court-ordered treatment; case records; confidentiality

State of Arizona Senate Fifty-fifth Legislature Second Regular Session 2022

### **SENATE BILL 1114**

#### AN ACT

AMENDING SECTION 36-501, ARIZONA REVISED STATUTES; AMENDING TITLE 36, CHAPTER 5, ARTICLE 2, ARIZONA REVISED STATUTES, BY ADDING SECTION 36-509.01; AMENDING SECTIONS 36-524, 36-526, 36-533 AND 36-540, ARIZONA REVISED STATUTES; RELATING TO MENTAL HEALTH SERVICES.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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Be it enacted by the Legislature of the State of Arizona:

Section 1. Section 36-501, Arizona Revised Statutes, is amended to read:

### 36-501. <u>Definitions</u>

In this chapter, unless the context otherwise requires:

- 1. "Administration" means the Arizona health care cost containment system administration.
- 2. "Admitting officer" means a psychiatrist or other physician or psychiatric and mental health nurse practitioner with experience in performing psychiatric examinations who has been designated as an admitting officer of the evaluation agency by the person in charge of the evaluation agency.
- 3. "Chief medical officer" means the chief medical officer under the supervision of the superintendent of the state hospital.
- 4. "Contraindicated" means that access is reasonably likely to endanger the life or physical safety of the patient or another person.
- 5. "Court" means the superior court in the county in this state in which the patient resides or was found before screening or emergency admission under this title.
- 6. "Criminal history" means police reports, lists of prior arrests and convictions, criminal case pleadings and court orders, including a determination that the person has been found incompetent to stand trial pursuant to section 13-4510.
- 7. "Danger to others" means that the judgment of a person who has a mental disorder is so impaired that the person is unable to understand the person's need for treatment and as a result of the person's mental disorder the person's continued behavior can reasonably be expected, on the basis of competent medical opinion, to result in serious physical harm.
  - 8. "Danger to self":
  - (a) Means behavior that, as a result of a mental disorder:
- (i) Constitutes a danger of inflicting serious physical harm on oneself, including attempted suicide or the serious threat thereof, if the threat is such that, when considered in the light of its context and in light of the individual's previous acts, it is substantially supportive of an expectation that the threat will be carried out.
- (ii) Without hospitalization will result in serious physical harm or serious illness to the person.
- (b) Does not include behavior that establishes only the condition of having a grave disability.
  - 9. "Department" means the department of health services.
- 10. "Detention" means the taking into custody of a patient or proposed patient.
  - 11. "Director" means the director of the administration.

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- 12. "Evaluation" means:
- (a) A professional multidisciplinary analysis that may include firsthand observations or remote observations by interactive audiovisual media and that is based on data describing the person's identity, biography and medical, psychological and social conditions carried out by a group of persons consisting of not less than the following:
- (i) Two licensed physicians, who shall be ARE qualified psychiatrists, if possible, or at least experienced in psychiatric matters, and who shall examine and report their findings independently. The person against whom a petition has been filed shall be notified that the person may select one of the physicians. A psychiatric resident in a training program approved by the American medical association or by the American osteopathic association may examine the person in place of one of the psychiatrists if the resident is supervised in the examination and preparation of the affidavit and testimony in court by a qualified psychiatrist appointed to assist in the resident's training, and if the supervising psychiatrist is available for discussion with the attorneys for all parties and for court appearance and testimony if requested by the court or any of the attorneys.
- (ii) Two other individuals, one of whom, if available, shall be IS a psychologist and in any event a social worker familiar with mental health and human services that may be available placement alternatives appropriate for treatment. An evaluation may be conducted on an inpatient basis, an outpatient basis or a combination of both, and every reasonable attempt shall be made to conduct the evaluation in any language preferred by the person.
- (b) A physical examination that is consistent with the existing standards of care and that is performed by one of the evaluating physicians or by or under the supervision of a physician who is licensed pursuant to title 32, chapter 13 or 17 or a registered nurse practitioner who is licensed pursuant to title 32, chapter 15 if the results of that examination are reviewed or augmented by one of the evaluating physicians.
- 13. "Evaluation agency" means a health care agency that is licensed by the department and that has been approved pursuant to this title, providing those services required of such agency by this chapter.
- 14. "Family member" means a spouse, parent, adult child, adult sibling or other blood relative of a person undergoing treatment or evaluation pursuant to this chapter.
- 15. "Grave disability" means a condition evidenced by behavior in which a person, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because the person is unable to provide for the person's own basic physical needs.
- 16. "Health care decision maker" has the same meaning prescribed in section 12-2801.

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- 17. "Health care entity" means a health care provider, the department, the administration or a regional behavioral health authority THAT IS under contract with the administration.
- 18. "Health care provider" means a health care institution as defined in section 36-401 that is licensed as a behavioral health provider pursuant to department rules or a mental health provider.
- 19. "Independent evaluator" means a licensed physician, psychiatric and mental health nurse practitioner or psychologist WHO IS selected by the person to be evaluated or by such person's attorney.
- 20. "Informed consent" means a voluntary decision following presentation of all facts necessary to form the basis of an intelligent consent by the patient or guardian with no minimizing of known dangers of any procedures.
- 21. "Least restrictive treatment alternative" means the treatment plan and setting that infringe in the least possible degree with the patient's right to liberty and that are consistent with providing needed treatment in a safe and humane manner.
- 22. "Licensed physician" means any medical doctor or doctor of osteopathy who is either:
  - (a) Licensed in this state.
- (b) A full-time hospital physician licensed in another state and serving on the staff of a hospital operated or licensed by the United States government.
- 23. "Medical director of an evaluation agency" means a psychiatrist, or other licensed physician experienced in psychiatric matters, who is designated in writing by the governing body of the agency as the person in charge of the medical services of the agency for the purposes of this chapter and may include the chief medical officer of the state hospital.
- 24. "Medical director of a mental health treatment agency" means a psychiatrist, or other licensed physician experienced in psychiatric matters, who is designated in writing by the governing body of the agency as the person in charge of the medical services of the agency for the purposes of this chapter and includes the chief medical officer of the state hospital.
- 25. "Mental disorder" means a substantial disorder of the person's emotional processes, thought, cognition or memory. Mental disorder is distinguished from:
- (a) Conditions that are primarily those of drug abuse, alcoholism or intellectual disability, unless, in addition to one or more of these conditions, the person has a mental disorder.
- (b) The declining mental abilities that directly accompany impending death.

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- (c) Character and personality disorders characterized by lifelong and deeply ingrained antisocial behavior patterns, including sexual behaviors that are abnormal and prohibited by statute unless the behavior results from a mental disorder.
- 26. "Mental health provider" means any physician or provider of mental health or behavioral health services WHO IS involved in evaluating, caring for, treating or rehabilitating a patient.
- 27. "Mental health treatment agency" means the state hospital or a health care agency that is licensed by the department and that provides those services that are required of the agency by this chapter.
- 28. "Outpatient treatment" or "combined inpatient and outpatient treatment" means any treatment program not requiring continuous inpatient hospitalization.
- 29. "Outpatient treatment plan" means a treatment plan that does not require continuous inpatient hospitalization.
- 30. "Patient" means any person WHO IS undergoing examination, evaluation or behavioral or mental health treatment under this chapter.
- 31. "Peace officers" means sheriffs of counties, constables, marshals and policemen of cities and towns.
- 32. "Persistent or acute disability" means a severe mental disorder that meets all the following criteria:
- (a) SIGNIFICANTLY IMPAIRS JUDGMENT, REASON, BEHAVIOR OR CAPACITY TO RECOGNIZE REALITY.
- (a) (b) 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 judgment, reason, behavior or capacity to recognize reality.
- (b) (c) 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 understanding and expressing an understanding of the alternatives to the particular treatment offered after the advantages, disadvantages and alternatives are explained to that person.
- (c) (d) Has a reasonable prospect of being treatable by outpatient, inpatient or combined inpatient and outpatient treatment.
- 33. "Prepetition screening" means the review of each application requesting court-ordered evaluation, including an investigation of facts alleged in such THE application, an interview with each applicant and an interview, if possible, with the proposed patient. The purpose of the interview with the proposed patient is to assess the problem, explain the application and, when indicated, attempt to persuade the proposed patient to receive, on a voluntary basis, evaluation or other services.
- 34. "Prescribed form" means a form established by a court or the rules of the administration in accordance with the laws of this state.

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- 35. "Professional" means a physician who is licensed pursuant to title 32, chapter 13 or 17, a psychologist who is licensed pursuant to title 32, chapter 19.1 or a psychiatric and mental health nurse practitioner who is certified pursuant to title 32, chapter 15.
- 36. "Proposed patient" means a person for whom an application for evaluation has been made or a petition for court-ordered evaluation has been filed.
- 37. "Prosecuting agency" means the county attorney, attorney general or city attorney who applied or petitioned for an evaluation or treatment pursuant to this chapter.
- 38. "Psychiatric and mental health nurse practitioner" means a registered nurse practitioner as defined in section 32-1601 who has completed an adult or family psychiatric and mental health nurse practitioner program and who is certified as an adult or family psychiatric and mental health nurse practitioner by the state board of nursing.
- 39. "Psychiatrist" means a licensed physician who has completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association.
- 40. "Psychologist" means a person who is licensed under title 32, chapter 19.1 and who is experienced in the practice of clinical psychology.
- 41. "Records" means all communications that are recorded in any form or medium and that relate to patient examination, evaluation or behavioral or mental health treatment. Records include medical records that are prepared by a health care provider or other providers. Records do not include:
- (a) Materials that are prepared in connection with utilization review, peer review or quality assurance activities, including records that a health care provider prepares pursuant to section 36-441, 36-445, 36-2402 or 36-2917.
- (b) Recorded telephone and radio calls to and from a publicly operated emergency dispatch office relating to requests for emergency services or reports of suspected criminal activity.
- 42. "Regional behavioral health authority" has the same meaning prescribed in section 36-3401.
- 43. "Screening agency" means a health care agency that is licensed by the department and that provides those services required of such agency by this chapter.
- 44. "Social worker" means a person who has completed two years of graduate training in social work in a program approved by the council of social work education and who has experience in mental health.
  - 45. "State hospital" means the Arizona state hospital.
- 46. "Superintendent" means the superintendent of the state hospital.

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Sec. 2. Title 36, chapter 5, article 2, Arizona Revised Statutes, is amended by adding section 36-509.01, to read:

36-509.01. <u>Case records; involuntary treatment hearings;</u> <u>confidentiality; definition</u>

- A. EXCEPT AS OTHERWISE PROVIDED BY LAW, COURT RULE OR COURT ORDER, THE CASE RECORDS OF AND CASE INFORMATION REGARDING A COURT PROCEEDING BROUGHT UNDER ARTICLE 4 OR 5 OF THIS CHAPTER ARE NOT OPEN TO PUBLIC ACCESS OR INSPECTION.
- B. THE COURT, FOR GOOD CAUSE SHOWN, MAY AUTHORIZE THE RELEASE OF CASE RECORDS AND CASE INFORMATION REGARDING A COURT PROCEEDING BROUGHT UNDER ARTICLE 4 OR 5 OF THIS CHAPTER.
- C. THE SUPREME COURT MAY ADOPT APPROPRIATE RULES TO GOVERN THE ACCESS TO THE CASE RECORDS AND CASE INFORMATION REGARDING ANY COURT ACTION OR PROCEEDING BROUGHT UNDER ARTICLE 4 OR 5 OF THIS CHAPTER.
- D. FOR THE PURPOSES OF THIS SECTION, "CASE RECORD" HAS THE SAME MEANING AS PRESCRIBED IN RULES OF THE SUPREME COURT.
- Sec. 3. Section 36-524, Arizona Revised Statutes, is amended to read:

# 36-524. Application for emergency admission for evaluation: requirements; immunity

- A. A written application for emergency admission shall be made to an evaluation agency before a person may be hospitalized in the agency.
- B. The application for emergency admission shall be made by a person with knowledge of the facts requiring emergency admission. The applicant may be a relative or friend of the person, a peace officer, the admitting officer or another responsible person.
- C. The application shall be  $\frac{\text{upon}}{\text{mADE}}$  MADE ON a prescribed form and shall include the following:
- 1. A statement by the applicant that he THE APPLICANT believes on the basis of personal observation that the person is, as a result of a mental disorder, IS a danger to self or others OR HAS A PERSISTENT OR ACUTE DISABILITY OR A GRAVE DISABILITY, AND IS UNABLE OR UNWILLING TO UNDERGO VOLUNTARY EVALUATION and that during the time necessary to complete the prepetition screening procedures set forth in sections 36-520 and 36-521 the person is likely without immediate hospitalization to suffer serious physical harm or serious illness or is likely to inflict serious physical harm upon ON another person.
- 2. The specific nature of the danger HARM OR ILLNESS THE PERSON IS LIKELY TO SUFFER OR INFLICT WITHOUT IMMEDIATE HOSPITALIZATION.
- 3. A summary of the FACTS THAT SUPPORT THE STATEMENTS MADE BY THE APPLICANT, INCLUDING THE observations upon which the statement of danger is based OF PERSONS WHO WITNESSED THE EVENTS DESCRIBED IN THE STATEMENTS OR THE BEHAVIORS OF THE PERSON WHO IS THE SUBJECT OF THE APPLICATION.
  - 4. The signature of the applicant.

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- D. A telephonic application may be made no NOT more than twenty-four hours prior to BEFORE a written application. A telephonic application shall be made by or in the presence of a peace officer unless the application is made by a health care provider PROFESSIONAL who is licensed pursuant to title 32, chapter 13, 15, 17 or 19.1 and who is directly involved with the care of a patient who is in a health care facility licensed in this state. For an application made by a doctor or a nurse, the original signature of the applicant on a facsimile copy of the application is acceptable, does not have to be notarized and may be submitted as the written application.
- E. If the person to be admitted is not already present at the evaluation agency and if the admitting officer, based upon ON A review of the written or telephonic application and conversation with the applicant and peace officer, has reasonable cause to believe that an emergency examination is necessary, the admitting officer may advise the peace officer, that sufficient grounds exist to take the person into custody and to transport the person to the evaluation agency. The admitting officer shall not be held civilly liable for any acts committed by a person whom the admitting officer did not advise TO be taken into custody if the admitting officer has in good faith followed the requirements of this section.

Sec. 4. Section 36-526, Arizona Revised Statutes, is amended to read:

# 36-526. <u>Emergency admission; examination; petition for court-ordered evaluation</u>

- A. On presentation of the person for emergency admission, an admitting officer of an evaluation agency shall perform an examination of the person's psychiatric and physical condition and may admit the person to the agency as an emergency patient if the admitting officer finds, as a result of the examination and investigation of the application for emergency admission, that there is reasonable cause to believe that the person, as a result of a mental disorder, is a danger to self or others, HAS A PERSISTENT OR ACUTE DISABILITY OR A GRAVE DISABILITY AND IS UNABLE OR UNWILLING TO UNDERGO VOLUNTARY EVALUATION and that during the time necessary to complete the prepetition screening procedures set forth in sections 36-520 and 36-521 the person is likely without immediate hospitalization to suffer serious physical harm or serious illness or to inflict serious physical harm on another person. If a person is hospitalized pursuant to this section, the admitting officer may notify a screening agency and seek its assistance or guidance in developing alternatives to involuntary confinement and in counseling the person and his THE PERSON'S family.
- B. On the same or a succeeding court day, the medical director in charge of the agency shall file a petition for a court-ordered evaluation, unless the person has been discharged or has become a voluntary patient.

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The petition need not comply with the provisions of this chapter requiring preparation and filing of a prepetition screening report but shall meet all other requirements and shall seek an appropriate order pursuant to section 36-529.

Sec. 5. Section 36-533, Arizona Revised Statutes, is amended to read:

#### 36-533. Petition for treatment

- A. The petition for court-ordered treatment shall allege:
- 1. That the patient is in need of a period of treatment because the patient, as a result of mental disorder, is a danger to self or to others or has a persistent or acute disability or a grave disability.
  - 2. The treatment alternatives that are appropriate or available.
- 3. That the patient is unwilling to accept or incapable of accepting treatment voluntarily.
- B. The petition shall be accompanied by the affidavits of the two physicians who participated in the evaluation and by the affidavit of the applicant for the evaluation, if any. The affidavits of the physicians shall describe in detail the behavior that indicates that the person, as a result of mental disorder, is a danger to self or to others or has a persistent or acute disability or a grave disability and shall be based on the physician's observations of the patient and the physician's study of information about the patient. A summary of the facts that support the allegations of the petition shall be included. The affidavit shall also include any of the results of the physical examination of the patient if relevant to the patient's psychiatric condition.
- C. The petition shall request the court to issue an order requiring the person to undergo a period of treatment. If a prosecutor filed a petition pursuant to section 13-4517, the petition must be accompanied by any known criminal history of the person and any previous findings of incompetency.
  - D. In cases of grave disability, The petition shall also include:
- 1. A statement that in the opinion of the petitioner the person with a grave disability does or does not require guardianship or conservatorship, or both, under title 14 and the reasons on which the statement is based.
- 2. A request that the court order an independent investigation and report for the court if in the opinion of the petitioner the person does require guardianship or conservatorship, or both.
- 3. A statement that in the opinion of the petitioner the person with a grave disability does or does not require temporary guardianship or conservatorship, or both, and the reasons on which the statement is based.
- 4. A request that the court appoint a temporary guardian or conservator, or both, if in the opinion of the petitioner the person does require temporary guardianship or conservatorship, or both.

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- 5. IF THE PERSON HAS AN EXISTING GUARDIAN, A STATEMENT IDENTIFYING THE EXISTING GUARDIAN AND A REQUEST THAT THE COURT CONSIDER IMPOSING ADDITIONAL DUTIES ON THE EXISTING GUARDIAN PURSUANT TO SECTION 14-5312.01.
- E. IF THE PETITION CONTAINS A REQUEST FOR COURT ACTION PURSUANT TO SUBSECTION D OF THIS SECTION, a copy of the petition in cases of grave disability shall be mailed to the public fiduciary in the county of the patient's residence or in which the patient was found before evaluation and to any person OR AGENCY THAT IS nominated as guardian or conservator OR THE PERSON WHO IS IDENTIFIED AS AN EXISTING GUARDIAN.
- F. A copy of all petitions shall be mailed to the superintendent of the Arizona state hospital.
- Sec. 6. Section 36-540, Arizona Revised Statutes, is amended to read:

### 36-540. <u>Court options: immunity: rules</u>

- A. If the court finds by clear and convincing evidence that the proposed patient, as a result of mental disorder, is a danger to self, is a danger to others, OR has a persistent or acute disability or a grave disability and is in need of treatment, and is either unwilling or unable to accept voluntary treatment, the court shall order the patient to undergo one of the following:
  - 1. Treatment in a program of outpatient treatment.
- 2. Treatment in a program consisting of combined inpatient and outpatient treatment.
- 3. Inpatient treatment in a mental health treatment agency, in a hospital operated by or under contract with the United States department of veterans affairs to provide treatment to eligible veterans pursuant to article 9 of this chapter, in the state hospital or in a private hospital, if the private hospital agrees, subject to the limitations of section 36-541.
- B. The court shall consider all available and appropriate alternatives for the treatment and care of the patient. The court shall order the least restrictive treatment alternative available.
- C. The court may order the proposed patient to undergo outpatient or combined inpatient and outpatient treatment pursuant to subsection A, paragraph 1 or 2 of this section if the court:
  - 1. Determines that all of the following apply:
- (a) The patient does not require continuous inpatient hospitalization.
- (b) The patient will be more appropriately treated in an outpatient treatment program or in a combined inpatient and outpatient treatment program.
  - (c) The patient will follow a prescribed outpatient treatment plan.
- (d) The patient will not likely become dangerous or suffer more serious physical harm or serious illness or further deterioration if the patient follows a prescribed outpatient treatment plan.

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- 2. Is presented with and approves a written treatment plan that conforms with the requirements of section 36-540.01, subsection B. If the court determines that the patient meets the requirements of section 36-550.09, the court may order the patient to be placed in a secure behavioral health residential facility that is licensed by the department pursuant to section 36-425.06. If the treatment plan presented to the court pursuant to this subsection provides for supervision of the patient under court order by a mental health agency that is other than the mental health agency that petitioned or requested the county attorney to petition the court for treatment pursuant to section 36-531, the treatment plan must be approved by the medical director of the mental health agency that will supervise the treatment pursuant to subsection E of this section.
- D. An order to receive treatment pursuant to subsection A, paragraph 1 or 2 of this section shall not exceed three hundred sixty-five days. The period of inpatient treatment under a combined treatment order pursuant to subsection A, paragraph 2 of this section shall not exceed the maximum period allowed for an order for inpatient treatment pursuant to subsection F of this section.
- E. If the court enters an order for treatment pursuant to subsection A, paragraph 1 or 2 of this section, all of the following apply:
- 1. The court shall designate the medical director of the mental health treatment agency that will supervise and administer the patient's treatment program.
- 2. The medical director shall not use the services of any person, agency or organization to supervise a patient's outpatient treatment program unless the person, agency or organization has agreed to provide these services in the individual patient's case and unless the department has determined that the person, agency or organization is capable and competent to do so.
- 3. The person, agency or organization assigned to supervise an outpatient treatment program or the outpatient portion of a combined treatment program shall be notified at least three days before a referral. The medical director making the referral and the person, agency or organization assigned to supervise the treatment program shall share relevant information about the patient to provide continuity of treatment.
- 4. The court may order the medical director to provide notice to the court of any noncompliance with the terms of a treatment order.
- 5. During any period of outpatient treatment under subsection A, paragraph 2 of this section, if the court, on its own motion or on motion by the medical director of the patient's outpatient mental health treatment facility, determines that the patient is not complying with the terms of the order or that the outpatient treatment plan is no longer appropriate and the patient needs inpatient treatment, the court, without a hearing and based on the court record, the patient's medical record, the

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affidavits and recommendations of the medical director, and the advice of staff and physicians or the psychiatric and mental health nurse practitioner familiar with the treatment of the patient, may enter an order amending its original order. The amended order may alter the outpatient treatment plan or order the patient to inpatient treatment pursuant to subsection A, paragraph 3 of this section. The amended order shall not increase the total period of commitment originally ordered by the court or, when added to the period of inpatient treatment provided by the original order and any other amended orders, exceed the maximum period allowed for an order for inpatient treatment pursuant to subsection F of this section. If the patient refuses to comply with an amended order for inpatient treatment, the court, on its own motion or on the request of the medical director, may authorize and direct a peace officer to take the patient into protective custody and transport the patient to the agency for inpatient treatment. Any authorization, directive or order issued to a peace officer to take the patient into protective custody shall include the patient's criminal history and the name and telephone numbers of the patient's case manager, guardian, spouse, next of kin or significant other, as applicable. When reporting to or being returned to a treatment agency for inpatient treatment pursuant to an amended order, the patient shall be informed of the patient's right to judicial review and the patient's right to consult with counsel pursuant to section 36-546.

6. During any period of outpatient treatment under subsection A, paragraph 2 of this section, if the medical director of the outpatient treatment facility in charge of the patient's care determines, in concert with the medical director of an inpatient mental health treatment facility who has agreed to accept the patient, that the patient is in need of immediate acute inpatient psychiatric care because of behavior that is dangerous to self or to others, the medical director of the outpatient treatment facility may order a peace officer to apprehend and transport patient to the inpatient treatment facility pending a court determination on an amended order under paragraph 5 of this subsection. The patient may be detained and treated at the inpatient treatment facility for a period of no NOT more than forty-eight hours, exclusive of weekends and holidays, from the time that the patient is taken to the inpatient treatment facility. The medical director of the outpatient treatment facility shall file the motion for an amended court order requesting inpatient treatment no NOT later than the next working day following the patient being taken to the inpatient treatment facility. Any period of detention within the inpatient treatment facility pending issuance of an amended order shall not increase the total period of commitment originally ordered by the court or, when added to the period of inpatient treatment provided by the original order and any other amended orders, exceed the maximum period allowed for an order for inpatient treatment pursuant to subsection F of this section. If a patient is

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ordered to undergo inpatient treatment pursuant to an amended order, the medical director of the outpatient treatment facility shall inform the patient of the patient's right to judicial review and to consult with an attorney pursuant to section 36-546.

- F. The maximum periods of inpatient treatment that the court may order, subject to the limitations of section 36-541, are as follows:
  - 1. Ninety days for a person found to be a danger to self.
- 2. One hundred eighty days for a person found to be a danger to others.
- 3. One hundred eighty days for a person found to have a persistent or acute disability.
- 4. Three hundred sixty-five days for a person found to have a grave disability.
- G. If, on finding that the patient meets the criteria for court-ordered treatment pursuant to subsection A of this section, the court also finds that there is reasonable cause to believe that the patient is an incapacitated person as defined in section 14-5101 or is a person in need of protection pursuant to section 14-5401 and that the patient is or may be in need of guardianship or conservatorship, or both, the court may order an investigation concerning the need for a guardian or conservator, or both, and may appoint a suitable person or agency to conduct the investigation. The appointee may include a court-appointed guardian ad litem, an investigator appointed pursuant to section 14-5308 or the public fiduciary if there is no person willing and qualified to act in that capacity. The court shall give notice of the appointment to the appointee within three days of AFTER the appointment. The appointee shall submit the report of the investigation to the court within twenty-one days. The report shall include recommendations as to who should be guardian or who should be conservator, or both, and a report of the findings and reasons for the recommendation. If the investigation and report so indicate, the court shall order the appropriate person to submit a petition to become the guardian or conservator, or both, of the patient.
- H. In any proceeding for court-ordered treatment in which the petition alleges that the patient is in need of a guardian or conservator and states the grounds for that allegation, the court may appoint an emergency temporary guardian or conservator, or both, for a specific purpose or purposes identified in its order and for a specific period of time not to exceed thirty days if the court finds that all of the following are true:
- 1. The patient meets the criteria for court-ordered treatment pursuant to subsection A of this section.
- 2. There is reasonable cause to believe that the patient is an incapacitated person as defined in section 14-5101 or is in need of protection pursuant to section 14-5401, paragraph 2.

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- 3. The patient does not have a guardian or conservator and the welfare of the patient requires immediate action to protect the patient or the ward's property.
- 4. The conditions prescribed pursuant to section 14-5310, subsection B or section 14-5401.01, subsection B have been met.
- The court may appoint as a temporary guardian or conservator pursuant to subsection H of this section a suitable person or the public fiduciary if there is no person qualified and willing to act in that capacity. The court shall issue an order for an investigation as prescribed pursuant to subsection G of this section and, unless the patient is represented by independent counsel, the court shall appoint an attorney to represent the patient in further proceedings regarding the appointment of a guardian or conservator. The court shall schedule a further hearing within fourteen days on the appropriate court calendar of a court that has authority over guardianship or conservatorship matters pursuant to this title to consider the continued need for an emergency temporary guardian or conservator and the appropriateness of the temporary guardian or conservator appointed, and shall order the appointed guardian or conservator to give notice to persons entitled to notice pursuant to section 14-5309, subsection A or section 14-5405, subsection A. The court shall authorize certified letters of temporary emergency guardianship or conservatorship to be issued on presentation of a copy of the court's order. If a temporary emergency conservator other than the public fiduciary is appointed pursuant to this subsection, the court shall order that the use of the money MONIES and property of the patient by the conservator is BE restricted and not to be sold, used, transferred or encumbered, except that the court may authorize the conservator to use money MONIES or property of the patient specifically identified as needed to pay an expense to provide for the care, treatment or welfare of the patient pending further hearing. This subsection and subsection H of this section do not:
- 1. Prevent the evaluation or treatment agency from seeking guardianship and conservatorship in any other manner allowed by law at any time during the period of court-ordered evaluation and treatment.
- 2. Relieve the evaluation or treatment agency from its obligations concerning the suspected abuse of a vulnerable adult pursuant to title 46, chapter 4.
- J. If, finding that a patient meets the criteria for on court-ordered treatment pursuant to subsection A of this section, the court also learns that the patient has a guardian appointed under title 14, the court with notice may impose on the existing guardian additional duties pursuant to section 14-5312.01. If the court imposes additional duties on an existing guardian as prescribed in this subsection, the court may determine that the patient needs to continue treatment under a court order for treatment and may issue the order or determine that the

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 patient's needs can be adequately met by the guardian with the additional duties pursuant to section 14-5312.01 and decline to issue the court order for treatment. If at any time after the issuance of a court order for treatment the court finds that the patient's needs can be adequately met by the guardian with the additional duties pursuant to section 14-5312.01 and that a court order for treatment is no longer necessary to ensure compliance with necessary treatment, the court may terminate the court order for treatment. If there is a court order for treatment and a guardianship with additional mental health authority pursuant to section 14-5312.01 existing at the same time, the treatment and placement decisions made by the treatment agency assigned by the court to supervise and administer the patient's treatment program pursuant to the court order for treatment are controlling unless the court orders otherwise.

- K. The court shall file a report as part of the court record on its findings of alternatives for treatment.
- L. Treatment shall not include psychosurgery, lobotomy or any other brain surgery without specific informed consent of the patient or the patient's legal guardian and an order of the superior court in the county in which the treatment is proposed, approving with specificity the use of the treatment.
- M. The medical director or any person, agency or organization used by the medical director to supervise the terms of an outpatient treatment plan is not civilly liable for any acts committed by a patient while on outpatient treatment if the medical director, person, agency or organization has in good faith followed the requirements of this section.
- N. A peace officer who in good faith apprehends and transports a patient to an inpatient treatment facility on the order of the medical director of the outpatient treatment facility pursuant to subsection E, paragraph 6 of this section is not subject to civil liability.
- O. If a person has been found, as a result of a mental disorder, to constitute a danger to self or others or to have a persistent or acute disability or a grave disability and the court enters an order for treatment pursuant to subsection A of this section, the court shall transmit the person's name, sex, date of birth, social security number, if available, and date of the order for treatment to the supreme court. The supreme court shall transmit the information to the department of public safety to comply with the requirements of title 13, chapter 31 and title 32, chapter 26. The department of public safety shall transmit the information to the national instant criminal background check system. The superior court may access the information of a person who is ordered into treatment to enforce or facilitate a treatment order.
- P. On request, the clerk of the court shall provide certified copies of the commitment order to a law enforcement or prosecuting agency that is investigating or prosecuting a prohibited possessor as defined in section 13-3101.

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- Q. If the court does not find a person to be in need of treatment and a prosecutor filed a petition pursuant to section 13-4517, the evaluation agency, within twenty-four hours, shall notify the prosecuting agency of its finding. The court shall order the medical director to detain the person for an additional twenty-four hours to allow the prosecuting agency to be notified. If the court has retained jurisdiction pursuant to section 13-4517, subsection C, the court may remand the person to the custody of the sheriff for further disposition pursuant to section 13-4517, subsection A, paragraph 2 or 3.
- R. AFTER AN ORDER FOR TREATMENT HAS BEEN ISSUED PURSUANT TO THIS SECTION, THE SUPERIOR COURT IN A COUNTY WHERE A PATIENT UNDER A COURT ORDER FOR TREATMENT IS FOUND OR RESIDES HAS CONCURRENT JURISDICTION WITH THE COURT IN THE COUNTY THAT ISSUED THE COURT ORDER FOR TREATMENT FOR THE PURPOSES OF ENFORCING THE COURT ORDER FOR TREATMENT, ORDERING CHANGES TO THE TREATMENT PLAN OR AMENDING THE ORDER TO REQUIRE THE PATIENT TO UNDERGO FURTHER INPATIENT TREATMENT. IF THE COURT IN WHICH PROCEEDINGS ARE COMMENCED TO ENFORCE OR ADMINISTER THE ORDER FOR TREATMENT IS NOT THE COURT THAT ORIGINALLY ENTERED THE ORDER FOR TREATMENT, UNLESS PREVENTED BY AN EMERGENCY, THE COURT IN WHICH THE PROCEEDINGS ARE PENDING SHALL CONSULT WITH THE COURT OF ORIGINAL ENTRY AND DETERMINE WHETHER TO HOLD HEARINGS AND ENTER ORDERS TO FACILITATE ENFORCEMENT OR ADMINISTRATION OF THE COURT ORDER, WHETHER TO REFER THE CASE BACK TO THE COURT OF ORIGINAL ENTRY FOR FURTHER PROCEEDINGS OR WHETHER TO TRANSFER THE ENTIRE CASE TO THE COURT OF ORIGINAL ENTRY IN THAT COUNTY FOR ALL FURTHER PROCEEDINGS. THE SUPREME COURT MAY ADOPT RULES TO GOVERN THE PROCEDURES TO BE USED IN ENFORCING AND ADMINISTERING COURT ORDERS FOR TREATMENT IN THE VARIOUS COUNTIES OF THIS STATE AND THE TRANSFER OF CASES BETWEEN COUNTIES INVOLVING COURT ORDERS FOR TREATMENT.
- S. PURSUANT TO THE AUTHORITY GRANTED IN SUBSECTION R OF THIS SECTION, FOR THE PURPOSE OF ENFORCING OR FACILITATING TREATMENT OF A PATIENT UNDER AN ACTIVE ORDER FOR TREATMENT, THE SUPREME COURT SHALL ADOPT A RULE TO ESTABLISH A PROGRAM TO ENABLE THE JUDGES OF THE SUPERIOR COURT, COUNTY ATTORNEYS, PATIENTS' ATTORNEYS, THE REGIONAL BEHAVIORAL HEALTH AUTHORITY AND BEHAVIORAL HEALTH SERVICE PROVIDERS IN ANY COUNTY TO DETERMINE THE EXISTENCE OF AN ACTIVE COURT ORDER FOR TREATMENT AND THE HISTORY OF COURT ORDERS FOR TREATMENT ENTERED FOR A PATIENT BY A SUPERIOR COURT IN ANY COUNTY IN THIS STATE. THE PROGRAM SHALL ENSURE THAT THE INFORMATION SHARED WITH OTHER PERSONS OR ENTITIES IS NECESSARY ONLY FOR THE PURPOSES STATED IN THIS SUBSECTION AND SHALL REQUIRE THAT THE INFORMATION SHARED BE MAINTAINED AS CONFIDENTIAL BY THE RECEIVING PERSON OR ENTITY.

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