

1 STATE OF OKLAHOMA

2 1st Session of the 60th Legislature (2025)

3 HOUSE BILL 1740

By: Moore

4
5
6 AS INTRODUCED

7 An Act relating to individualized service plans;
8 providing for legislative intent; providing for a
9 prepared and maintained written individualized
10 service plan; providing for timing requirements;
11 establishing standards; providing for disputed
12 evidence; providing for implementation into the
13 court's disposition; providing for approval;
14 providing for tailoring; providing for which language
15 governs; providing for modification; providing for
16 standardization; requiring certain information to be
17 provided in the service plan; providing for review
18 hearings; requiring the Oklahoma Department of Mental
19 Health and Substance Abuse Services to provide a
20 report; providing for codification; and providing an
21 effective date.

22 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

23 SECTION 1. NEW LAW A new section of law to be codified
24 in the Oklahoma Statutes as Section 1161.1 of Title 22, unless there
is created a duplication in numbering, reads as follows:

A. In matters governing individuals who have been adjudicated
not guilty by reason of mental illness, it is the intent of the
Legislature to ensure the protection of the public while also
providing to these individuals the appropriate care they deserve.

1 This care includes, but is not limited to: therapeutic
2 interventions, psychiatric treatment, support services, relevant
3 clinical services, protection from harm, administrative oversight,
4 and judicial oversight. While recognizing that some individuals may
5 require permanent institutional care and oversight, the focus should
6 always be upon a recovery-based model of treatment. Best efforts
7 should be utilized by the State of Oklahoma, through the Department
8 of Mental Health and Substance Abuse Services (ODMHSAS) to secure
9 adequate facilities for the delivery of treatment and services for
10 these individuals. Likewise, meaningful administrative oversight by
11 ODMHSAS should be established to shepherd these individuals safely
12 and securely while under its care and supervision. Courts provide
13 invaluable oversight regarding compliance by ODMHSAS and these
14 individuals. As such, Courts should exercise their ability to
15 frequently monitor the progress, or lack thereof of ODMHSAS and
16 these individuals while receiving treatment or supervision.

17 B. The ODMHSAS shall prepare and maintain a written
18 individualized service plan for any person who has been adjudicated
19 to be not guilty by reason of mental illness (NGRI/MI). Integral to
20 the development of the service plan is obtaining a comprehensive
21 psychological evaluation upon admission to include any relevant
22 psychological testing, structured risk assessment, and treatment
23 recommendations. Additionally, upon admission a comprehensive
24

1 psychiatric evaluation should be conducted by a forensically trained
2 psychiatrist.

3 C. The plan shall be furnished to the court within forty-five
4 (45) days after the adjudication of the person and shall be made
5 available to counsel for the parties.

6 D. 1. The individualized service plan shall be based upon a
7 comprehensive psychological and psychiatric evaluations obtained
8 upon admission together with any other collateral information and
9 shall be developed with the participation of the individual and
10 their support system as deemed appropriate and legally authorized.
11 The protection of the public as well as the health and safety of the
12 individual shall be the paramount concern in the development of the
13 plan.

14 2. If any part of the plan is disputed or not approved by the
15 court, an evidentiary hearing may be held and at its conclusion, the
16 court shall determine the content of the individualized service plan
17 in accord with the evidence presented and the best interests of the
18 individual.

19 3. When approved by the court, each individualized service plan
20 shall be incorporated and made a part of the dispositional order of
21 the court.

22 4. The plan shall be signed by:

23 a. the individual,

24 b. the attorney for the individual, and

1 c. the treating doctor at ODMHSAS.

2 E. 1. Every service plan prepared shall be individualized and
3 specific to each individual.

4 2. The individualized service plan shall be written in simple
5 and clear English. If English is not the principal language of the
6 individual, and such person is unable to read or comprehend the
7 English language, to the extent possible the plan shall be written
8 in the principal language of the person.

9 3. The individualized service plan may be modified based on
10 changing circumstances consistent with the identified needs of the
11 individual and the protection of the public.

12 4. The individualized service plan shall be measurable,
13 realistic, and consistent with the requirements of other court
14 orders.

15 5. Shall follow clinical standards of forensic mental health
16 service delivery by qualified mental health providers.

17 F. The individualized service plan shall include but not be
18 limited to:

19 1. A statement of the incident facts upon which the individual
20 was found to be not guilty by reason of mental illness,

21 2. A history of the individual and his or her family, including
22 previous mental health and substance use related incidents,
23 treatment episodes, and diagnosis,
24

1 3. Identification of services to be provided to the individual,
2 to include clinical services, psychotropic medication, therapeutic
3 intervention, psychoeducation, educational or vocational services,
4 and any other clinical activities deemed relevant and necessary,

5 4. Structured standardized risk assessments, which should be
6 completed annually at a minimum by qualified forensic examiners;

7 5. The most recent available health, mental health,
8 educational, and justice system records of the individual shall be
9 provided to the court upon the court's request including:

- 10 a. the names and addresses of the individual's providers,
11 b. information regarding special education, disability
12 services, or other relevant and known information
13 pertaining to disability, if applicable,
14 c. the individual's known medical problems, including any
15 known communicable diseases,
16 d. the individual's medications, and
17 e. any other relevant health, mental health and substance
18 use, and education information;

19 6. A schedule of the frequency of services and the means by
20 which delivery of the services will be assured or, as necessary, the
21 proposed means by which support services or other assistance will be
22 provided to enable the individual to obtain the services;

23 7. The name of the social worker or case manager assigned to
24 the case;

1 8. The name and business address of the attorney representing
2 the Individual;

3 9. The name of the psychiatrists rendering treatment;

4 10. The name of the licensed clinician rendering therapeutic
5 interventions;

6 11. The name of the patient advocate for the individual;

7 G. The court shall conduct periodic review hearings following
8 the adoption of the individualized service plan.

9 1. ODMHSAS shall prepare a report to the Court 10 days in
10 advance of each review hearing which shall be provided to the court,
11 counsel for the individual, the district attorney, and the Oklahoma
12 Forensic Review Board (FRB). The court is not limited in the number
13 or frequency of review hearings it may conduct in reviewing the
14 status of the individual except as follows:

15 2. In the first year following the initial adoption of the
16 individualized service plan, the Court shall conduct no less than
17 four quarterly review hearings and require updated reports to be
18 submitted.

19 3. In the second and subsequent years (as necessary), the court
20 shall conduct no less than two semi-annual review hearings. The
21 court may schedule more depending upon the facts and circumstances
22 of each case. Courts are encouraged to conduct more frequent
23 hearings if the individual is demonstrating progress in treatment.

24

1 4. If, in the opinion of the court, the individual has made
2 significant progress in treatment, the court may require the
3 Oklahoma FRB to conduct its annual review earlier so that the Court
4 may make subsequent decisions upon the continued treatment and
5 placement of the individual.

6 5. Nothing shall preclude ODMHSAS, the court, counsel for the
7 individual, or the District Attorney from requesting an accelerated
8 review hearing based upon a change in circumstances for the
9 individual.

10 6. In its review of the individual's case the court shall give
11 consideration to concerns for the safety of the public based upon a
12 current risk assessment, the underlying facts resulting in the
13 individual's adjudication of being not guilty by reason of mental
14 illness, the progress of the individual according to the service
15 plan, the recommendations of the treatment provider(s), and the
16 input of the affected victim(s),

17 7. Prior to the hearing, counsel for the individual shall meet
18 with the individual in person or by remote video means to discuss
19 ODMHSAS's report to the court.

20 8. Nothing herein shall preclude an individual who is already
21 in the care, custody, control, and supervision of the ODMHSAS from
22 requesting a review hearing for the purpose of establishing a
23 written service plan as set out above.

1 9. The ODMHSAS shall ensure that all individuals, previously
2 adjudicated as not guilty by reason of mental illness and within its
3 care, custody, control, and supervision have a written service plan
4 as outlined above. The written service plan shall be filed of
5 record in the case prior to the next scheduled review hearing,
6 unless granted leave of the court due to limited time constraints,
7 but in no circumstances more than one year from the passage of this
8 act.

9 SECTION 2. This act shall become effective November 1, 2025.

10

11 60-1-11435 TJ 12/10/24

12

13

14

15

16

17

18

19

20

21

22

23

24