings under this chapter, including appeal, unless relieved by the courts for good cause shown.
2. The attorneys shall personally contact the respondent within two days of the appointment and meet with the respondent in person as soon as is reasonably possible after the appointment to advise the respondent regarding the proceedings.
3. The attorney shall fully advise the respondent, if the respondent is not fully discharged by the courts, of the right to appeal and regarding the respondent's rights and interests after detention.

(L. 1980 H.B. 1724)

CROSS REFERENCE:

Alcohol and drug abuse, representation by attorney, duties of attorney, RSMo 631.175

**632.455. Patient, absent without permission, return may be requested, when.**

1. If requested to do so by the head of a mental health program, the sheriff of the county where a patient absent without authorization is found shall apprehend and return him to the program.
2. The head of the program may request the return of an absent patient under subsection 1 of this section only under one or more of the following circumstances:

(1) The patient is a minor whose admission was applied for by his parent or legal custodian, who

has not requested the minor patient's release;

(2) The patient is a minor under jurisdiction of the juvenile court;

(3) The patient has been declared legally incapacitated and his guardian has not requested his release;

(4) The patient was committed to the department under chapter 552, RSMo, or this chapter;

(5) The patient's condition is of such a nature that, for the protection of the patient or others, the head of the program determines that the patient's return to the program is necessary as noted in the patient's records, in which case civil detention procedures shall be initiated upon return to the program.

(L. 1982 H.B. 1565, A.L. 1996 S.B. 884 & 841)

**632.475. Sexual psychopaths committed before August 13, 1980, effect –application for release, hearing procedure–law officers to be given notice of probation or discharge.**

1. Persons committed to the department as criminal sexual psychopaths under statutes in effect before August 13, 1980, shall remain committed under those statutes, except as provided in this section.

2. At any time after commitment, a written application setting forth facts showing that the person committed as a criminal sexual psychopath has improved to the extent that his release will not be incompatible to the welfare of society may be filed with the committing court. The court shall issue an order returning the person to the jurisdiction of the court for a hearing. This hearing shall in all respects be like the original hearing under the statutes in effect before August 13, 1980, to determine the mental condition of the defendant. Following the hearing, the court shall issue an order to cause the defendant either to be placed on probation for a minimum period of three years, or to be returned to the department to continue his commitment; except that upon the expiration of the probationary period and after further hearing by the court, the person may be discharged. When the defendant is placed on probation or discharged, notice of such action shall be given immediately to the law enforcement authorities of the city and county of residence of the defendant, and the city and county where the defendant is to be released. (L. 1980 H.B. 1724, A.L. 1982 S.B. 630)

**CROSS REFERENCE:**

Conviction of offense, on release registration requirements and penalty for failure to comply (Megan's Law), RSMo 589.400 to 589.425

**632.480. Definitions.**

As used in sections 632.480 to 632.513, the following terms mean:

(1) "Agency with jurisdiction", the department of corrections or the department of mental health;

(2) "Mental abnormality", a congenital or acquired condition affecting the emotional or volitional capacity which predisposes the person to commit sexually violent offenses in a degree constituting such person a menace to the health and safety of others;

(3) "Predatory", acts directed towards individuals, including family members, for the primary purpose of victimization;

(4) "Sexually violent offense", the felonies of forcible rape, rape, statutory rape in the first degree, forcible sodomy, sodomy, statutory sodomy in the first degree, or an attempt to commit any of the preceding crimes, or child molestation in the first or second degree, sexual abuse, sexual assault, deviate sexual assault, or the act of abuse of a child as defined in subdivision (1) of subsection 1 of section 568.060, RSMo, which involves sexual contact, and as defined in

subdivision (2) of subsection 1 of section 568.060, RSMo;

(5) “Sexually violent predator”, any person who suffers from a mental abnormality which makes the person more likely than not to engage in predatory acts of sexual violence if not confined in a secure facility and who:

(a) Has pled guilty or been found guilty, or been found not guilty by reason of mental disease or defect pursuant to section 552.030, RSMo, of a sexually violent offense; or

(b) Has been committed as a criminal sexual psychopath pursuant to section 632.475 and statutes in effect before August 13, 1980.

(L. 1998 H.B. 1405, et al. Â§ 1, A.L. 2001 S.B. 267)

(2004) Alcohol dependence may be considered as mental abnormality under section requiring commitment of offender as sexually violent predator. In re Care and Treatment of Burgess, 147 S.W.3d 822 (Mo.App. S.D.).

**632.483. Notice to attorney general, when—contents of notice—immunity from liability, when—multidisciplinary team established—prosecutors’ review committee established.**

1. When it appears that a person may meet the criteria of a sexually violent predator, the agency with jurisdiction shall give written notice of such to the attorney general and the multidisciplinary team established in subsection 4 of this section. Written notice shall be given:

(1) Within three hundred sixty days prior to the anticipated release from a correctional center of the department of corrections of a person who has been convicted of a sexually violent offense, except that in the case of persons who are returned to prison for no more than one hundred eighty days as a result of revocation of

post-release supervision, written notice shall be given as soon as practicable following the person’s readmission to prison;

(2) At any time prior to the release of a person who has been found not guilty by reason of mental disease or defect of a sexually violent offense; or

(3) At any time prior to the release of a person who was committed as a criminal sexual psychopath pursuant to section 632.475 and statutes in effect before August 13, 1980.

2. The agency with jurisdiction shall provide the attorney general and the multidisciplinary team established in subsection 4 of this section with the following:

(1) The person’s name, identifying factors, anticipated future residence and offense history;

(2) Documentation of institutional adjustment and any treatment received or refused, including the Missouri sexual offender program; and

(3) A determination by either a psychiatrist or a psychologist as defined in section 632.005 as to whether the person meets the definition of a sexually violent predator.

3. The agency with jurisdiction, its employees, officials, members of the multidisciplinary team established in subsection 4 of this section, members of the prosecutor’s review committee appointed as provided in subsection 5 of this section and individuals contracting or appointed to perform services hereunder shall be immune from liability for any conduct performed in good faith and without gross negligence pursuant to the provisions of sections 632.480 to 632.513.

4. The director of the department of mental health and the director of the department of corrections shall establish a multidisciplinary team consisting of no more than seven members, at least one from the department of corrections and the department of mental health, and which may include individuals from other state agencies to review available records of each person referred to such team pursuant to subsection 1 of this section. The team, within thirty days of receiving notice, shall assess whether or not the person meets the definition of a sexually violent predator.

The team shall notify the attorney general of its assessment.

5. The prosecutors coordinators training council established pursuant to section 56.760, RSMo, shall appoint a five-member prosecutors' review committee composed of a cross section of county prosecutors from urban and rural counties. No more than three shall be from urban counties, and one member shall be the prosecuting attorney of the county in which the person was convicted or committed pursuant to chapter 552, RSMo. The committee shall review the records of each person referred to the attorney general pursuant to subsection 1 of this section. The prosecutors' review committee shall make a determination of whether or not the person meets the definition of a sexually violent predator. The determination of the prosecutors' review committee or any member pursuant to this section or section 632.484 shall not be admissible evidence in any proceeding to prove whether or not the person is a sexually violent predator. The assessment of the multidisciplinary team shall be made available to the attorney general and the prosecutors' review committee.

(L. 1998 H.B. 1405, et al. Â§ 2, A.L. 1999 H.B. 852, A.L. 2001 S.B. 87 merged with S.B. 267, A.L. 2002 S.B. 969, et al.)

**632.484. Detention and evaluation of persons alleged to be sexually violent predators—duties of attorney general and department of mental health.**

1. When the attorney general receives written notice from any law enforcement agency that a person, who has pled guilty to or been convicted of a sexually violent offense and who is not presently in the physical custody of an agency with jurisdiction has committed a recent overt act, the attorney general may file a petition for detention and evaluation with the probate division of the court in which the person was convicted, or committed pursuant to chapter 552, RSMo, alleging the respondent may meet the definition of a sexually violent predator and should be detained for evaluation for a period of up to nine days. The written notice shall include the previous conviction record of the person, a description of the recent overt act, if applicable, and any other evidence which tends to show the person to be a sexually violent predator. The attorney general shall provide notice of the petition to the prosecuting attorney of the county where the petition was filed.
2. Upon a determination by the court that the person may meet the definition of a sexually violent predator, the court shall order the detention and transport of such person to a secure facility to be determined by the department of mental health. The attorney general shall immediately give written notice of such to the department of mental health.
3. Upon receiving physical custody of the person and written notice pursuant to subsection 2 of this section, the department of mental health shall, through either a psychiatrist or psychologist as defined in section 632.005, make a determination whether or not the person meets the definition of a sexually violent predator. The department of mental health shall, within seven days of receiving physical custody of the person, provide the attorney general with a written report of the results of its investigation and evaluation. The attorney general shall provide any available records of the person that are retained by the department of corrections to the department of mental health for the purposes of this section. If the department of mental health is unable to make a determination within seven days, the attorney general may request an additional detention of ninety-six hours from the court for good cause shown.
4. If the department determines that the person may meet the definition of a sexually violent predator, the attorney general shall provide the results of the investigation and evaluation to the prosecutors' review committee. The prosecutors' review committee shall, by majority vote,

determine whether or not the person meets the definition of a sexually violent predator within twenty-four hours of written notice from the attorney general's office. If the prosecutors' review committee determines that the person meets the definition of a sexually violent predator, the prosecutors' review committee shall provide written notice to the attorney general of its determination. The attorney general may file a petition pursuant to section 632.486 within forty-eight hours after obtaining the results from the department. 5. For the purposes of this section "recent overt act" means any act that creates a reasonable apprehension of harm of a sexually violent nature.

(L. 1999 H.B. 852, A.L. 2006 H.B. 1698, et al., A.L. 2007 S.B. 613 Revision)

**632.486. Petition filed by attorney general, when—copy of multidisciplinary team's assessment to be filed with petition.**

When it appears that the person presently confined may be a sexually violent predator and the prosecutor's review committee appointed as provided in subsection 5 of section 632.483 has determined by a majority vote, that the person meets the definition of a sexually violent predator, the attorney general may file a petition, in the probate division of the circuit court in which the person was convicted, or committed pursuant to chapter 552, RSMo, within forty-five days of the date the attorney general received the written notice by the agency with jurisdiction as provided in subsection 1 of section 632.483, alleging that the person is a sexually violent predator and stating sufficient facts to support such allegation. A copy of the assessment of the multidisciplinary team must be filed with the petition.

(L. 1998 H.B. 1405, et al. Â§ 3, A.L. 1999 H.B. 852, A.L. 2001 S.B. 87)

**632.489. Probable cause determined—sexually violent predator taken into custody, when—hearing, procedure—examination by department of mental health.**

1. Upon filing a petition pursuant to section 632.484 or 632.486, the judge shall determine whether probable cause exists to believe that the person named in the petition is a sexually violent predator. If such probable cause determination is made, the judge shall direct that person be taken into custody and direct that the person be transferred to an appropriate secure facility, including, but not limited to, a county jail. If the person is ordered to the department of mental health, the director of the department of mental health shall determine the appropriate secure facility to house the person under the provisions of section 632.495.

2. Within seventy-two hours after a person is taken into custody pursuant to subsection 1 of this section, excluding Saturdays, Sundays and legal holidays, such person shall be provided with notice of, and an opportunity to appear in person at, a hearing to contest probable cause as to whether the detained person is a sexually violent predator. At this hearing the court shall:

(1) Verify the detainee's identity; and

(2) Determine whether probable cause exists to believe that the person is a sexually violent predator. The state may rely upon the petition and supplement the petition with additional documentary evidence or live testimony.

3. At the probable cause hearing as provided in subsection 2 of this section, the detained person shall have the following rights in addition to the rights previously specified:

(1) To be represented by counsel;

(2) To present evidence on such person's behalf;

(3) To cross-examine witnesses who testify against such person; and

(4) To view and copy all petitions and reports in the court file, including the assessment of the

multidisciplinary team.

4. If the probable cause determination is made, the court shall direct that the person be transferred to an appropriate secure facility, including, but not limited to, a county jail, for an evaluation as to whether the person is a sexually violent predator. If the person is ordered to the department of mental health, the director of the department of mental health shall determine the appropriate secure facility to house the person. The court shall direct the director of the department of mental health to have the person examined by a psychiatrist or psychologist as defined in section 632.005 who was not a member of the multidisciplinary team that previously reviewed the person's records. In addition, such person may be examined by a consenting psychiatrist or psychologist of the person's choice at the person's own expense. Any examination shall be conducted in the facility in which the person is confined. Any examinations ordered shall be made at such time and under such conditions as the court deems proper; except that, if the order directs the director of the department of mental health to have the person examined, the director shall determine the time, place and conditions under which the examination shall be conducted. The psychiatrist or psychologist conducting such an examination shall be authorized to interview family and associates of the person being examined, as well as victims and witnesses of the person's offense or offenses, for use in the examination unless the court for good cause orders otherwise. The psychiatrist or psychologist shall have access to all materials provided to and considered by the multidisciplinary team and to any police reports related to sexual offenses committed by the person being examined. Any examination performed pursuant to this section shall be completed and filed with the court within sixty days of the date the order is received by the director or other evaluator unless the court for good cause orders otherwise. One examination shall be provided at no charge by the department. All costs of any subsequent evaluations shall be assessed to the party requesting the evaluation.

(L. 1998 H.B. 1405, et al. Â§ 4, A.L. 1999 H.B. 852, A.L. 2006 H.B. 1698, et al.)

Effective 6-5-06

**632.492. Trial–procedure–assistance of counsel, right to jury, when.**

Within sixty days after the completion of any examination held pursuant to section 632.489, the court shall conduct a trial to determine whether the person is a sexually violent predator. The trial may be continued upon the request of either party and a showing of good cause, or by the court on its own motion in the due administration of justice, and when the respondent will not be substantially prejudiced. At all stages of the proceedings pursuant to sections 632.480 to 632.513, any person subject to sections 632.480 to 632.513 shall be entitled to the assistance of counsel, and if the person is indigent, the court shall appoint counsel to assist such person. The person, the attorney general, or the judge shall have the right to demand that the trial be before a jury. If the trial is held before a jury, the judge shall instruct the jury that if it finds that the person is a sexually violent predator, the person shall be committed to the custody of the director of the department of mental health for control, care and treatment. If no demand for a jury is made, the trial shall be before the court. The court shall conduct all trials pursuant to this section in open court, except as otherwise provided for by the child victim witness protection law pursuant to sections 491.675 to 491.705, RSMo. (L. 1998 H.B. 1405, et al. Â§ 5, A.L. 1999 H.B. 852 merged with S.B. 1, et al., A.L. 2001 S.B. 267)

**632.495. Unanimous verdict required–offender committed to custody of department of mental health, when–release, when–mistrial procedures.**

1. The court or jury shall determine whether, by clear and convincing evidence, the person is a sexually violent predator. If such determination that the person is a sexually violent predator is made by a jury, such determination shall be by unanimous verdict of such jury. Any determination as to whether a person is a sexually violent predator may be appealed.
2. If the court or jury determines that the person is a sexually violent predator, the person shall be committed to the custody of the director of the department of mental health for control, care and treatment until such time as the person's mental abnormality has so changed that the person is safe to be at large. Such control, care and treatment shall be provided by the department of mental health.
3. At all times, persons ordered to the department of mental health after a determination by the court that such persons may meet the definition of a sexually violent predator, persons ordered to the department of mental health after a finding of probable cause under section 632.489, and persons committed for control, care and treatment by the department of mental health pursuant to sections 632.480 to 632.513 shall be kept in a secure facility designated by the director of the department of mental health and such persons shall be segregated at all times from any other patient under the supervision of the director of the department of mental health. The department of mental health shall not place or house a person ordered to the department of mental health after a determination by the court that such person may meet the definition of a sexually violent predator, a person ordered to the department of mental health after a finding of probable cause under section 632.489, or a person committed for control, care, and treatment by the department of mental health, pursuant to sections 632.480 to 632.513, with other mental health patients. The provisions of this subsection shall not apply to a person who has been conditionally released under section 632.505.
4. The department of mental health is authorized to enter into an interagency agreement with the department of corrections for the confinement of such persons. Such persons who are in the confinement of the department of corrections pursuant to an interagency agreement shall be housed and managed separately from offenders in the custody of the department of corrections, and except for occasional instances of supervised incidental contact, shall be segregated from such offenders.
5. If the court or jury is not satisfied by clear and convincing evidence that the person is a sexually violent predator, the court shall direct the person's release. 6. Upon a mistrial, the court shall direct that the person be held at an appropriate secure facility, including, but not limited to, a county jail, until another trial is conducted. If the person is ordered to the department of mental health, the director of the department of mental health shall determine the appropriate secure facility to house the person. Any subsequent trial following a mistrial shall be held within ninety days of the previous trial, unless such subsequent trial is continued as provided in section 632.492.

(L. 1998 H.B. 1405, et al. Â§ 6, A.L. 1999 H.B. 852, A.L. 2001 S.B. 267, A.L. 2006 H.B. 1698, et al.)

Effective 6-5-06

**632.498. Annual examination of mental condition, not required, when—annual review by the court—petition for release, hearing, procedures (when director disapproves).**

1. Each person committed pursuant to sections 632.480 to 632.513 shall have a current examination of the person's mental condition made once every year by the director of the department of mental health or designee. The yearly report shall be provided to the court that

committed the person pursuant to sections 632.480 to 632.513. The court shall conduct an annual review of the status of the committed person. The court shall not conduct an annual review of a person's status if he or she has been conditionally released pursuant to section 632.505.

2. Nothing contained in sections 632.480 to 632.513 shall prohibit the person from otherwise petitioning the court for release. The director of the department of mental health shall provide the committed person who has not been conditionally released with an annual written notice of the person's right to petition the court for release over the director's objection. The notice shall contain a waiver of rights. The director shall forward the notice and waiver form to the court with the annual report.

3. If the committed person petitions the court for conditional release over the director's objection, the petition shall be served upon the court that committed the person, the director of the department of mental health, the head of the facility housing the person, and the attorney general.

4. The committed person shall have a right to have an attorney represent the person at the hearing but the person is not entitled to be present at the hearing. If the court at the hearing determines by a preponderance of the evidence that the person no longer suffers from a mental abnormality that makes the person likely to engage in acts of sexual violence if released, then the court shall set a trial on the issue.

5. The trial shall be governed by the following provisions:

(1) The committed person shall be entitled to be present and entitled to the benefit of all constitutional protections that were afforded the person at the initial commitment proceeding;

(2) The attorney general shall represent the state and shall have a right to a jury trial and to have the committed person evaluated by a psychiatrist or psychologist not employed by the department of mental health or the department of corrections. In addition, the person may be examined by a consenting psychiatrist or psychologist of the person's choice at the person's own expense;

(3) The burden of proof at the trial shall be upon the state to prove by clear and convincing evidence that the committed person's mental abnormality remains such that the person is not safe to be at large and if released is likely to engage in acts of sexual violence. If such determination is made by a jury, the verdict must be unanimous;

(4) If the court or jury finds that the person's mental abnormality remains such that the person is not safe to be at large and if released is likely to engage in acts of sexual violence, the person shall remain in the custody of the department of mental health in a secure facility designated by the director of the department of mental health. If the court or jury finds that the person's mental abnormality has so changed that the person is not likely to commit acts of sexual violence if released, the person shall be conditionally released as provided in section 632.505.

(L. 1998 H.B. 1405, et al. Â§ 7, A.L. 2004 S.B. 1211, A.L. 2006 H.B. 1698, et al.)

Effective 6-5-06

### **632.501. Petition for release—hearing (when director approves).**

If the director of the department of mental health determines that the person's mental abnormality has so changed that the person is not likely to commit acts of sexual violence if released, the director shall authorize the person to petition the court for release. The petition shall be served upon the court that committed the person, the director of the department of mental health, the head of the facility housing the person, and the attorney general. The hearing and trial, if any, shall be conducted according to the provisions of section 632.498.



(L. 1998 H.B. 1405, et al. Â§ 8, A.L. 2006 H.B. 1698, et al.)  
Effective 6-5-06

**632.504. Subsequent petitions for release—approval or denial procedures.**

Nothing in sections 632.480 to 632.513 shall prohibit a person from filing a petition for release pursuant to sections 632.480 to 632.513. However, if a person has previously filed a petition for release without the director’s approval and the court determined either upon review of the petition or following a hearing that the petitioner’s petition was frivolous or that the petitioner’s condition had not so changed that the person was safe to be at large, then the court shall deny the subsequent petition unless the petition contains facts upon which a court could find the condition of the petitioner had so changed that a hearing was warranted. Upon receipt of a first or subsequent petition from committed persons without the director’s approval, the court shall endeavor whenever possible to review the petition and determine if the petition is based upon frivolous grounds and if so shall deny the petition without a hearing.

(L. 1998 H.B. 1405, et al. Â§ 9, A.L. 2006 H.B. 1698, et al.)  
Effective 6-5-06

**632.505. Conditional release—interagency agreements for supervision, plan—court review of plan, order, conditions—copy of order—continuing control and care—modifications—violations—agreements with private entities—fee, rulemaking authority—escape.**

1. Upon determination by a court or jury that the person’s mental abnormality has so changed that the person is not likely to commit acts of sexual violence if released, the court shall place the person on conditional release pursuant to the terms of this section. The primary purpose of conditional release is to provide outpatient treatment and monitoring to prevent the person’s condition from deteriorating to the degree that the person would need to be returned to a secure facility designated by the director of the department of mental health.
2. The department of mental health is authorized to enter into an interagency agreement with the department of corrections for the supervision of persons granted a conditional release by the court. In conjunction with the department of corrections, the department of mental health shall develop a conditional release plan which contains appropriate conditions for the person to be released. The plan shall address the person’s need for supervision, counseling, medication, community support services, residential services, vocational services, and alcohol and drug treatment. The department of mental health shall submit the proposed plan for conditional release to the court.
3. The court shall review the plan and determine the conditions that it deems necessary to meet the person’s need for treatment and supervision and to protect the safety of the public. The court shall order that the person shall be subject to the following conditions and other conditions as deemed necessary:
  - (1) Maintain a residence approved by the department of mental health and not change residence unless approved by the department of mental health;
  - (2) Maintain employment unless engaged in other structured activity approved by the department of mental health;
  - (3) Obey all federal and state laws;
  - (4) Not possess a firearm or dangerous weapon;
  - (5) Not be employed or voluntarily participate in an activity that involves contact with children without approval of the department of mental health;

- (6) Not consume alcohol or use a controlled substance except as prescribed by a treating physician and to submit, upon request, to any procedure designed to test for alcohol or controlled substance use;
  - (7) Not associate with any person who has been convicted of a felony unless approved by the department of mental health;
  - (8) Not leave the state without permission of the department of mental health;
  - (9) Not have contact with specific persons, including but not limited to, the victim or victim's family, as directed by the department of mental health;
  - (10) Not have any contact with any child without specific approval by the department of mental health;
  - (11) Not possess material that is pornographic, sexually oriented, or sexually stimulating;
  - (12) Not enter a business providing sexually stimulating or sexually oriented entertainment;
  - (13) Submit to a polygraph, plethysmograph, or other electronic or behavioral monitoring or assessment;
  - (14) Submit to electronic monitoring which may be based on a global positioning system or other technology which identifies and records a person's location at all times;
  - (15) Attend and fully participate in assessment and treatment as directed by the department of mental health;
  - (16) Take all psychiatric medications as prescribed by a treating physician;
  - (17) Authorize the department of mental health to access and obtain copies of confidential records pertaining to evaluation, counseling, treatment, and other such records and provide the consent necessary for the release of any such records;
  - (18) Pay fees to the department of mental health and the department of corrections to cover the costs of services and monitoring;
  - (19) Report to or appear in person as directed by the department of mental health and the department of corrections, and to follow all directives of such departments;
  - (20) Comply with any registration requirements under sections 589.400 to 589.425, RSMo; and
  - (21) Comply with any other conditions that the court determines to be in the best interest of the person and society.
4. The court shall provide a copy of the order containing the conditions of release to the person, the attorney general, the department of mental health, the head of the facility housing the person, and the department of corrections.
5. A person who is conditionally released and supervised by a probation and parole officer employed by the department of corrections remains under the control, care, and treatment of the department of mental health.
6. The court may modify conditions of release upon its own motion or upon the petition of the department of mental health, the department of corrections, or the person on conditional release.
7. The following provisions shall apply to violations of conditional release:
- (1) If any probation and parole officer has reasonable cause to believe that a person on conditional release has violated a condition of release or that the person is no longer a proper subject for conditional release, the officer may issue a warrant for the person's arrest. The warrant shall contain a brief recitation of the facts supporting the officer's belief. The warrant shall direct any peace officer to take the person into custody immediately so that the person can be returned to a secure facility;
  - (2) If the director of the department of mental health or the director's designee has reasonable cause to believe that a person on conditional release has violated a condition of release or that the

person is no longer a proper subject for conditional release, the director or the director's designee may request that a peace officer take the person into custody immediately, or request that a probation and parole officer or the court which ordered the release issue a warrant for the person's arrest so that the person can be returned to a secure facility;

(3) At any time during the period of a conditional release, the court which ordered the release may issue a notice to the released person to appear to answer a charge of a violation of the terms of the release and the court may issue a warrant of arrest for the violation. Such notice shall be personally served upon the released person. The warrant shall authorize the return of the released person to the custody of the court or to the custody of the director of mental health or the director's designee;

(4) No peace officer responsible for apprehending and returning the person to the facility upon the request of the director of the department of mental health or the director's designee or a probation and parole officer shall be civilly liable for apprehending or transporting such person to the facility so long as such duties were performed in good faith and without negligence;

(5) The department of mental health shall promptly notify the court that the person has been apprehended and returned to a secure facility;

(6) Within seven days of the person's return to a secure facility, the department of mental health must either request that the attorney general file a petition to revoke the person's conditional release or continue the person on conditional release;

(7) If a petition to revoke conditional release is filed, the person shall remain in custody until a hearing is held on the petition. The hearing shall be given priority on the court's docket. If upon hearing the evidence, the court finds by preponderance of the evidence that the person has violated a condition of release and that the violation of the condition was sufficient to render the person no longer suitable for conditional release, the court shall revoke the conditional release and order the person returned to a secure facility designated by the director of the department of mental health. If the court determines that revocation is not required, the court may modify or increase the conditions of release or order the person's release on the existing conditions of release;

(8) A person whose conditional release has been revoked may petition the court for subsequent release pursuant to sections 632.498, 632.501, and 632.504 no sooner than six months after the person's return to a secure facility.

8. The department of mental health may enter into agreements with the department of corrections and other departments and may enter into contracts with private entities for the purpose of supervising a person on conditional release.

9. The department of mental health and the department of corrections may require a person on conditional release to pay a reasonable fee to cover the costs of providing services and monitoring while the person is released. Each department may adopt rules with respect to establishing, waiving, collecting, and using fees. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are non-severable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2006, shall be invalid and void.

10. In the event a person on conditional release escapes from custody, the department of mental

health shall notify the court, the department of corrections, the attorney general, the chief law enforcement officer of the county or city not within a county from where the person escaped or absconded, and any other persons necessary to protect the safety of the public or to assist in the apprehension of the person. The attorney general shall notify victims and witnesses. Upon receiving such notice, the attorney general shall file escape from commitment charges under section 575.195, RSMo.

(L. 2006 H.B. 1698, et al.)

Effective 6-5-06

**632.507. Attorney general to inform victims—notification of proceedings.**

1. The attorney general shall in a timely manner inform victims of a sexually violent offense committed by a person:

(1) That a written notice has been given by the agency with jurisdiction to the attorney general and the multidisciplinary team pursuant to subsection 1 of section 632.483;

(2) Of the decision of the prosecutor’s review committee in determining whether or not the person may be a sexually violent predator;

(3) That a petition has been filed with the circuit court pursuant to section 632.484 or 632.486;

(4) Of the outcome of a trial held pursuant to the provisions of section 632.492;

(5) Of the filing of any petition or pending proceedings held pursuant to the provisions of sections 632.498 to 632.505;

(6) Of the escape of any person committed under sections 632.480 to 632.513.

2. Such victims shall have the right to be present at any proceeding held pursuant to the provisions of sections 632.480 to 632.513. Failure to notify shall not be a reason for postponement of release. Nothing in this section shall create a cause of action against the state or an employee of the state acting within the scope of the employee’s employment as a result of the failure to notify pursuant to this section.

(L. 1998 H.B. 1405, et al. Â§ 10, A.L. 1999 H.B. 852, A.L. 2006 H.B. 1698, et al.)

Effective 6-5-06

**632.510. Release of information, when.**

In order to protect the public, relevant information and records which are otherwise confidential or privileged shall be released to the agency with jurisdiction or the attorney general for the purpose of meeting the notice requirement provided in section 632.483 or 632.484 and determining whether a person is or continues to be a sexually violent predator.

(L. 1998 H.B. 1405, et al. Â§ 11, A.L. 1999 H.B. 852)

**632.513. Sealed records of proceedings—access permitted, when.**

Any psychological reports, drug and alcohol reports, treatment records, medical records or victim impact statements which have been submitted to the court or admitted into evidence pursuant to sections 632.480 to 632.513 shall be part of the record but shall be sealed and opened only on order of the court or as provided in sections 632.480 to 632.513; provided, however, that any person may have access to their own records or reports.

(L. 1998 H.B. 1405, et al. Â§ 12)

Effective 1-1-99

**632.550. Definitions.**

As used in sections 632.550 to 632.557, the following terms mean:

- (1) “Board”, the governing board established in section 632.555;
- (2) “Child”, a person under the age of eighteen years;
- (3) “Demonstration project”, the project established in section 632.553;
- (4) “Department”, the department of mental health;
- (5) “Severely emotionally disturbed child”, a child who exhibits substantial impairment in his ability to function at a developmentally appropriate level due to the presence of a serious psychiatric disorder.

(L. 1989 H.B. 502, et al. Â§ 1)

**632.553. Department to designate county for demonstration project—advisory board, members, duties—project goals.**

1. Subject to appropriations, the department of mental health shall designate a county in which to establish a three-year demonstration project to design and implement a community-based inter-agency treatment system to serve severely emotionally disturbed children who receive services through public funding. Such county shall be required to fund ten percent of the cost of the project. The director of the department of mental health shall assemble an advisory board, consisting of members who are residents of such county, to plan the demonstration project. It is the intent of the general assembly that the demonstration project provide services that enable severely emotionally disturbed children to remain with their families, attend and make academic progress in public schools and not commit crimes or be incarcerated. 2. The demonstration project shall accomplish the following goals:

- (1) Provide services in a manner that gives priority to permitting a child to reside safely in his usual family setting if that is in the best interests of the child;
- (2) Ensure that when a joint evaluation indicates that out-of-home care and treatment are required, services are provided for as brief a time as possible, in the least restrictive setting consistent with effective services, and in as close proximity as possible to the child’s usual residence;
- (3) Develop appropriate services for difficult to place children;
- (4) Conduct research into children’s mental health service system in order that the system may be evaluated for effectiveness of treatment and cost benefit on an ongoing basis; and
- (5) Provide for other counties or regions a replicable model for a comprehensive, coordinated children’s mental health service system.

(L. 1989 H.B. 502, et al. Â§ 2)

**632.555. Governing board for project, members, terms, duties.**

1. There is hereby established within the department of mental health a “Governing Board” for the demonstration project established pursuant to section 632.553. The board shall be composed of seven members who are residents of the county selected for the demonstration project. Such members shall be appointed by the director of the department of mental health with the advice and consent of the state mental health commission.

2. Board members shall serve for the three-year duration of the demonstration project. The board members shall receive no compensation, but shall be reimbursed for necessary expenses in the performance of their duties.

3. The board shall be responsible for the direct implementation of the demonstration project and shall monitor and direct the treatment of the severely emotionally disturbed children within the

project, evaluating the treatment effectiveness and the cost effectiveness of the program. The board shall make quarterly reports to the department of mental health regarding such effectiveness of treatment and cost benefit.

4. The department shall provide clerical and administrative support to the board.  
(L. 1989 H.B. 502, et al. Â§ 3)

**632.557. Reports to governor and general assembly.**

The department shall file annual progress reports concerning the demonstration project to the governor and to the general assembly.  
(L. 1989 H.B. 502, et al. Â§ 4)

**632.560. Mental health care provider requirements.** 1. As used in this section, “mental health care provider” means any person licensed pursuant to chapter 334, RSMo, chapter 335, RSMo, or chapter 337, RSMo. 2. To provide repressed memory therapy, recovered memory therapy, re-parenting therapy or multiple personality disorder treatment, a person shall be a mental health care provider as defined in subsection 1 of this section.  
(L. 1999 H.B. 343 Â§ 1)

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**CIVIL INVOLUNTARY DETENTION**

For some persons, mental illness leaves them unable to make decisions about caring for their basic human needs such as food, shelter, and medical care. A few people who are experiencing mental illnesses may be in danger of hurting themselves or others. This can be a very confusing and frightening experience for them as well as for their families and friends. With appropriate evaluation, treatment, and continued care, most people with mental illness can return to their normal lives. Similarly, individuals who are abusing alcohol or drugs may be unable to make decisions about caring for their basic human needs such as food, shelter, and medical care. Alcohol or drug abuse may also place a person in danger of hurting themselves or others. As with most types of medical evaluation and treatment, people may decide to participate voluntarily, may refuse to participate or may choose alternatives to the recommendations. For some people, the symptoms of a mental illness or the effects of alcohol or drug abuse compromise their cognitive or reasoning ability, and they are left unable to understand sufficient information to make decisions about necessary and appropriate medical treatment. Missouri state regulations, Chapter 632 RSMo., provide the statutory authority to require involuntary treatment under certain conditions with appropriate due process. This process is called Civil Involuntary Detention.

**FREQUENTLY ASKED QUESTIONS**

**Who can initiate a Civil Involuntary Detention?**

Any adult person may file an application for detention, evaluation, and treatment with the probate division of the circuit court where the person may be found. Law Enforcement personnel, under their police power authority, may detain a person believed to be imminently

harmful due to a mental disorder or alcohol or drug abuse and transport the person to an appropriate facility for evaluation for admission.

Staff of the Access Crisis Intervention (ACI) system, the 24-hour crisis hotline, can also assist with the civil involuntary detention process. By calling the toll-free 24-hour ACI crisis number, the caller will be able to speak to a mental health worker who will evaluate the current situation and assist with the appropriate response.

Facilities that are recognized by the Department of Mental Health to provide civil involuntary detention services have mental health professionals who are designated and approved to initiate on-site civil involuntary detention for individuals in need of emergency evaluation and treatment. These professionals may be psychiatrists, licensed physicians, psychiatric residents, psychologists, nurses or social workers or a qualified substance abuse counselor.

### **If the situation is an emergency, what do I do?**

- If possible and safe to do so, get the person to the emergency room of a hospital that treats persons with mental illnesses.
- If the person is currently receiving mental health treatment, call the person responsible for the treatment and that person should provide you with an emergency plan. If so, follow the plan.
- Call the police or sheriff; tell them about the situation and explain why it is an emergency. Remember, law enforcement officers may have to observe the person's dangerous behavior before taking them into custody and transporting them to a mental health facility. If the situation is not an immediate emergency, what do I do?
- If the person is currently receiving mental health treatment, call the person responsible for the treatment. That person should assist you.
- If the person is known to the probate court due to other similar situations, go to the court and ask to complete an application for detention, evaluation, and treatment. The judge may informally consider your application or, if more information is needed, you may be referred to the Access Crisis Intervention (ACI) system for additional assistance.
- Call the toll-free 24-hour Access Crisis Intervention (ACI) 24-hour crisis hotline. You will be able to speak to a mental health worker who will evaluate the current situation and assist you with the appropriate response.

### **How long will a person be detained, evaluated and treated?**

The initial period is for up to 96 hours, excluding weekends and certain holidays. After the initial period, the person's treating physician will decide if further detention, evaluation, and treatment are needed. If so, the treating psychiatrist may initiate a court hearing for the appropriate time frame, 21 days, 90 days, or one year for mental health treatment and 30 or 90 days for alcohol or drug treatment.

### **What happens in court?**

If an application for 96 hours is presented to the Probate Division of the Circuit Court, the judge will decide whether to order the person detained, evaluated, and treated in an appropriate facility for up to 96 hours. If a petition is filed for commitment beyond the initial 96-hour period, a

formal hearing will be held in the court to hear facts supporting the petition. During this hearing the person against whom the petition is filed will be represented by an attorney; if the person cannot afford an attorney, the court will appoint one. The judge will hear the evidence and make the final decision as to whether the person will be committed for an additional period.

**Will I be asked to testify in court?**

If you have observed recent behavior of a person that supports the allegation in the petition, you will usually be asked to testify. Sometimes family members or friends are the only persons who have witnessed harmful behavior.

**Does Missouri have an outpatient commitment law?**

Missouri has provisions for conditionally releasing a person from a mental health facility to outpatient treatment. These statutory provisions allow for a mental health facility to set conditions for a person's release and provides authority to return a person to a mental health facility if the conditions are not met.

**Do Missouri statutes include "gravely disabled" criteria?**

Yes. The criteria that a person must be mentally disordered and, as a result, present harm to self or others includes a standard that a person may be harmful if, as a result of an impairment, he or she is unable to make decisions regarding hospitalization or treatment as evidenced by not providing for basic necessities of food, clothing, shelter, safety, or medical care.

**Are there any other laws that can be used to help persons who are incapacitated by mental illness?**

Yes. If a person continues to be unable to make basic decisions because of an impairment, guardianship should be considered. This legal process places the personal decision making in the hands of another person who is legally able to authorize needed services. This law has provisions for limited guardianship that allows the guardian to only have decision-making powers under certain conditions.

**Does a person have to be homicidal or suicidal before he or she is able to be civilly detained?** No. Verbal threats to do harm are sufficient, or even placing a person in fear of harm is sufficient. The standard is "a likelihood of serious physical harm to self or others." Past patterns of behavior that have historically have resulted in harm may also be considered.