

SENATE FILE NO. SF0058

Involuntary hospitalization and treatment.

Sponsored by: Joint Labor, Health & Social Services Interim  
Committee

A BILL

for

1 AN ACT relating to hospitalization and treatment of  
2 mentally ill persons; modifying procedures for involuntary  
3 hospitalization; providing for directed outpatient  
4 treatment; amending convalescent status; providing for and  
5 modifying definitions; amending provisions relating to  
6 representation by the state and county of an involuntarily  
7 hospitalized or treated person; clarifying provisions  
8 relating to payment by the county for involuntary  
9 hospitalization and treatment; providing for the  
10 coordination of treatment and payment through gatekeepers  
11 as specified; and providing for an effective date.

12

13 *Be It Enacted by the Legislature of the State of Wyoming:*

14

15 **Section 1.** W.S. 25-10-110.1 is created to read:

1

2           **25-10-110.1. Directed           outpatient           commitment**  
3 **proceedings.**

4

5           (a) If the court finds based upon the recommendation  
6 of an examiner or on its own determination that the  
7 proposed patient is mentally ill but does not require  
8 inpatient hospitalization, the court shall consider issuing  
9 a directed outpatient commitment order. The court shall  
10 require directed outpatient commitment for the proposed  
11 patient for a period of time as determined appropriate by  
12 the court, not to exceed two (2) years with review by the  
13 court at least every six (6) months. The court may  
14 designate an outpatient care provider that will provide  
15 care to the proposed patient.

16

17           (b) In considering whether directed outpatient  
18 commitment is appropriate, the court may consider one (1)  
19 or more of the following:

20

21           (i) The proposed patient is diagnosed as having  
22 a mental illness;

23

1           (ii) Without directed outpatient treatment, the  
2 proposed patient is likely to be dangerous to himself or  
3 others based upon noncompliance with prior medical  
4 directives;

5

6           (iii) The proposed patient is likely to suffer  
7 substantial medical or mental deterioration or become  
8 seriously disabled;

9

10           (iv) The proposed patient lacks present ability  
11 to make an informed decision concerning his need for  
12 treatment; or

13

14           (v) Any other information concerning the  
15 proposed patient's need for outpatient care.

16

17           (c) The terms and conditions of the treatment plan  
18 shall be established by an examiner and approved by the  
19 court. In preparing the plan, the examiner shall consult  
20 with the county attorney, treating health care providers  
21 and the patient or the person responsible for the care and  
22 custody of the patient, if known.

23

1 (d) The treatment plan may require:

2

3 (i) Periodic reporting;

4

5 (ii) Continuation of medication and submission  
6 to testing;

7

8 (iii) Restrictions on travel;

9

10 (iv) Restrictions on consumption of alcoholic  
11 beverages and drugs with requirements for any necessary  
12 testing;

13

14 (v) Use of community based group homes, crisis  
15 assistance centers or other available community based  
16 support services;

17

18 (vi) Temporary inpatient or residential  
19 treatment for stabilization;

20

21 (vii) Other conditions as agreed upon by the  
22 respective parties or as otherwise directed by the court.

23

1           (e) Treatment shall be provided by a treatment center  
2 or a court approved treatment provider.

3

4           (f) The treatment center or treatment provider or any  
5 other person identified in the treatment plan shall report  
6 to the county attorney any material noncompliance by the  
7 patient with the treatment plan.

8

9           (g) By motion of an interested party or on its own  
10 motion, the court may revoke or modify the directed  
11 outpatient commitment if, after a hearing, the court finds  
12 by a preponderance of evidence that the patient violated  
13 any condition of the directed outpatient commitment order.  
14 If there has been a violation of the order, the court may  
15 modify the conditions of directed outpatient commitment,  
16 schedule an involuntary commitment hearing pursuant to W.S.  
17 25-10-110, order any disposition for which private  
18 resources are available or order any disposition which is  
19 consistent with the best interests of the proposed patient  
20 and public safety.

21

22           (h) If a motion has been filed to modify or revoke  
23 the directed outpatient commitment, the court may enter an

1 ex parte order for immediate detention of the patient if  
2 the court finds that the patient is a danger to himself or  
3 others. If the court enters an ex parte order of detention,  
4 the matter shall be set for hearing within seventy-two (72)  
5 hours. Notice of a hearing on a motion to modify or revoke  
6 the order for directed outpatient commitment shall be as  
7 provided in W.S. 25-10-110(d).

8

9 (j) The county attorney of the county where the  
10 directed outpatient commitment order is filed shall appear  
11 on behalf of the state at any hearing pursuant to this  
12 section.

13

14 **Section 2.** W.S. 25-10-101(a)(i), (ii) by creating a  
15 new subparagraph (D), (xiii), by creating new paragraphs  
16 (xiv) and (xvi) and by renumbering (xiv) as (xvii),  
17 25-10-103, 25-10-104(a)(intro), (ii) through (iv), (vi),  
18 (vii) and by creating a new paragraph (viii), 25-10-109(f)  
19 through (j), 25-10-110(j)(intro), (ii), by creating a new  
20 paragraph (iii), by renumbering (iii) as (iv), (k), (n) and  
21 (o), 25-10-111(a) and (c), 25-10-112(c)(intro), (g) and by  
22 creating new subsections (h) and (j), 25-10-116(a),

1 25-10-122(a) (intro), 25-10-127(a) through (c) are amended  
2 to read:

3

4 **25-10-101. Definitions.**

5

6 (a) As used in this act:

7

8 (i) "Court" means the district court which  
9 ordered detention, directed outpatient commitment or  
10 involuntary hospitalization of the person pursuant to this  
11 act, or the district court in the county where the person  
12 resides, is found or is hospitalized;

13

14 (ii) "Dangerous to himself or others" means  
15 that, as a result of mental illness, a person:

16

17 (D) While this definition requires evidence  
18 of recent acts or omissions of endangerment, either to self  
19 or others, a court may consider a person's mental health  
20 history in determining whether directed outpatient  
21 commitment or involuntary hospitalization is warranted.

22

1           (xiii) "Treatment" means diagnosis, evaluation,  
2 intervention, which may include psychiatric medication,  
3 individual and group mental health counseling, illness  
4 management diversion services such as immediate linkages to  
5 mental health services in the community and discharge  
6 planning. Treatment shall begin at the time of detention,  
7 if the person knowingly and voluntarily consents, and shall  
8 continue throughout involuntary hospitalization or directed  
9 outpatient commitment. Treatment may be given without the  
10 consent of the detained person or his parent or guardian  
11 when treatment is limited to diagnosis or evaluation or  
12 when treatment is necessary to prevent immediate and  
13 serious physical harm to the person or others. "Treatment"  
14 does not include observation or supervision;

15  
16           (xiv) "Treatment center" or "treatment provider"  
17 means as defined by department rule;

18  
19           (xvi) "Gatekeeper" means the single point of  
20 responsibility as described by W.S. 25-10-112(g);

21  
22           ~~(xiv)~~ (xvii) "This act" means W.S. 25-10-101  
23 through 25-10-305.



1

2           **25-10-103. Admission of persons with mental illness**  
3 **to hospital.**

4

5 Subject to the rules and regulations of the hospital  
6 department, ~~the head of~~ a hospital and any other treatment  
7 provider providing treatment under this act may admit  
8 persons who have symptoms of mental illness ~~pursuant to~~  
9 ~~W.S. 25-10-106, 25-10-109 or 25-10-110~~ for treatment in  
10 their hospital or treatment center.

11

12           **25-10-104. Duties of department of health and social**  
13 **services as to hospitals other than state hospital.**

14

15           (a) The department, with respect to designated  
16 hospitals or other ~~licensed~~ treatment ~~facilities~~ providers  
17 other than the state hospital, shall:

18

19                   (ii) Designate hospitals or other ~~licensed~~  
20 treatment ~~facilities~~ providers which qualify ~~under the~~  
21 ~~standards adopted pursuant to paragraph (i) of this~~  
22 ~~subsection~~ to provide services under this act;

23

1           (iii) Enter into contracts or agreements with  
2 designated hospitals or other ~~licensed~~-treatment ~~facilities~~  
3 providers for the ~~inpatient~~-treatment of persons with  
4 mental illness; ~~and other services incident to the~~  
5 ~~hospitalization of patients. Designated hospitals or other~~  
6 ~~licensed treatment facilities having a contract with the~~  
7 ~~department shall receive individuals detained under W.S.~~  
8 ~~25-10-109;~~

9  
10           (iv) Require ~~reports~~-information from designated  
11 hospitals, ~~and~~ other ~~licensed~~-treatment ~~facilities~~  
12 providers and outpatient care providers including mental  
13 health centers concerning the services rendered to patients  
14 under the provisions of this act;

15  
16           (vi) Investigate complaints made by or on behalf  
17 of patients with mental illness; ~~and~~

18  
19           (vii) Promulgate rules and regulations for the  
20 administration of this act, including rules regarding  
21 reimbursement under W.S. 25-10-112; ~~and~~

22

1           (viii) Enter into contracts with treatment  
2 centers for the directed outpatient treatment of persons  
3 with mental illness who are ordered into directed  
4 outpatient commitment pursuant to W.S. 25-10-110.1.

5  
6           **25-10-109. Emergency detention.**

7  
8           (f) When a person is detained under emergency  
9 circumstances, treatment may be given during the emergency  
10 detention period if the person voluntarily and knowingly  
11 consents. The parent or guardian of a minor or incompetent  
12 person may consent to treatment. If the parent or guardian  
13 of a minor patient does not consent to treatment, a  
14 petition may be filed under the Child Protection Act.  
15 Treatment may be given without the consent of the detained  
16 person or his parent or guardian when treatment is limited  
17 to diagnosis or evaluation or when treatment is necessary  
18 to prevent immediate and serious physical harm to the  
19 person or others. Prior to treatment, the person shall be  
20 fully advised of the scope of treatment, and a report of  
21 the treatment shall be filed with the court if directed  
22 outpatient commitment or involuntary hospitalization  
23 proceedings are commenced. An examiner or a physician who

1 provides treatment in good faith pursuant to this  
2 subsection shall be immune from civil liability for the  
3 treatment except there shall be no immunity from liability  
4 for negligent acts or deliberate misconduct.

5  
6 (g) At the time of emergency detention the person  
7 shall be informed orally and in writing of his right to  
8 contact his family and an attorney, of his right to  
9 appointed counsel if he is indigent, of his right to remain  
10 silent and that his statements may be used as a basis for  
11 directed outpatient commitment or involuntary  
12 hospitalization.

13  
14 (h) When a person is detained in emergency detention  
15 and an application for directed outpatient commitment or  
16 involuntary hospitalization is filed by the county  
17 attorney, the court shall appoint an attorney to represent  
18 the detained person unless he has his own attorney, and the  
19 court shall conduct a hearing within seventy-two (72)  
20 hours, excluding Saturdays, Sundays and legal holidays, of  
21 the initial detention to determine whether continued  
22 detention is required pending directed outpatient  
23 commitment or involuntary hospitalization proceedings. The

1 county attorney of the county where the application is  
2 filed shall appear on behalf of the state at the hearing.  
3 Notice of the preliminary hearing shall be given to the  
4 county attorney, the detained person and his attorney. The  
5 court may delay the hearing only at the request of the  
6 detained person or his parent, guardian or his attorney.  
7 An emergency detention hearing may be waived at the request  
8 of the detained person or the detained person's attorney,  
9 except in cases where a licensed physician's assistant was  
10 the only examiner for the emergency detention. If an  
11 emergency detention hearing has been waived, the court may  
12 immediately conduct the directed outpatient commitment or  
13 involuntary hospitalization hearing, provided that a  
14 licensed physician's assistant shall not be the examiner  
15 for ~~an~~a directed outpatient commitment or involuntary  
16 hospitalization hearing.

17

18 (j) At the hearing the court shall advise the  
19 detained person and his parent, guardian or attorney of the  
20 contents of the written statement of emergency detention  
21 required in subsection (e) of this section and the  
22 application for directed outpatient commitment or  
23 involuntary hospitalization.

1

2           **25-10-110. Involuntary hospitalization proceedings.**

3

4           (j) If, upon completion of the hearing and  
5 consideration of the record, the court or the jury finds by  
6 clear and convincing evidence that the proposed patient is  
7 mentally ill the court shall consider the least restrictive  
8 and most therapeutic alternatives, give consideration to  
9 any recommendations by the gatekeeper and shall:

10

11           (ii) Suspend the proceedings pending voluntary  
12 treatment as approved by the examiner and by the facility  
13 or individual who will provide the treatment. If the court  
14 finds that the proposed patient does not require continuous  
15 inpatient hospitalization, would be more appropriately  
16 treated in an outpatient treatment program or a combination  
17 of outpatient and inpatient treatment or will be able to  
18 appropriately control his illness by following a prescribed  
19 treatment plan, the court shall consider such treatment  
20 options. If the court finds that the proposed patient does  
21 not require continuous hospitalization and the funding is  
22 available, it shall consider conditional outpatient  
23 treatment for a period of time deemed appropriate and may

1 designate an outpatient care provider, including mental  
2 health centers. Conditional outpatient treatment may  
3 require periodic reporting, continuation of medication and  
4 submission to testing and restriction of travel,  
5 consumption of alcoholic beverages or drugs, associations  
6 with other persons or other reasonable conditions as the  
7 court may specify provided the court may suspend the  
8 imposition of the conditional outpatient treatment order  
9 for failure to meet the conditions and order involuntary  
10 hospitalization under this section; ~~or~~

11

12 (iii) Order the proposed patient be treated in a  
13 directed outpatient commitment pursuant to W.S. 25-10-110.1  
14 if the court finds continuous inpatient hospitalization is  
15 not required and the proposed patient would be more  
16 appropriately treated in a directed outpatient commitment;  
17 or

18

19 ~~(iii)~~ (iv) Order any disposition for which  
20 private resources are available and which is consistent  
21 with the best interests of the proposed patient and with  
22 public safety.

23

1           (k) The court is authorized to appoint a special  
2 commissioner to assist in the conduct of hospitalization  
3 proceedings. In proceedings under this act, regularly  
4 appointed court commissioners may exercise the authority  
5 granted by W.S. 5-3-307. In any case in which the court  
6 refers an application to the commissioner, the commissioner  
7 shall conduct the directed outpatient commitment under W.S.  
8 25-10-110.1 or the involuntary hospitalization proceedings  
9 under this section and on the basis thereof shall either  
10 recommend dismissal of the application or hold a hearing as  
11 provided in this section and make recommendations to the  
12 court regarding the disposition of the proposed patient and  
13 of the proceedings.

14

15           (n) The court shall inquire into the medical  
16 condition of every patient found to be mentally ill. If the  
17 court determines based upon the advice of a physician or  
18 other qualified professional, that the patient's present  
19 primary need is for medical treatment or care and whose  
20 need for psychiatric care is secondary, the court may delay  
21 ordering ~~the commitment~~ directed outpatient commitment or  
22 involuntary hospitalization of the patient ~~to the Wyoming~~  
23 ~~state hospital~~ until such time as the patient receives



1 medical care and the patient's need for psychiatric care is  
2 primary.

3  
4 (o) In proceedings under this section involving a  
5 minor, the ~~department~~court shall, to the extent feasible,  
6 consult with the minor's parents or legal guardian.

7  
8 **25-10-111. Commitment or transfer to federal**  
9 **hospital; effect of orders by courts of other**  
10 **jurisdictions; powers of federal facility.**

11  
12 (a) The court, when ordering involuntary  
13 hospitalization pursuant to W.S. 25-10-110(j), may order a  
14 person hospitalized in a hospital or facility operated by  
15 the veterans' administration or another federal agency, if  
16 the court has received a certificate from the agency  
17 showing that facilities are available and that the patient  
18 is eligible for treatment therein.

19  
20 (c) Upon receipt of a certificate from the veterans'  
21 administration or another federal agency that facilities  
22 are available for treatment of a patient involuntarily  
23 hospitalized under W.S. 25-10-110 and that the patient is

1 eligible for treatment therein, the head of a hospital may  
2 transfer the patient to the veterans' administration or  
3 other federal agency for treatment. The court which ordered  
4 involuntary hospitalization shall be notified of the  
5 transfer by the hospital. No person shall be transferred if  
6 he is confined pursuant to a conviction for a crime or if  
7 he has been acquitted of a criminal charge solely on the  
8 ground of mental illness or deficiency, unless, prior to  
9 the transfer, the court which committed the person enters  
10 an order for the transfer after appropriate motion and  
11 hearing.

12

13 **25-10-112. Liability for costs of detention,**  
14 **involuntary hospitalization and proceedings therefor.**

15

16 (c) The county shall pay for the first seventy-two  
17 (72) hours as provided in subsection (a) of this section  
18 even if the patient waives the hearing required under W.S.  
19 25-10-109 and proceeds to voluntary outpatient treatment,  
20 directed outpatient commitment or involuntary  
21 hospitalization proceedings. Subject to the provisions of  
22 subsections (d) and (e) of this section, if continued  
23 emergency detention is ordered pursuant to W.S.

1 25-10-109(k)(iii), the county's liability for any costs of  
2 detention, treatment or transportation shall terminate  
3 after the first seventy-two (72) hours of detention, in  
4 addition to any Saturday, Sunday or legal holiday. The  
5 department shall be responsible for those costs after the  
6 expiration of the county's responsibility for payments of  
7 the costs. ~~The county attorney shall notify the department~~  
8 ~~of the continued emergency detention order or involuntary~~  
9 ~~hospitalization order within twenty-four (24) hours.~~ All  
10 costs of treatment, transportation and continued emergency  
11 detention incurred after the first seventy-two (72) hours  
12 of detention, in addition to any Saturday, Sunday or legal  
13 holiday, shall be paid by:

14

15 (g) Each board of county commissioners may establish  
16 a single point of responsibility to identify, make  
17 referrals to, intervene and coordinate with community or  
18 regional resources prior to and after an emergency  
19 detention. The single point of responsibility may be  
20 assigned to a community mental health center, designated  
21 hospital, state funded crisis stabilization facility or  
22 other entity that ~~is able to provide treatment as defined~~  
23 ~~under this act.~~ does not provide inpatient psychiatric

1 treatment to patients under this act. The single point of  
2 responsibility shall mean a "gatekeeper." The gatekeeper  
3 shall make recommendations, as appropriate, to the county  
4 attorney, the person detained or his attorney or both, the  
5 department and the court.

6  
7 (h) The county attorney shall notify the department  
8 and any gatekeeper of any detention, continued emergency  
9 detention order, directed outpatient commitment or  
10 involuntary hospitalization order within twenty-four (24)  
11 hours.

12  
13 (j) The department, boards of county commissioners,  
14 designated hospitals, gatekeepers and other treatment  
15 providers may, upon contract or agreement, coordinate and  
16 monitor the services and payments required for the  
17 treatment of persons with mental illness as provided under  
18 this section. Pursuant to contract or agreement, the  
19 department may assume any part of the expenses associated  
20 with a gatekeeper which expenses would otherwise be the  
21 responsibility of a county under this act.

22

1           **25-10-116. Periodic examinations of patients;**  
2 **determination of discharge or continued hospitalization;**  
3 **notice; hearing.**

4  
5           (a) Three (3) months after each patient's admission  
6 to the hospital, the head of the hospital shall evaluate  
7 the progress of each patient and shall reevaluate the  
8 treatment and progress every six (6) months thereafter. The  
9 evaluation shall consider whether directed outpatient  
10 commitment is appropriate.

11  
12           **25-10-122. Records to be kept confidential;**  
13 **exceptions.**

14  
15           (a) Records and reports made under this act which  
16 directly or indirectly identify a patient, a former patient  
17 or an individual for whom an application for directed  
18 outpatient commitment or involuntary hospitalization has  
19 been filed, shall be confidential and shall not be  
20 disclosed by any person unless:

21  
22           **25-10-127. Convalescent status; discharge;**  
23 **readmittance.**

1

2 (a) After providing ~~fourteen (14) days~~ notice to the  
3 court, ~~and the~~ county attorney who initiated involuntary  
4 hospitalization procedures and all interested parties, the  
5 hospital may release an improved patient on convalescent  
6 ~~status. Release on convalescent status shall include a~~  
7 ~~plan of treatment on an outpatient or nonhospital basis and~~  
8 ~~other provisions for continuing responsibility to and by~~  
9 ~~the hospital. Prior to the end of one (1) year on~~  
10 ~~convalescent status, and not less than annually thereafter,~~  
11 ~~the hospital shall reexamine the facts relating to the~~  
12 ~~hospitalization of the patient on convalescent status and~~  
13 ~~if the hospital determines hospitalization is no longer~~  
14 ~~anticipated, the hospital shall discharge the patient and~~  
15 ~~make a report of discharge to the court and county attorney~~  
16 ~~involved in ordering the hospitalization, if any. leave~~  
17 subject to the following:

18

19 (i) The hospital has determined that the patient  
20 is likely to follow the conditions the hospital determines  
21 necessary for the patient;

22

1           (ii) The hospital has determined that the  
2 patient will not likely be a danger to himself or others  
3 during convalescent leave; and

4  
5           (iii) Release on convalescent leave shall  
6 include a plan of treatment on an outpatient or nonhospital  
7 basis and other provisions for continuing responsibility of  
8 the patient by the hospital. Prior to the end of one (1)  
9 year on convalescent leave, and not less than annually  
10 thereafter, the hospital shall reexamine the facts relating  
11 to the hospitalization of the patient on convalescent leave  
12 and if the hospital determines hospitalization is no longer  
13 anticipated, the hospital shall discharge the patient and  
14 make a report of discharge to the court and county attorney  
15 who initiated procedures for the involuntary  
16 hospitalization.

17  
18           (b) The hospital from which the patient is given  
19 convalescent ~~status-leave~~ may readmit to the hospital ~~an~~  
20 the involuntary hospitalized patient who has been released  
21 on convalescent ~~status-leave~~ if the hospital reasonably  
22 believes that it is in the best interests of the patient.  
23 The ~~person-patient~~ readmitted shall have all the rights he

1 had upon admission to the hospital. Upon readmission he  
2 shall be given notice of his rights pursuant to W.S.  
3 25-10-116. It is the responsibility of the hospital to  
4 provide or pay for any transportation or other services in  
5 connection with any revocation of a convalescent status.

6

7 (c) The hospital shall discharge any patient who has  
8 remained on convalescent ~~status~~leave for a period of two  
9 (2) continuous years.

10

11 **Section 3.** W.S. 25-10-104(a)(v) is repealed.

12

13 **Section 4.** This act is effective July 1, 2016.

14

15

(END)