Brief Summary: Wyoming Title 25 Chapter 10, Article 1 Hospitalization of Mentally Ill Persons

Designated Hospitals (§ 104 and 106 – 108, 113, and 116)

- The Department shall adopt standards, enter into inpatient treatment and incidental service contracts, require reports, visit annually to review treatment methods, investigate complaints, promulgate rules and regulations including reimbursement for designated hospitals
- Hospitals may voluntary admit except in the case of a minor or person deemed incompetent; in which case, an examiner must determine that the person is mentally ill
- The head of a hospital shall discharge any patient who no longer needs hospital treatment. The hospital shall prepare a discharge plan in accordance with policies, rules, and regulations of the Department.
- § 113 requires the hospital to review the patient record, examine the patient, and develop a treatment plan
- § 116 requires persons hospitalized for more than three months to be examined (then every six months) and the information reported to the court and others; provides for the patient's right to object, to obtain a hearing, and to counsel

Mental Illness (Definition from Statute)

Mental illness" and "mentally ill" mean a physical, emotional, mental or behavioral disorder which causes a person to be dangerous to himself or others and which requires treatment, but do not include addiction to drugs or alcohol, drug or alcohol intoxication or developmental disabilities, except when one (1) or more of those conditions co-occurs as a secondary diagnosis with a mental illness.

State Hospital (§ 105 and 113)

The Department shall set standards for the state hospital, visit to review treatment methods, and investigate complaints. Section 113 relates to medical needs identified by the state hospital.

Emergency Detention (§ 109)

Emergency detention (ED) is a legal process where a police officer or examiner may detain a person thought to be in danger to self or others or unable to meet basic needs as a result of a mental illness.

Detention may occur in a hospital or other suitable and appropriate location but should not be in a jail unless there is no other option.

Within the first 24 hours of an ED the following must occur:

- Patient examined by a licensed health or mental health professional
- Patient's family or care-provider is informed

Emergency detention and involuntary hospitalization are legal processes. While treatment may be provided, the process is not designed as an entrée into treatment.

If continued detention is warranted, a preliminary hearing must take place within 72 hours. The person will be represented by an attorney. The judge will decide if the person is to be released, consider voluntarily commitment, or begin involuntary hospitalization proceedings. The court must release the person if determined not mentally ill and not of danger to self or others.

Involuntary Hospitalization (§ 110)

The court may decide if involuntary hospitalization (IH) or other types of care are warranted. Again, the person is represented by council and is protected by process. The process includes evidence from the examiner, basis for hospitalization,

supporting testimony and other requirements. Examinations for IH must be conducted by or reviewed by a licensed physician, psychiatrist, or psychologist who must conduct a further examination if indicated. The hearing process is confidential. The court has several options including release of the patient, assignment to a hospital, consider competency

"Examiner" means a licensed psychiatrist, physician, advance practice registered nurse, psychologist, counselor, addictions therapist, clinical social worker, or marriage & family therapist, and, for ED proceedings, a physician's assistant

and order medication if warranted, suspend proceedings in lieu of voluntary treatment which may include outpatient care, delay proceedings while the patient receives medical care, and other disposition in the best interest of the patient and public safety.

Costs for Emergency Detention and Involuntary Hospitalization (§ 112)

- The county where the person resides is responsible for the first 72 hours plus holidays and weekends that fall within that period
 - o The hospital must first try to collect costs from insurance, patients, and benefit programs
 - o The hospital may utilize an affidavit to show that the person does not have these assets
 - o Costs include transportation and needed clothing
 - o The county must pay the cost to return the person to home
- The county is responsible for all court and examiner costs. If the person is not a Wyoming resident, the Department pays those costs
- The Department is responsible for costs incurred after the 72 hours
- Medical costs not directly related to the mental illness are not included in these costs
- Persons discharged from the state's custody will be provided adequate clothing and means to insure arrival to home

Other Sections

- § 111 relates to transfer to the veterans' administration or other federal agencies
- § 114 provides for admissions from the department of corrections
- § 115 allows transfer of patients to another hospital if warranted
- § 118 describes the process for a patient to object to transfers, continued hospitalization, or revocation of convalescent status
- § 119 limits use of mechanical restraints
- § 120 requires a bill of patient rights and describes terms in which treatment by prayer alone is not allowed
- § 121 this act does not create presumption to patient's mental or legal competency or or right to exercise civil, contractual or other rights nor cause for guardianship
- § 122 provides for confidentiality and exceptions
- § 123 processes for returning a patient under court jurisdiction for a crime to the court
- § 124 allows for transfer of patients between states, re: W.S. 25-10-301
- § 126 sets penalties for unwarranted hospitalization or denial of rights
- § 127 describes processes for convalescent leave