

## SECTION 1. Title and Purpose.

## SECTION 2. Definitions.

- A. “Attending medical professional” shall mean a medical professional engaged in usual or ongoing treatment of the patient, such as, but not limited to, the patient’s primary care physician or medical professionals under the direction of the primary care physician.
- B. “Danger to self or others” shall mean any of the following:
  - a. Immediate risk of violence or bodily harm to others;
  - b. Threats or conduct demonstrating a risk of violence or bodily harm to others;
  - c. Immediate risk or threats or conduct demonstrating a risk of property damage;
  - d. Immediate risk or threats or conduct demonstrating a risk of suicide or bodily harm to self, including attempts or threats of suicide or bodily harm to self;
  - e. Failure to meet basic needs, as evidenced by a condition in which a person as a result of mental illness, developmental disability, chemical dependency, or intoxication is in danger of physical harm arising from such complete neglect of basic needs for food, clothing, shelter, or personal safety as to render serious accident, illness, or death highly probable if care by another is not taken; or
  - f. Psychiatric deterioration as evidenced by a severe mental illness that:
    - i. if not treated has a substantial probability of causing the person to suffer or continue to suffer severe and abnormal mental, emotional, or physical harm that significantly impairs judgement, reason, behavior, or capacity to recognize reality;
    - ii. substantially impairs the person’s capacity to make an informed decision regarding treatment and this impairment causes the person to be incapable of understanding and expressing an understanding of the advantages and disadvantages of accepting treatment; and
    - iii. has a reasonable prospect of being treatable.
- C. “Secure holding facility” shall mean a secure hospital or behavioral health treatment facility, or a county jail if necessary.
- D. “Peace officer” shall mean the same as in [RELEVANT CODE].

## SECTION 3. Emergency Holds

- A. If a peace officer or attending medical professional has reason to believe, either through direct observation of a person’s behavior or upon reliable information of the person’s recent behavior, and, if applicable, knowledge or reliable information concerning the person’s past behavior or treatment that the person:
  - a. Is known to have or exhibits symptoms of a mental illness and is a danger to self or others, the peace officer or, with the assistance of a peace officer, the attending medical professional, may detain and transport the patient to a secure holding facility.
  - b. Is known to be or exhibits symptoms of being chemically dependent or intoxicated in public and is a danger to self or others, the peace officer or, with the assistance of a peace officer, the attending medical professional, may detain and transport the patient to a secure holding facility.

- B. An emergency hold initiated under Section 3(A) may, at the discretion of the peace officer or attending medical professional that initiated the hold, endure for a length of time no less than twenty-four (24) hours and no more than seventy-two (72) hours.
- C. Notification of emergency hold shall be delivered to an emergency contact of the patient on record or stated by the patient or, if neither is applicable or known, a family member of the patient, if known, or a friend of the patient, if known.
- D. Except as provided in subsection (E), during the course of an emergency hold, a peace officer, attending medical professional, or family member or friend of the patient, may petition the court for an emergency psychiatric evaluation for inpatient or outpatient commitment. The written request for emergency psychiatric evaluation must include the following:
  - a. A statement specifying the reasons and circumstances under which the person was taken into custody;
  - b. A statement specifying the reasons for believing further commitment is necessary, and whether inpatient or outpatient commitment is preferable given the circumstances;
  - c. Identifying information on specific individuals to the extent practicable, if danger to those individuals is a basis for the emergency hold; and
  - d. The petitioner's name, address, and telephone number, and, if a peace officer or attending medical professional, employer's name, address, and telephone number.
- E. Notwithstanding subsection (D), if the emergency hold is initiated by an attending medical professional who is also [a licensed psychiatrist, clinical physician, or licensed psychologist], the attending medical professional may submit their own emergency psychiatric evaluation recommending inpatient commitment pursuant to Section 4 or outpatient commitment pursuant to Section 5.
- F. Once a petition for emergency psychiatric evaluation is received, the court must order a psychiatric evaluation within twenty-four (24) hours. Such psychiatric evaluation must be conducted by [a licensed psychiatrist, clinical physician, or licensed psychologist]. The [licensed psychiatrist, clinical physician, or licensed psychologist] may recommend inpatient commitment pursuant to Section 4, outpatient commitment pursuant to Section 5, or the release of the patient, at any time between the conclusion of the psychiatric evaluation or the original expiration of the emergency hold.
  - a. Such psychiatric evaluation shall consider the following:
    - i. The patient's mental illness;
    - ii. The patient's chemical dependence;
    - iii. The risk of the patient presenting a danger to self or others if further commitment is not ordered;
    - iv. The likelihood of further deterioration resulting in a danger to self or others if further commitment is not ordered; and
    - v. The patient's treatment history within the last thirty-six (36) months.
- G. If the individual is found to not require further commitment beyond the emergency hold, all documents from such proceeding shall be confidential [and protected under HIPAA].

#### SECTION 4. Inpatient Commitment

- A. Except as provided in subsection (B), absent an emergency hold pursuant to Section 3, a peace officer, attending medical professional, or family member or friend of a patient may petition the court for an evaluation for an inpatient commitment order. The written request for inpatient commitment must include the following:
- a. A statement specifying the reasons for believing inpatient commitment is necessary, and why inpatient commitment is preferable given the circumstances;
  - b. The petitioner's name, address, and telephone number, and, if a peace officer or attending medical professional, employer's name, address, and telephone number.
- B. Notwithstanding subsection (A), if the petition for an inpatient commitment order is initiated by an attending medical professional who is also [a licensed psychiatrist, clinical physician, or licensed psychologist], the attending medical professional may submit their own evaluation for an inpatient commitment order recommending inpatient commitment pursuant to this Section.
- C. Once a petition for an evaluation for an inpatient commitment order is received, the presiding judge must:
- a. Notify the patient of the request for an evaluation for an inpatient commitment order; and, upon the consent of the patient,
  - b. Order an evaluation for an inpatient commitment. Such evaluation must be conducted by a [licensed psychiatrist, clinical physician, or licensed psychologist]. The [licensed psychiatrist, clinical physician, or licensed psychologist] may recommend emergency commitment pursuant to Section 3, inpatient commitment pursuant to this Section, outpatient commitment pursuant to Section 5, or no commitment.
  - c. Such psychiatric evaluation shall consider the following:
    - i. The patient's mental illness;
    - ii. The patient's chemical dependence;
    - iii. The risk of the patient presenting a danger to self or others if commitment is not ordered;
    - iv. The likelihood of further deterioration resulting in a danger to self or others if commitment is not ordered; and
    - v. The patient's treatment history within the last thirty-six (36) months.
  - d. If the patient refuses an evaluation for an inpatient commitment order, the order shall be suspended. If there is a need for an emergency hold, the petitioner may initiate such hold pursuant to Section 3.
- D. If inpatient commitment is recommended by the [licensed psychiatrist, clinical physician, or licensed psychologist], the conditions for inpatient commitment and consequences for non-compliance shall be presented to the presiding judge. Upon the affirmative order of the judge, the patient shall be committed to an inpatient treatment program.
- E. An initial period of inpatient treatment shall be no longer than thirty (30) days in length, and renewals, upon the recommendation of a [licensed psychiatrist, clinical physician, or licensed psychologist] following an evaluation, shall be no longer than thirty (30) days in length, must be approved by the presiding judge, and be limited to no more than two (2) total renewals, for a maximum of ninety (90) days per original inpatient treatment order.

## SECTION 5. Outpatient Commitment

- A. Except as provided in subsection (B), absent an emergency hold pursuant to Section 3, a peace officer, attending medical professional, or family member or friend of a patient may petition the court for an evaluation for an outpatient commitment order. The written request for outpatient commitment must include the following:
- a. A statement specifying the reasons for believing outpatient commitment is necessary, and why outpatient commitment is preferable given the circumstances;
  - b. The petitioner's name, address, and telephone number, and, if a peace officer or attending medical professional, employer's name, address, and telephone number.
- B. Notwithstanding subsection (A), if the petition for an outpatient commitment order is initiated by an attending medical professional who is also [a licensed psychiatrist, clinical physician, or licensed psychologist], the attending medical professional may submit their own evaluation for an outpatient commitment order recommending inpatient commitment pursuant to this Section.
- C. Once a petition for an evaluation for an outpatient commitment order is received, the presiding judge must, within forty-eight (48) hours:
- a. Notify the patient of the request for an evaluation for an outpatient commitment order; and, upon the consent of the patient,
  - b. Order an evaluation for an outpatient commitment. Such evaluation must be conducted by a [licensed psychiatrist, clinical physician, or licensed psychologist]. The [licensed psychiatrist, clinical physician, or licensed psychologist] may recommend emergency commitment pursuant to Section 3, inpatient commitment pursuant to Section 4, outpatient commitment pursuant to this Section, or no commitment.
  - c. Such psychiatric evaluation shall consider the following:
    - i. The patient's mental illness;
    - ii. The patient's chemical dependence;
    - iii. The risk of the patient presenting a danger to self or others if commitment is not ordered;
    - iv. The likelihood of further deterioration resulting in a danger to self or others if commitment is not ordered; and
    - v. The patient's treatment history within the last thirty-six (36) months.
  - d. If the patient refuses an evaluation for an outpatient commitment order, the order shall be suspended. If there is a need for an emergency hold, the petitioner may initiate such hold pursuant to Section 3.
- D. If outpatient commitment is recommended by the [licensed psychiatrist, clinical physician, or licensed psychologist], the conditions for outpatient commitment and consequences for non-compliance shall be presented to the presiding judge. Upon the affirmative order of the judge, the patient shall be committed to an outpatient treatment program.
- E. An initial period of outpatient treatment shall be no longer than sixty (60) days in length, and renewals, upon the recommendation of a [licensed psychiatrist, clinical physician, or licensed psychologist] following an evaluation, shall be no longer than sixty (60) days in length, must be approved by the presiding judge, and be limited to no more than two (2) total renewals, for a maximum of one-hundred-eighty (180) days per original outpatient treatment order.