DRAFT ONLY NOT APPROVED FOR INTRODUCTION

HOUSE BILL NO.

Hospitalization of mentally ill persons-amendments.

Sponsored by: Joint Judiciary Interim Committee

A BILL

for

1	AN ACT relating to the hospitalization of mentally ill
2	persons; amending provisions for the emergency custody of
3	mentally ill persons and hearing requirements; establishing
4	treatment coordinators to assume the functions of
5	gatekeepers; requiring rulemaking; specifying cost sharing
6	between the department of health and counties; granting
7	immunity from liability for the transportation of patients
8	as specified; specifying review and hearing requirements;
9	repealing a definition; and providing for an effective
10	date.
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12 Be It Enacted by the Legislature of the State of Wyoming:

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         Section 1. W.S. 25-10-101(a)(xiii), by creating new
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    paragraphs (xvii) and (xviii) and by renumbering paragraph
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    (xvii) as (xix), 25-10-103, 25-10-104(a)(vi) and by
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    creating a new paragraph (viii), 25-10-105(a)(ii) and by
    creating a new paragraph (iv), 25-10-109(a)(intro),
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    (b)(intro) and (iii), (c) through (j), (k)(intro) and
    (iii), (m), (n) and by creating a new subsection (o), 25-
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    10-110(a), (d)(intro) and (vii), (h), (j)(intro) and (i)(B)
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    and (E) and (n), 25-10-110.1(a), (c), (d)(i), (f) and by
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    creating a new subsection (k), 25-10-112(a)(i)(A), (b),
    (c)(intro), (e), (g), (h) and by creating a new subsection
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    (k), 25-10-120(d)(intro), 25-10-125(b), 25-10-127(a)(intro)
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    and (iii) and 25-10-128 are amended to read:
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        25-10-101. Definitions.
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        (a) As used in this act:
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             (xiii) "Treatment" means diagnosis, evaluation,
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    intervention, which may include psychiatric medication,
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    individual and group mental health counseling, illness
    management diversion services such as immediate linkages to
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    mental health services in the community and discharge
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1	planning. Treatment shall begin at the time of detention
2	placement in emergency custody, if the person knowingly and
3	voluntarily consents, and shall continue throughout
4	involuntary hospitalization or directed outpatient
5	commitment. Treatment may be given without the consent of
6	the detained person placed in emergency custody or his
7	parent or guardian when treatment is limited to diagnosis
8	or evaluation or when treatment is necessary to prevent
9	immediate and serious physical harm to the person or
10	others. "Treatment" does not include observation or
11	supervision;
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13 14 15 16	**************************************
17 18	The Committee may wish to compare the statement above regarding treatment being required to start upon consent
19	("Treatment shall begin at the time of detention placement
20	in emergency custody, if the person knowingly and
21	voluntarily consents, and shall continue throughout
22 23	involuntary hospitalization or directed outpatient commitment.) with the first sentence of W.S. 25-10-109(f),
24	below:
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26	(f) When a person is detained placed in emergency
27	<pre>custody under emergency circumstances, treatment may be</pre>
28	given during the emergency detention custody period if the
29 30	person voluntarily and knowingly consents.
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1	(xvii) "Emergency custody" means the status where
2	a person is temporarily in the care and custody of the
3	state subject to the requirements of W.S. 25-10-109.
4	"Emergency custody" shall include those times where a
5	person is being transported to and held at a hospital,
6	treatment center or mental health center. "Emergency
7	custody" shall not include involuntary hospitalization;
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9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	*********** STAFF COMMENT Under W.S. 25-10-101(a)(xiv), "treatment center" or "treatment provider" means "as defined by department rule." The Department of Health has the following definition in its rules: "'Treatment Provider' or 'treatment center' means a community mental health center under contract or agreement with the Department to provide outpatient or residential treatment to persons with mental illness or substance abuse disorders." ***********************************
27	(xviii) "Treatment coordinator" means the entity
28	or person designated by the department under W.S. 25-10-
29	112(g) that:
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1	(A) May appear at hearings and provide
2	recommendations to the court regarding the custody and
3	treatment of patients;
4	
5	(B) Monitors proceedings under this act;
6	
7	(C) Assists to achieve timely, efficient and
8	effective treatment and discharge planning for patients.
9	
10	(xvii)(xix) "This act" means W.S. 25-10-101
11	through 25-10-305.
12	
13	25-10-103. Admission of persons with mental illness to
14	hospital or treatment center; process continuum; court
15	hearings; immunity for transportation.
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17	(a) Subject to the rules and regulations of the
18	department, a hospital or any other treatment provider
19	providing treatment under this act may admit persons who
20	have symptoms of mental illness for treatment in their
21	hospital or treatment center.
22	

1 (b) Emergency custody and treatment under this act 2 shall be implemented to create a continuum of care process. 3 4 (c) At any hearing held by a court pursuant to this 5 act, the court may consider whether the requirements for emergency custody, involuntary hospitalization or 6 outpatient treatment as provided in this act are met before 7 8 entering an order of emergency custody, involuntary hospitalization or outpatient treatment. A court shall not 9 10 order a proposed patient to be placed in involuntary hospitalization at an initial hearing under W.S. 25-10-11 12 109(h) unless the patient waives the hearing for continued 13 emergency custody and requests admission under W.S. 25-10-14 106. 15 16 (d) The department or any other entity authorized to transport patients as provided by this act and by rule of 17 the department shall not be liable for any injury or 18 19 damages to any patient who is transported by reasonable 20 means to or from a treatment center, a mental health center 21 or the state hospital if the injury or damages are incurred during transportation. 22

1	25-10-104. Duties of department of health as to
2	hospitals other than state hospital.
3	
4	(a) The department, with respect to hospitals or other
5	treatment providers other than the state hospital, shall:
6	
7	(vi) Investigate complaints made by or on behalf
8	of patients with mental illness; and
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10	(viii) Promulgate rules for the transportation of
11	patients under this act. The rules shall include procedures
12	for transportation from:
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14	(A) Law enforcement custody or a nonmedical
15	facility to a treatment center or the state hospital;
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17	(B) A treatment center to the state
18	hospital;
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20	(C) The state hospital or a treatment center
21	to another treatment center;
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1	(D) The state hospital or a treatment center
2	to the patient's residence or to the appropriate county for
3	transfer to a county facility;
4	
5	(E) Any place specified in an order under
6	W.S. 25-10-110(j)(i)(B) to the state hospital or treatment
7	center.
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13 14 15 16	The Committee may wish to consider whether mental health centers (as defined in W.S. 25-10-101(a)(vii)) should be included in the rulemaking for transportation.
17 18 19 20 21	(vii) "Mental health center" means a community human services program for the prevention, treatment and amelioration of mental illness under W.S. 35-1-611 through 35-1-627 or an equivalently staffed and equipped student health service;
23 24 25	**************************************
26	25-10-105. Duties of department of health as to state
27	hospital.
28	
29	(a) The department shall:
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1
              (ii) Visit the state hospital to review methods
 2
    of treatment of patients; and
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 4
              (iv) Promulgate rules for the transportation of
    patients in accordance with W.S. 25-10-104(a)(viii).
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 7
         25-10-109. Emergency custody.
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 9
         (a) A person may be detained placed in emergency
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    custody when:
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         (b) Immediately after detaining placing the person in
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    emergency custody, the officer shall contact an examiner. A
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    preliminary examination of the person shall be conducted by
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        examiner within twenty-four (24) hours
    an
                                                    after the
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    detention placement in emergency custody. If a preliminary
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    examination is not conducted within twenty-four (24) hours
    the detained person shall be released. If the person is
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    detained held in emergency custody following
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    preliminary examination, an examiner shall reexamine the
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    person not less than every forty-eight (48) hours until the
    hearing under subsections (h) through (k) of this section.
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    If the examiner giving the preliminary examination, or any
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1 reexamination as required by this subsection, finds that 2 the person: 3 4 (iii) Is mentally ill, the person may be detained held in emergency custody for seventy-two (72) 5 hours 6 excluding Saturdays, Sundays and legal holidays. 7 8 (c) No person shall be detained held in emergency custody for more than seventy-two (72) hours, excluding 9 10 Saturdays, Sundays and legal holidays, without a hearing 11 under subsections (h) through (k) of this section. For 12 persons placed in emergency custody on a Saturday, Sunday 13 or legal holiday, the court shall conduct the hearing not later than seventy-two (72) hours after 8:00 a.m. on the 14 next business day. 15 16 17 (d) A person taken into emergency custody under this section may be detained placed in a hospital or other care 18 19 setting which is appropriate under the circumstances and 20 which complies with subsection (n) of this section. The 21 person shall not be detained placed in a nonmedical facility used for detention of persons charged with or 22 convicted of penal offenses except in extreme emergency or 23

1 if there are no other reasonable alternatives. The 2 enforcement officer or examiner who detained placed the 3 person in emergency custody shall immediately notify the 4 person responsible for the care and custody of the detained 5 placed person, if known, of the time and place of detention 6 emergency custody. 7 8 (e) The law enforcement officer or examiner who 9 initially detained placed the person in emergency custody 10 shall make a written statement of the facts of the emergency detention custody. A copy of the statement shall 11 12 be given by the law enforcement officer or examiner who 13 prepared the statement to the detained placed person, his 14 parent or quardian, to any attorney representing 15 person, to the county attorney in the county where the 16 person is detained held in emergency custody, to any 17 gatekeeper treatment coordinator designated by the 18 department and to any subsequent examiner. 19 20 (f) When a person is detained under emergency 21 circumstances placed in emergency custody, treatment may be 22 given during the emergency detention custody period if the

person voluntarily and knowingly consents. The parent or

1	guardian of a minor or incompetent person may consent to
2	treatment. If the parent or guardian of a minor patient
3	does not consent to treatment, a petition may be filed
4	under the Child Protection Act. Treatment may be given
5	without the consent of the detained person or his parent or
6	guardian when treatment is limited to diagnosis or
7	evaluation or when treatment is necessary to prevent
8	immediate and serious physical harm to the person or
9	others. Prior to treatment, the person shall be fully
10	advised of the scope of treatment, and a report of the
11	treatment shall be provided to the county attorney, to any
12	gatekeeper treatment coordinator designated by the
13	department and shall be filed with the court if continued
14	detention emergency custody is sought, or if directed
15	outpatient commitment or involuntary hospitalization
16	proceedings are commenced. An examiner or a physician who
17	provides treatment in good faith pursuant to this
18	subsection shall be immune from civil liability for the
19	treatment except there shall be no immunity from liability
20	for negligent acts or deliberate misconduct.

22 (g) At the time of emergency detention custody the 23 person shall be informed orally and in writing of his right 1 to contact his family and an attorney, of his right to

2 appointed counsel if he is indigent, of his right to remain

3 silent and that his statements may be used as a basis for

4 continued detention emergency custody, directed outpatient

5 commitment or involuntary hospitalization.

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7 (h) When a person is detained placed in emergency 8 detention custody and continued detention emergency custody 9 sought, or an application for directed outpatient 10 commitment or involuntary hospitalization is filed by the 11 county attorney, the court shall appoint an attorney to 12 represent the detained placed person unless he has his own 13 attorney. The court shall conduct a hearing within seventytwo (72) hours, excluding Saturdays, Sundays and legal 14 15 holidays, of the initial detention—placement in emergency 16 custody to determine whether continued detention emergency 17 custody is required pending directed outpatient commitment or involuntary hospitalization proceedings. For persons 18 19 placed in emergency custody on a Saturday, Sunday or legal 20 holiday, the court shall conduct the hearing not later than seventy-two (72) hours after 8:00 a.m. on the next business 21 day. county attorney of the county where the 22 The application is filed shall appear on behalf of the state at 23

1 gatekeeper treatment coordinator the hearing. Any 2 designated by the department pursuant to W.S. 25-10-112(g) 3 shall appear at the hearing and provide testimony 4 concerning continued detention emergency custody and, if applicable, the issues outlined in subsection (m) of this 5 section. Notice of the preliminary hearing shall be given 6 7 the county attorney, any gatekeeper treatment 8 <u>coordinator</u> designated by the department, the <u>detained</u> placed person and his parent, guardian and attorney. The 9 10 court may delay the hearing only at the request of the 11 detained placed person or his parent, guardian or his 12 attorney. The hearing for continued detention emergency 13 custody may be waived at the request of the detained placed person or the detained placed person's parent, guardian or 14 15 attorney. If a hearing for continued detention emergency custody has been waived, the court may immediately conduct 16 17 the directed outpatient commitment or involuntary hospitalization hearing. 18

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20 (j) At the hearing the court shall advise the detained
21 placed person and his parent, guardian or attorney of the
22 contents of the written statement of emergency detention
23 custody required in subsection (e) of this section and the

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court

1 application for directed outpatient commitment or 2 involuntary hospitalization. 3 4 (k) The standard of proof in an emergency detention 5 custody hearing shall be by a preponderance of the evidence. If the court finds at an emergency detention 6 custody hearing that: 7 8 9 (iii) The person is mentally ill, it shall order 10 continued detention emergency custody of the person for not more than ten (10) days. The court may extend the detention 11 emergency custody period at the request of the proposed 12 13 patient or his attorney. 14 (m) If the court finds the person is mentally ill 15 16 pursuant to paragraph (k)(iii) of this section, the court 17 shall make findings as to the person's competence to make informed choices regarding treatment and the person's need 18 19 for prescribed psychotropic medication. If the court finds

administration of prescribed

the person incompetent to make an informed decision, the

psychotropic medication for the period of the emergency

the

may order

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1 detention custody for restabilization of the person's 2 mental health. 3 4 (n) Treatment provided as a result of an emergency or continued detention custody pursuant to this section shall 5 be provided in the least restrictive and most therapeutic 6 setting available with consideration given to requests of 7 8 the detained person placed in emergency custody, his parent, guardian or attorney, and recommendations of any 9 10 gatekeeper treatment coordinator. Treatment may include the treatment options outlined in W.S. 25-10-110.1(d). 11 12 (o) When placing a minor in emergency custody in 13 accordance with this section, the treatment center where 14 the minor is placed shall attempt to notify the minor's 15 16 parent or quardian that the minor is in emergency custody and the location of where the minor has been placed in 17 emergency custody. If the treatment center is unable to 18

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successfully contact the minor's parent or guardian or if

the parent or guardian does not contact the treatment

center where the minor is located within twenty-four (24)

hours of the minor being placed in emergency custody, the

r creatilient center pharm report the emergency cubit	1	treatment	center	shall	report	the	emergency	custod
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placement to the department of family services.

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STAFF COMMENT

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The Committee may wish to consider the interplay between the language inserted in the new subsection (o) above and W.S. 25-10-109(f) (emphasis added):

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(f) person is detained under a circumstances, treatment may be given during the emergency detention period if the person voluntarily and knowingly consents. The parent or guardian of a minor or incompetent person may consent to treatment. If the parent or guardian a minor patient does not consent to treatment, a petition may be filed under the Child Protection Act. Treatment may be given without the consent of the detained person or his parent or guardian when treatment is limited to diagnosis or evaluation or when treatment is necessary to prevent immediate and serious physical harm to the person or others. Prior to treatment, the person shall be fully advised of the scope of treatment, and a report of the treatment shall be provided to the county attorney, to any gatekeeper designated by the department and shall be filed with the court if continued detention is sought, or directed outpatient commitment involuntary orhospitalization proceedings are commenced. An examiner or a physician who provides treatment in good faith pursuant to this subsection shall be immune from civil liability for the treatment except there shall be no immunity from liability for negligent acts or deliberate misconduct.

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The Committee may also wish to consider whether mental health centers (as defined by W.S. 25-10-101(a)(vii)) should be included in the new subsection (o) above.

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1 25-10-110. Involuntary hospitalization proceedings.

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3 (a) Proceedings for the involuntary hospitalization of 4 a person may be commenced by the filing of a written application with the court in the county in which the 5 person is initially detained placed in emergency custody. 6 Proceedings may also be initiated in the county in which 7 8 there is a designated hospital if there is a written 9 agreement executed by the county in which the person 10 resides and the designated hospital stating that the county 11 in which the person resides will be responsible for costs of treatment under W.S. 25-10-112(e) that are not covered 12 13 by the state. The application shall be accompanied by

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either:

(d) Upon receipt of an application, the court shall 16 17 issue notice thereof to the proposed patient, the person responsible for the care or custody of the proposed 18 19 patient, any gatekeeper treatment coordinator designated by 20 the department and other persons designated by the court. 21 The notice shall be served as provided by the Wyoming Rules of Civil Procedure. The notice shall apprise the proposed 22 23 patient:

2 (vii) Of the identity of any gatekeeper treatment

3 coordinator designated by the department pursuant to W.S.

4 25-10-112(q).

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6 (h) The proposed patient, the applicant, and all others to whom notice is required may appear at the hearing 7 8 to testify and may present witnesses. The court shall 9 consider the testimony of any gatekeeper treatment 10 coordinator designated by the department and may receive the testimony of other persons. The proposed patient shall 11 12 be present at the hearing unless he waives his right to 13 appear. All persons not necessary to protect the rights of the parties shall be excluded from the hearing. The hearing 14 15 shall be conducted in as informal a manner as is consistent 16 with orderly procedure and in a physical setting which will 17 not have a harmful effect on the mental health of the 18 proposed patient. hearing conducted under Any this 19 subsection shall be recorded by the court reporter or by 20 electronic, mechanical or other appropriate means.

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22 (j) If, upon completion of the hearing and 23 consideration of the record, the court or the jury finds by

1 clear and convincing evidence that the proposed patient is 2 mentally ill the court shall consider the least restrictive 3 and most therapeutic alternatives, give consideration to 4 any recommendations by the gatekeeper treatment coordinator 5 and shall: 6 7 (i) Order his hospitalization, assign him to a hospital, and: 8 9 10 (B) Specify where he will be detained placed pending transportation to the hospital. No person shall be 11 12 detained placed in a nonmedical facility used for detention of persons charged with or convicted of penal offenses 13 14 except during an extreme emergency; 15 16 (E) Make findings as to his competence to 17 make informed choices regarding treatment and his need for prescribed psychotropic medication. If the court finds the 18 19 person incompetent to make an informed decision, the court 20 may order the administration of prescribed psychotropic 21 medication. The order for medication shall be reviewed by a physician upon commitment and by a psychiatrist upon 22

admission to the hospital. The prescribed medication shall

1 may be continued if found medically appropriate by the

2 investigation review committee of the hospital or

3 institution, subject to review by the medical director of

4 the hospital or institution. Any action by the medical

5 director of the hospital or institution shall be reviewable

6 pursuant to the Wyoming Administrative Procedure Act. All

7 orders for prescribed medication or a summary of all orders

8 shall be provided to the gatekeeper treatment coordinator

9 designated by the department under W.S. 25-10-112(g).

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11 (n) The court shall inquire into the medical condition 12 of every patient found to be mentally ill. If the court determines based upon the advice of a physician or other 13 qualified professional, and in consultation with 14 gatekeeper treatment coordinator designated 15 by the 16 department pursuant to W.S. 25-10-112(q), that the 17 patient's present primary need is for medical treatment or care and whose need for psychiatric care is secondary, the 18 19 court may delay ordering directed outpatient commitment or 20 involuntary hospitalization of the patient until such time 21 as the patient receives medical care and the patient's need

for psychiatric care is primary.

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1	25-10-110.1. Directed outpatient commitment
2	proceedings.
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4	(a) If the court finds based upon the recommendation
5	of an examiner or on its own determination that the
6	proposed patient is mentally ill but does not require
7	inpatient hospitalization, the court shall consider issuing
8	a directed outpatient commitment order. The court shall
9	require directed outpatient commitment for the proposed
10	patient for a period of time as determined appropriate by
11	the court, not to exceed two (2) years with review by the
12	court at a hearing held at least once every six (6) months.
13	The court may designate an outpatient care provider that
14	will provide care to the proposed patient.
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16 17 18 19	**************************************
20 21 22 23 24 25	The language that the County Attorneys proposed was to hold a review hearing at least once every 12 months. Based on the language above, the Committee may wish to consider whether it wishes to change the six-month review in subsection (a) to 12 months.
26 27	The Committee may also wish to specify details regarding the hearing specified above (i.e., providing notice and who

can appear or participate at the hearing).

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4	(c) The terms and conditions of the treatment plan
5	shall be established by an examiner in consultation with
6	any gatekeeper treatment coordinator designated by the
7	department and approved by the court. In preparing the
8	plan, the examiner shall consult with the county attorney,
9	treating health care providers and the patient or the
10	person responsible for the care and custody of the patient,
11	if known.
12	
13	(d) The treatment plan may require:
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15	(i) Periodic reporting, including reporting
16	required under subsection (k) of this section;
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18	(f) The treatment center or treatment provider or any
19	other person identified in the treatment plan shall report
20	to the county attorney and any gatekeeper treatment
21	coordinator designated by the department any material
22	noncompliance by the patient with the treatment plan.
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        (k) Not less than once every six (6) months, the
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    treatment coordinator shall provide a written report to the
 3
    county attorney for any patient committed to directed
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    outpatient treatment under this section, including any
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    revisions to the patient's treatment plan.
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        25-10-112. Liability for costs of emergency custody,
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    involuntary hospitalization and proceedings therefor; cost
    sharing.
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        (a) Subject to the provisions of subsections (d), and
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    (e) and (k) of this section, the county in which a person
    is detained placed in emergency custody or in which
13
    involuntary hospitalization proceedings are brought shall
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15
    pay the costs of:
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17
             (i)
                        first seventy-two (72) hours of
                   The
    detention, in addition to any Saturday, Sunday or legal
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    holiday that falls within the seventy-two (72) hours,
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    pursuant to W.S. 25-10-109, including costs of medical
    treatment for those conditions:
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1 (A) That resulted in the emergency detention 2 custody of the person; or 3 4 (b) Subject to the provisions of subsection (d) of 5 this section, when a detained person placed in emergency custody or proposed patient is not a resident of Wyoming, 6 the department shall pay the costs listed in paragraphs 7 (a)(i) through (iii) of this section. 8 9 10 (c) The county shall pay for the first seventy-two (72) hours as provided in subsection (a) of this section 11 12 even if the patient waives the hearing required under W.S. 25-10-109 and proceeds to voluntary outpatient treatment, 13 14 directed outpatient commitment or involuntary 15 hospitalization proceedings. Subject to the provisions of 16 subsections (d) and (e) of this section, if continued 17 emergency detention custody is ordered pursuant to W.S. 25-10-109(k)(iii), the county's liability for any costs of 18 detention emergency custody, treatment or transportation 19 20 shall terminate after the first seventy-two (72) hours of detention emergency custody, in addition to any Saturday, 21 holiday. department 22 Sunday or legal The shall be 23 responsible for those costs after the expiration of the

1 county's responsibility for payments of the costs. All

2 costs of treatment, transportation and continued emergency

3 detention custody incurred after the first seventy-two (72)

4 hours of detention emergency custody, in addition to any

5 Saturday, Sunday or legal holiday, shall be paid by:

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7 (e) When a person is detained placed in emergency 8 custody under W.S. 25-10-109, the county in which the person resided shall be liable for costs of treatment for 9 10 the first seventy-two (72) hours of detention emergency 11 custody, in addition to any Saturday, Sunday or legal 12 holiday that falls within the seventy-two (72) hours. If the person remains in detention emergency custody after the 13 hearing pursuant to W.S. 25-10-109(k)(iii), the department 14 15 shall directly, or under contract with local providers, 16 provide treatment for those conditions specified 17 paragraph (a)(i) of this section until the person is released from detention emergency custody or involuntary 18 commitment is ordered, subject to payment of costs as 19 20 provided in this subsection or subsection (c) of this 21 section.

1 (g) The department in consultation with each board of 2 county commissioners may establish a single point of 3 responsibility or gatekeeper treatment coordinator. 4 Gatekeeper Treatment coordinator duties shall include, but 5 are not limited to, providing guidance on issues of detention emergency custody and involuntary treatment, 6 appearing at hearings and providing recommendations to the 7 8 court regarding the custody and treatment of patients and monitoring and coordinating timely, efficient and effective 9 10 patient treatment prior to, during and after any emergency 11 detention custody or involuntary treatment under this act. 12 No gatekeeper treatment coordinator designated under this 13 subsection shall provide inpatient psychiatric treatment to patients under this act, unless the gatekeeper treatment 14 coordinator has been approved by the department of health 15 16 to provide these services. 17 (h) The county attorney shall notify the department 18

19 and any gatekeeper treatment coordinator of any detention 20 emergency custody placement, continued emergency detention 21 custody order, directed outpatient commitment or involuntary hospitalization order within twenty-four (24) 22 23 hours.

2 (j) The department, boards of county commissioners, designated hospitals, gatekeepers treatment coordinators 3 4 and other treatment providers may, upon contract agreement, coordinate and monitor the services and payments 5 required for the treatment of persons with mental illness 6 7 as provided under this section act. Pursuant to contract or 8 agreement, the department may assume any part of the 9 expenses associated with a gatekeeper treatment coordinator 10 which expenses would otherwise be the responsibility of a 11 under this act, including expenses for the county 12 transportation of patients to appropriate care settings.

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(k) Notwithstanding any other provision of this section, the department shall reimburse a county for all costs incurred by the county under this act in any fiscal year that exceed twenty-five percent (25%) of all costs incurred by all counties under this act in the fiscal year. The department shall promulgate rules to provide for the calculation and reimbursement of costs specified in this subsection, including rules for counties to report annually the costs paid for services provided under this act.

23

25-10-120. Rights of patients; commitment and treatment of persons being treated by prayer.

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4 (d) No person who is being treated in good faith by
5 spiritual means alone, through prayer, by a duly accredited
6 practitioner in accordance with the tenets and practices of
7 a recognized church or religious denomination may be
8 detained placed in emergency custody, hospitalized or
9 ordered to receive treatment under this act unless:

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25-10-125. Clothing and transportation upon discharge.

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13 (b) The county responsible for payment of costs pursuant to W.S. 25-10-112(a) shall ensure that a patient 14 discharged from emergency detention custody within seventy-15 16 two (72) hours, or upon expiration of emergency detention 17 custody after seventy-two (72) hours without a court order 18 for hospitalization under W.S. 25-10-110, possesses 19 suitable clothing and adequate means to ensure his arrival 20 at the home from which he was admitted or another place, 21 which is in the best interests of the county and of the 22 patient.

23

1 25-10-127. Convalescent status; discharge; 2 readmittance. 3 4 (a) After providing notice to the court, the county 5 who initiated involuntary hospitalization attorney procedures, any gatekeeper treatment coordinator designated 6 by the department and all interested parties, the hospital 7 may release an improved patient on convalescent leave 8 9 subject to the following: 10 11 (iii) Release on convalescent leave shall include 12 a plan of treatment on an outpatient or nonhospital basis 13 and other provisions for continuing responsibility of the patient by the hospital. Prior to the end of one (1) year 14 15 convalescent leave, and not on less than 16 thereafter, the hospital shall reexamine the facts relating 17 to the hospitalization of the patient on convalescent leave and if the hospital determines hospitalization is no longer 18 19 anticipated, the hospital shall discharge the patient and 20 make a report of discharge to the court, to any gatekeeper 21 treatment coordinator designated by the department and to

the county attorney who initiated procedures for the

involuntary hospitalization.

2 25-10-128. Access to patient information.

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4 Any disclosure of patient information required by this

article shall be subject to limitations imposed by state 5

6 and federal law. The department shall promulgate rules

facilitating the exchange of information required by this 7

article to the maximum extent allowed by state and federal 8

law. At the discretion of the court considering a matter 9

under this article, the court may order the disclosure of 10

information required by this article. The court also may 11

12 designate and direct the actions of a gatekeeper treatment

13 coordinator otherwise designated by the department under

14 W.S. 25-10-112(q) for the purpose of allowing the

15 gatekeeper access to patient information.

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Section 2. W.S. 25-10-101(a)(xvi) is repealed. 17

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23 This bill draft repeals W.S. 25-10-101(a)(xvi), which is 24 definition of "gatekeeper." The term "treatment

STAFF COMMENT

25 coordinator" replaces "gatekeeper" throughout this act.

26

25-10-101. Definitions. 27

1 2 3	(a) As used in this act:
4 5 6 7	(xvi) "Gatekeeper" means the single point of responsibility which may be designated by the department pursuant to W.S. 25-10-112(g);
8 9 10	**************************************
11	Section 3. The department of health shall promulgate
12	all rules necessary to implement the provisions of this
13	act.
14	
15	Section 4.
16	
17	(a) Except as provided in subsection (b) of this
18	section, this act is effective July 1, 2021.
19	
20	(b) Sections 3 and 4 of this act are effective
21	immediately upon completion of all acts necessary for a
22	bill to become law as provided by Article 4, Section 8 of
23	the Wyoming Constitution.
24	
25	(END)