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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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SENATE BILL

No. 21 Session of  
2015

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INTRODUCED BY GREENLEAF, SCHWANK, VULAKOVICH, BOSCOLA, SMITH AND  
FARNESE, JANUARY 14, 2015

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REFERRED TO PUBLIC HEALTH AND WELFARE, JANUARY 14, 2015

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AN ACT

1 Amending the act of July 9, 1976 (P.L.817, No.143), entitled "An  
2 act relating to mental health procedures; providing for the  
3 treatment and rights of mentally disabled persons, for  
4 voluntary and involuntary examination and treatment and for  
5 determinations affecting those charged with crime or under  
6 sentence," providing for assisted outpatient treatment  
7 programs.

8 The General Assembly of the Commonwealth of Pennsylvania  
9 hereby enacts as follows:

10 Section 1. The act of July 9, 1976 (P.L.817, No.143), known  
11 as the Mental Health Procedures Act, is amended by adding an  
12 article to read:

13 ARTICLE III-A

14 Assisted Outpatient Treatment

15 Section 301-A. Definitions.

16 The following words and phrases when used in this article  
17 shall have the meanings given to them in this section unless the  
18 context clearly indicates otherwise:

19 "Assisted outpatient" or "patient." A person under a court  
20 order to receive assisted outpatient treatment.

1 "Assisted outpatient treatment." Any of the following  
2 categories of outpatient services which have been ordered by the  
3 court pursuant to section 305-A:

4 (1) Case management services or assertive community  
5 treatment team services to provide care coordination.

6 (2) Medication.

7 (3) Periodic blood tests or urinalysis to determine  
8 compliance with prescribed medications.

9 (4) Individual or group therapy.

10 (5) Day or partial programming activities.

11 (6) Educational and vocational training or activities.

12 (7) Alcohol or substance abuse treatment and counseling  
13 and periodic tests for the presence of alcohol or illegal  
14 drugs for persons with a history of alcohol or substance  
15 abuse.

16 (8) Supervision of living arrangements.

17 (9) Any other services within an individualized  
18 treatment plan developed pursuant to Article I prescribed to  
19 treat the person's mental illness and to assist the person in  
20 living and functioning in the community, or to attempt to  
21 prevent a relapse or deterioration that may reasonably be  
22 predicted to result in suicide or the need for  
23 hospitalization.

24 "Assisted outpatient treatment program" or "program." A  
25 system to arrange for and coordinate the provision of assisted  
26 outpatient treatment, to monitor treatment compliance by  
27 assisted outpatients, to evaluate the condition or needs of  
28 assisted outpatients, to take appropriate steps to address the  
29 needs of assisted outpatients and to ensure compliance with  
30 court orders.

1 "Director." The director of a hospital licensed or operated  
2 by the Department of Human Services which operates, directs and  
3 supervises an assisted outpatient treatment program, or the  
4 county administrator which operates, directs and supervises an  
5 assisted outpatient treatment program.

6 "Program coordinator." An individual appointed under section  
7 302-A(a) who is responsible for the oversight and monitoring of  
8 assisted outpatient treatment programs.

9 "Secretary." The Secretary of Human Services of the  
10 Commonwealth.

11 "Subject of the petition" or "subject." A person who is  
12 alleged in a petition, filed pursuant to the provisions of  
13 section 305-A, to meet the criteria for assisted outpatient  
14 treatment.

15 Section 302-A. Program coordinators to be appointed.

16 (a) Duty of secretary.--The secretary shall appoint program  
17 coordinators of assisted outpatient treatment, who shall be  
18 responsible for the oversight and monitoring of assisted  
19 outpatient treatment programs established pursuant to section  
20 305-A. County administrators shall work in conjunction with the  
21 program coordinators to coordinate the implementation of  
22 assisted outpatient treatment programs.

23 (b) Oversight and monitoring duties.--The oversight and  
24 monitoring role of the program coordinator of the assisted  
25 outpatient treatment program shall include each of the  
26 following:

27 (1) That each assisted outpatient receives the treatment  
28 provided for in the court order issued pursuant to section  
29 305-A.

30 (2) That existing services located in the assisted

1 outpatient's community are utilized whenever practicable.

2 (3) That a case manager or assertive community treatment  
3 team is designated for each assisted outpatient.

4 (4) That a mechanism exists for a case manager or  
5 assertive community treatment team to regularly report the  
6 assisted outpatient's compliance, or lack of compliance, with  
7 treatment to the director of the assisted outpatient  
8 treatment program.

9 (5) That assisted outpatient treatment services are  
10 delivered in a timely manner.

11 (c) Standards to be developed.--The secretary shall develop  
12 standards designed to ensure that case managers or assertive  
13 community treatment teams have appropriate training and have  
14 clinically manageable caseloads designed to provide effective  
15 case management or other care coordination services for persons  
16 subject to a court order under section 305-A.

17 (d) Corrective action to be taken.--Upon review or receiving  
18 notice that services are not being delivered in a timely manner,  
19 the program coordinator shall require the director of the  
20 assisted outpatient treatment program to immediately commence  
21 corrective action and inform the program coordinator of the  
22 corrective action taken. Failure of a director to take  
23 corrective action shall be reported by the program coordinator  
24 to the secretary as well as to the court which ordered the  
25 assisted outpatient treatment.

26 Section 303-A. Duties of county administrators.

27 Each county administrator shall be responsible for the filing  
28 of petitions for assisted outpatient treatment pursuant to  
29 section 305-A, for the receipt and investigation of reports of  
30 persons who are alleged to be in need of that treatment and for

1 coordinating the delivery of court-ordered services with program  
2 coordinators, appointed by the secretary pursuant to section  
3 302-A(a). In discharge of the duties imposed by section 305-A,  
4 directors of community services may provide services directly,  
5 may coordinate services with the offices of the secretary or may  
6 contract with any public or private provider to provide services  
7 for assisted outpatient treatment programs as may be necessary  
8 to carry out the duties imposed pursuant to this article.

9 Section 304-A. Directors of assisted outpatient treatment  
10 programs.

11 (a) General duties.--

12 (1) Directors of assisted outpatient treatment programs  
13 established pursuant to section 305-A shall provide a written  
14 report to the program coordinators, appointed by the  
15 secretary pursuant to section 302-A(a), within three days of  
16 the issuance of a court order. The report shall demonstrate  
17 that mechanisms are in place to ensure the delivery of  
18 services and medications as required by the court order and  
19 shall include, but not be limited to, the following:

20 (i) A copy of the court order.

21 (ii) A copy of the written treatment plan.

22 (iii) The identity of the case manager or assertive  
23 community treatment team, including the name and contact  
24 data of the organization which the case manager or  
25 assertive community treatment team member represents.

26 (iv) The identity of providers of services.

27 (v) The date on which services have commenced or  
28 will commence.

29 (2) The directors of assisted outpatient treatment  
30 programs shall ensure the timely delivery of services

1 described in section 305-A pursuant to any court order issued  
2 thereunder. Directors of assisted outpatient treatment  
3 programs shall immediately commence corrective action upon  
4 receiving notice from program coordinators that services are  
5 not being provided in a timely manner, and the directors  
6 shall inform the program coordinator of the corrective action  
7 taken.

8 (b) Quarterly reports to program coordinators.--Directors of  
9 assisted outpatient treatment programs shall submit quarterly  
10 reports to the program coordinators regarding the assisted  
11 outpatient treatment program operated or administered by them.  
12 The report shall include the following information:

13 (1) The names of individuals served by the program.

14 (2) The percentage of petitions for assisted outpatient  
15 treatment that are granted by the court.

16 (3) Any change in status of assisted outpatients,  
17 including, but not limited to, the number of individuals who  
18 have failed to comply with court-ordered assisted outpatient  
19 treatment.

20 (4) A description of material changes in written  
21 treatment plans of assisted outpatients.

22 (5) Any change in case managers.

23 (6) A description of the categories of services which  
24 have been ordered by the court.

25 (7) Living arrangements of individuals served by the  
26 program, including the number, if any, who are homeless.

27 (8) Any other information as required by the secretary.

28 (9) Any recommendations to improve the program Statewide  
29 or locally.

30 Section 305-A. Assisted outpatient treatment program.

1 (a) Director to obtain approval from secretary.--A director  
2 may operate, direct and supervise an assisted outpatient  
3 treatment program as provided in this section, upon approval by  
4 the secretary. The county administrator shall operate, direct  
5 and supervise an assisted outpatient treatment program as  
6 provided in this section, upon approval by the secretary. County  
7 administrators shall be permitted to satisfy the provisions of  
8 this article through the operation of joint assisted outpatient  
9 treatment programs. Nothing in this article shall be construed  
10 to preclude the combination or coordination of efforts between  
11 and among counties and hospitals in providing and coordinating  
12 assisted outpatient treatment.

13 (b) Criteria for assisted outpatient treatment.--A patient  
14 may be ordered to obtain assisted outpatient treatment if the  
15 court finds all of the following:

16 (1) The patient is 18 years of age or older.

17 (2) The patient is suffering from a mental illness.

18 (3) The patient is unlikely to survive safely in the  
19 community without supervision, based on a clinical  
20 determination.

21 (4) The patient has a history of lack of compliance with  
22 treatment for mental illness that has:

23 (i) at least twice within the preceding 36 months  
24 been a significant factor in necessitating  
25 hospitalization, or receipt of services in a forensic or  
26 other mental health unit of a correctional facility, not  
27 including any period during which the person was  
28 hospitalized or imprisoned immediately preceding the  
29 filing of the petition; or

30 (ii) resulted in one or more acts of serious violent

1 behavior toward self or others or threats of, or attempts  
2 at, serious physical harm to self or others within the  
3 preceding 48 months, not including any period in which  
4 the person was hospitalized or imprisoned immediately  
5 preceding the filing of the petition.

6 (5) The patient is, as a result of the patient's mental  
7 illness, unlikely to voluntarily participate in the  
8 recommended treatment pursuant to the treatment plan.

9 (6) In view of the patient's treatment history and  
10 current behavior, the patient is in need of assisted  
11 outpatient treatment in order to prevent a relapse or  
12 deterioration which would be likely to pose a clear and  
13 present danger of harm to self or others as determined under  
14 section 301.

15 (7) It is likely that the patient will benefit from  
16 assisted outpatient treatment.

17 (c) Petition to the court.--

18 (1) A petition for an order authorizing assisted  
19 outpatient treatment may be filed in the court of common  
20 pleas of the county in which the subject of the petition is  
21 present or reasonably believed to be present. A petition to  
22 obtain an order authorizing assisted outpatient treatment may  
23 be initiated only by the following persons:

24 (i) a person 18 years of age or older with whom the  
25 subject of the petition resides;

26 (ii) the parent, spouse, sibling 18 years of age or  
27 older or child 18 years of age or older of the subject of  
28 the petition;

29 (iii) the director of the facility in which the  
30 subject of the petition is hospitalized;



1           (iv) the director of any public or charitable  
2           organization, agency or home providing mental health  
3           services to the subject of the petition in whose  
4           institution the subject of the petition resides;

5           (v) a qualified psychiatrist who is either  
6           supervising the treatment of or treating the subject of  
7           the petition for a mental illness;

8           (vi) the county administrator or his designee; or

9           (vii) a parole officer or probation officer assigned  
10          to supervise the subject of the petition.

11          (2) The petition shall state:

12           (i) Each of the criteria for assisted outpatient  
13           treatment as set forth in subsection (b).

14           (ii) The facts which support the petitioner's belief  
15           that the person who is the subject of the petition meets  
16           each criterion, provided that the hearing on the petition  
17           need not be limited to the stated facts.

18           (iii) That the subject of the petition is present,  
19           or is reasonably believed to be present, within the  
20           county where the petition is filed.

21          (3) The petition shall be accompanied by an affirmation  
22          or affidavit of a physician, who shall not be the petitioner,  
23          and shall state either that:

24           (i) The physician has personally examined the person  
25           who is the subject of the petition not more than 10 days  
26           prior to the submission of the petition, recommends  
27           assisted outpatient treatment for the subject of the  
28           petition and is willing and able to testify at the  
29           hearing on the petition.

30           (ii) Not more than 10 days prior to the filing of

1 the petition, the physician or his designee has made  
2 appropriate attempts to elicit the cooperation of the  
3 subject of the petition but has not been successful in  
4 persuading the subject to submit to an examination, that  
5 the physician has reason to suspect that the subject of  
6 the petition meets the criteria for assisted outpatient  
7 treatment, and that the physician is willing and able to  
8 examine the subject of the petition and testify at the  
9 hearing on the petition.

10 (d) Right to counsel.--The subject of the petition shall  
11 have the right to be represented by counsel at all stages of a  
12 proceeding commenced under this section. The subject of the  
13 petition shall be represented either by counsel of his selection  
14 or, if unrepresented and unable to afford counsel as determined  
15 by the court, by court-appointed counsel.

16 (e) Hearing.--

17 (1) Upon receipt by the court of the petition submitted  
18 pursuant to subsection (c), the court shall fix the date for  
19 a hearing at a time not later than three days from the date  
20 the petition is received by the court, excluding Saturdays,  
21 Sundays and holidays. Adjournments shall be permitted only  
22 for good cause shown. In granting adjournments, the court  
23 shall consider the need for further examination by a  
24 physician or the potential need to provide assisted  
25 outpatient treatment expeditiously.

26 (2) The court shall cause the subject of the petition,  
27 the petitioner, the physician whose affirmation or affidavit  
28 accompanied the petition, the appropriate director and such  
29 other persons as the court may determine to be advised. The  
30 subject of the petition shall have the opportunity to

1 provide, in writing, names and parties to be notified of the  
2 hearing which shall be considered by the court.

3 (3) Upon the date for the hearing, or upon such other  
4 date to which the proceeding may be adjourned, the court  
5 shall hear testimony and, if it be deemed advisable and the  
6 subject of the petition is available, examine the subject  
7 alleged to be in need of assisted outpatient treatment in or  
8 out of court.

9 (4) If the subject of the petition does not appear at  
10 the hearing and appropriate attempts to elicit the attendance  
11 of the subject have failed, the court may conduct the hearing  
12 in the subject's absence. If the hearing is conducted without  
13 the subject of the petition present, the court shall set  
14 forth the factual basis for conducting the hearing without  
15 the presence of the subject of the petition.

16 (5) The court may not order assisted outpatient  
17 treatment unless an examining physician who has personally  
18 examined the subject of the petition within the time period  
19 commencing 10 days before the filing of the petition  
20 testifies in person at the hearing.

21 (6) If the subject of the petition has refused to be  
22 examined by a physician, the court may request the subject to  
23 consent to an examination by a physician appointed by the  
24 court. If the subject of the petition does not consent and  
25 the court finds reasonable cause to believe that the  
26 allegations in the petition are true, the court may order law  
27 enforcement officers or a sheriff's department to take the  
28 subject of the petition into custody and transport him to a  
29 hospital for examination by a physician. Retention of the  
30 subject of the petition under the order shall not exceed 24

1 hours.

2 (7) The examination of the subject of the petition may  
3 be performed by the physician whose affirmation or affidavit  
4 accompanied the petition, if the physician is privileged by  
5 the hospital or otherwise authorized by the hospital to do  
6 so. If the examination is performed by another physician of  
7 the hospital, the examining physician shall be authorized to  
8 consult with the physician whose affirmation or affidavit  
9 accompanied the petition regarding the issues of whether the  
10 allegations in the petition are true and whether the subject  
11 meets the criteria for assisted outpatient treatment.

12 (8) A physician who testifies pursuant to paragraph (5)  
13 shall state the facts which support the allegation that the  
14 subject meets each of the criteria for assisted outpatient  
15 treatment, and the treatment is the least restrictive  
16 alternative, the recommended assisted outpatient treatment  
17 and the rationale for the recommended assisted outpatient  
18 treatment. If the recommended assisted outpatient treatment  
19 includes medication, the physician's testimony shall describe  
20 the types or classes of medication which should be  
21 authorized, shall describe the beneficial and detrimental  
22 physical and mental effects of the medication and shall  
23 recommend whether the medication should be self-administered  
24 or administered by authorized personnel.

25 (9) The subject of the petition shall be afforded an  
26 opportunity to present evidence, to call witnesses on behalf  
27 of the subject and to cross-examine adverse witnesses.

28 (f) Written individualized treatment plan.--

29 (1) (i) The court may not order assisted outpatient  
30 treatment unless an examining physician appointed by the

1 appropriate director develops and provides to the court a  
2 proposed written individualized treatment plan. The  
3 written individualized treatment plan shall include case  
4 management services or assertive community treatment  
5 teams to provide care coordination and all categories of  
6 services which the physician recommends that the subject  
7 of the petition should receive.

8 (ii) If the written individualized treatment plan  
9 includes medication, it shall state whether the  
10 medication should be self-administered or administered by  
11 authorized personnel and shall specify type and dosage  
12 range of medication most likely to provide maximum  
13 benefit for the subject.

14 (iii) If the written individualized treatment plan  
15 includes alcohol or substance abuse counseling and  
16 treatment, the plan may include a provision requiring  
17 relevant testing for either alcohol or illegal  
18 substances, provided the physician's clinical basis for  
19 recommending the plan provides sufficient facts for the  
20 court to find:

21 (A) That the person has a history of alcohol or  
22 substance abuse that is clinically related to the  
23 mental illness.

24 (B) That the testing is necessary to prevent a  
25 relapse or deterioration which would be likely to  
26 result in serious harm to the person or others.

27 (iv) In developing the plan, the physician shall  
28 provide the following persons with an opportunity to  
29 actively participate in the development of the plan: the  
30 subject of the petition; the treating physician; and upon

1 the request of the patient, an individual significant to  
2 the patient, including any relative, close friend or  
3 individual otherwise concerned with the welfare of the  
4 patient. If the petitioner is a director, the plan shall  
5 be provided to the court no later than the date of the  
6 hearing on the petition.

7 (2) The court shall not order assisted outpatient  
8 treatment unless a physician testifies to explain the written  
9 proposed treatment plan. The testimony shall state:

10 (i) The categories of assisted outpatient treatment  
11 recommended.

12 (ii) The rationale for each category.

13 (iii) Facts which establish that the treatment is  
14 the least restrictive alternative.

15 (iv) If the recommended assisted outpatient  
16 treatment includes medication, the types or classes of  
17 medication recommended, the beneficial and detrimental  
18 physical and mental effects of the medication and whether  
19 the medication should be self-administered or  
20 administered by an authorized professional.

21 If the petitioner is a director, the testimony shall be given  
22 at the hearing on the petition.

23 (g) Disposition.--

24 (1) If after hearing all relevant evidence the court  
25 finds that the subject of the petition does not meet the  
26 criteria for assisted outpatient treatment, the court shall  
27 dismiss the petition.

28 (2) If after hearing all relevant evidence the court  
29 finds by clear and convincing evidence that the subject of  
30 the petition meets the criteria for assisted outpatient

1 treatment and there is no appropriate and feasible less  
2 restrictive alternative, the court shall order the subject to  
3 receive assisted outpatient treatment for an initial period  
4 not to exceed six months. In fashioning the order, the court  
5 shall specifically make findings by clear and convincing  
6 evidence that the proposed treatment is the least restrictive  
7 treatment appropriate and feasible for the subject. The order  
8 shall state the categories of assisted outpatient treatment  
9 which the subject is to receive. The court may not order  
10 treatment that has not been recommended by the examining  
11 physician and included in the written treatment plan for  
12 assisted outpatient treatment as required by subsection (f).

13 (3) If after hearing all relevant evidence the court  
14 finds by clear and convincing evidence that the subject of  
15 the petition meets the criteria for assisted outpatient  
16 treatment, and the court has yet to be provided with a  
17 written individualized treatment plan and testimony pursuant  
18 to subsection (f), the court shall order the county  
19 administrator to provide the court with the plan and  
20 testimony no later than the third day, excluding Saturdays,  
21 Sundays and holidays, immediately following the date of the  
22 order. Upon receiving the plan and testimony, the court may  
23 order assisted outpatient treatment as provided in paragraph  
24 (2).

25 (4) A court may order the patient to self-administer  
26 psychotropic drugs or accept the administration of the drugs  
27 by authorized personnel as part of an assisted outpatient  
28 treatment program. The order may specify the type and dosage  
29 range of psychotropic drugs and shall be effective for the  
30 duration of the assisted outpatient treatment.

1       (5) If the petitioner is the director of a hospital that  
2 operates an assisted outpatient treatment program, the court  
3 order shall direct the hospital director to provide or  
4 arrange for all categories of assisted outpatient treatment  
5 for the assisted outpatient throughout the period of the  
6 order. For all other persons, the order shall require the  
7 director of community services of the appropriate local  
8 governmental unit to provide or arrange for all categories of  
9 assisted outpatient treatment for the assisted outpatient  
10 throughout the period of the order.

11       (6) The director or his designee shall apply to the  
12 court for approval before instituting a proposed material  
13 change in the assisted outpatient treatment order unless the  
14 change is contemplated in the order. Nonmaterial changes may  
15 be instituted by the assisted outpatient treatment program  
16 without court approval. For the purposes of this paragraph, a  
17 material change shall mean an addition or deletion of a  
18 category of assisted outpatient treatment from the order of  
19 the court or any deviation without the patient's consent from  
20 the terms of an existing order relating to the administration  
21 of psychotropic drugs.

22       (h) Applications for additional periods of treatment.--If  
23 the director determines that the condition of the patient  
24 requires further assisted outpatient treatment, the director  
25 shall apply prior to the expiration of the period of assisted  
26 outpatient treatment ordered by the court for a second or  
27 subsequent order authorizing continued assisted outpatient  
28 treatment for a period not to exceed one year from the date of  
29 the order. The procedures for obtaining any order pursuant to  
30 this subsection shall be in accordance with this section,



1 provided that the time period included in subsection (b) (4) (i)  
2 and (ii) shall not be applicable in determining the  
3 appropriateness of additional periods of assisted outpatient  
4 treatment. Any court order requiring periodic blood tests or  
5 urinalysis for the presence of alcohol or illegal drugs shall be  
6 subject to review after six months by the physician who  
7 developed the written individualized treatment plan or another  
8 physician designated by the director, and the physician shall be  
9 authorized to terminate the blood tests or urinalysis without  
10 further action by the court.

11 (i) Application for order to stay, vacate or modify.--In  
12 addition to any other right or remedy available by law with  
13 respect to the order for assisted outpatient treatment, the  
14 patient, the patient's counsel or anyone acting on the patient's  
15 behalf may apply on notice to the appropriate director and the  
16 original petitioner to the court to stay, vacate or modify the  
17 order.

18 (j) Appeals.--Review of an order issued pursuant to this  
19 section shall be conducted in the same manner as specified in  
20 section 303.

21 (k) Failure to comply with the assisted outpatient  
22 treatment.--

23 (1) (i) Where, in the clinical judgment of a physician,  
24 the assisted outpatient has failed or refused to comply  
25 with the assisted outpatient treatment and efforts were  
26 made to solicit compliance and such assisted outpatient  
27 may be in need of involuntary admission to a hospital or  
28 immediate observation, care and treatment pursuant to  
29 section 302 or 303, the physician may request the  
30 director of community services, the director's designee

1 or any physician designated by the director of community  
2 services to take the assisted outpatient to an  
3 appropriate hospital for an examination to determine if  
4 the assisted outpatient has a mental illness for which  
5 hospitalization is necessary.

6 (ii) If the assisted outpatient refuses to take  
7 medication as required by the court order or refuses to  
8 take or fails a blood test, urinalysis or alcohol or drug  
9 test as required by the court order, the physician may  
10 consider the refusal or failure when determining whether  
11 the assisted outpatient is in need of an examination to  
12 determine whether the assisted outpatient has a mental  
13 illness for which hospitalization is necessary.

14 (2) Upon the request of the physician, the director or  
15 the director's designee may direct law enforcement officers  
16 or the sheriff's department to take into custody and  
17 transport the patient to the hospital operating the assisted  
18 outpatient treatment program or to any hospital authorized by  
19 the director of community services to receive such patients.  
20 The law enforcement officials shall carry out the directive.

21 (3) (i) Upon the request of the physician, the director  
22 or the director's designee, the court may authorize the  
23 patient to be taken into custody and transported to the  
24 hospital operating the assisted outpatient treatment  
25 program or to any other hospital authorized by the county  
26 administrator to receive such patients in accordance with  
27 section 306.

28 (ii) The patient may be retained for observation,  
29 care and treatment and further examination in the  
30 hospital for up to 72 hours to permit a physician to

1 determine whether the patient has a mental illness and is  
2 in need of involuntary care and treatment in a hospital  
3 pursuant to this act.

4 (iii) Any continued involuntary retention in the  
5 hospital beyond the initial 72-hour period shall be in  
6 accordance with this act relating to the involuntary  
7 admission and retention of a person.

8 (iv) If at any time during the 72-hour period the  
9 person is determined not to meet the involuntary  
10 admission and retention provisions of this act and does  
11 not agree to stay in the hospital as a voluntary or  
12 informal patient, the person shall be released.

13 (v) Failure to comply with an order of assisted  
14 outpatient treatment shall not be grounds for involuntary  
15 civil commitment or a finding of contempt of court.

16 (l) False petition.--A person making a false statement or  
17 providing false information or false testimony in a petition or  
18 hearing under this section is subject to criminal prosecution  
19 pursuant to 18 Pa.C.S. § 4903 (relating to false swearing).

20 (m) Construction.--Nothing in this section shall be  
21 construed to affect the ability of the director of a hospital to  
22 receive, admit or retain patients who otherwise meet the  
23 provisions of this act regarding receipt, retention or  
24 admission.

25 (n) Educational materials.--The Department of Human  
26 Services, in consultation with the county administrator, shall  
27 prepare educational and training materials on the use of this  
28 section, which shall be made available to county providers of  
29 services, judges, court personnel, law enforcement officials and  
30 the general public.

1 Section 2. This act shall take effect in 60 days.