

1 **ASSISTED OUTPATIENT TREATMENT FOR MENTAL**
2 **ILLNESS**

3 2019 GENERAL SESSION

4 STATE OF UTAH

5 **Chief Sponsor: Lincoln Fillmore**

6 House Sponsor: Steve Eliason

8 **LONG TITLE**

9 **Committee Note:**

10 The Health and Human Services Interim Committee recommended this bill.

11 **General Description:**

12 This bill creates a process for the provision of assisted outpatient treatment for an
13 individual with mental illness.

14 **Highlighted Provisions:**

15 This bill:

- 16 ▶ defines "assisted outpatient treatment";
- 17 ▶ describes the services provided to an individual receiving assisted outpatient
18 treatment;
- 19 ▶ describes the process whereby an individual is court ordered to receive assisted
20 outpatient treatment;
- 21 ▶ requires a designated examiner to consider assisted outpatient treatment when
22 evaluating a proposed patient for civil commitment; and
- 23 ▶ makes technical changes.

24 **Money Appropriated in this Bill:**

25 None

26 **Other Special Clauses:**

27 None



28 **Utah Code Sections Affected:**

29 AMENDS:

30 **17-43-301**, as last amended by Laws of Utah 2018, Chapters 68 and 407

31 **62A-15-602**, as last amended by Laws of Utah 2018, Chapter 322

32 **62A-15-618**, as renumbered and amended by Laws of Utah 2002, Fifth Special Session,
33 Chapter 8

34 **62A-15-631**, as last amended by Laws of Utah 2018, Chapter 322

35 **62A-15-703**, as last amended by Laws of Utah 2018, Chapter 322

36 ENACTS:

37 **31A-22-650**, Utah Code Annotated 1953

38 **62A-15-630.4**, Utah Code Annotated 1953

39 **62A-15-630.5**, Utah Code Annotated 1953



41 *Be it enacted by the Legislature of the state of Utah:*

42 Section 1. Section **17-43-301** is amended to read:

43 **17-43-301. Local mental health authorities -- Responsibilities.**

44 (1) As used in this section:

45 (a) "Assisted outpatient treatment" means the same as that term is defined in Section
46 **62A-15-602.**

47 ~~(a)~~ (b) "Crisis worker" means the same as that term is defined in Section
48 **62A-15-1301.**

49 ~~(b)~~ (c) "Local mental health crisis line" means the same as that term is defined in
50 Section **63C-18-102.**

51 ~~(c)~~ (d) "Mental health therapist" means the same as that term is defined in Section
52 **58-60-102.**

53 ~~(d)~~ (e) "Public funds" means the same as that term is defined in Section **17-43-303.**

54 ~~(e)~~ (f) "Statewide mental health crisis line" means the same as that term is defined in
55 Section **63C-18-102.**

56 (2) (a) (i) In each county operating under a county executive-council form of
57 government under Section **17-52a-203**, the county legislative body is the local mental health
58 authority, provided however that any contract for plan services shall be administered by the

59 county executive.

60 (ii) In each county operating under a council-manager form of government under
61 Section 17-52a-204, the county manager is the local mental health authority.

62 (iii) In each county other than a county described in Subsection (2)(a)(i) or (ii), the
63 county legislative body is the local mental health authority.

64 (b) Within legislative appropriations and county matching funds required by this
65 section, under the direction of the division, each local mental health authority shall:

66 (i) provide mental health services to ~~persons~~ individuals within the county; and

67 (ii) cooperate with efforts of the Division of Substance Abuse and Mental Health to
68 promote integrated programs that address an individual's substance abuse, mental health, and
69 physical healthcare needs, as described in Section 62A-15-103.

70 (c) Within legislative appropriations and county matching funds required by this
71 section, each local mental health authority shall cooperate with the efforts of the Department of
72 Human Services to promote a system of care, as defined in Section 62A-1-104, for minors with
73 or at risk for complex emotional and behavioral needs, as described in Section 62A-1-111.

74 (3) (a) By executing an interlocal agreement under Title 11, Chapter 13, Interlocal
75 Cooperation Act, two or more counties may join to:

76 (i) provide mental health prevention and treatment services; or

77 (ii) create a united local health department that combines substance abuse treatment
78 services, mental health services, and local health department services in accordance with
79 Subsection (4).

80 (b) The legislative bodies of counties joining to provide services may establish
81 acceptable ways of apportioning the cost of mental health services.

82 (c) Each agreement for joint mental health services shall:

83 (i) (A) designate the treasurer of one of the participating counties or another person as
84 the treasurer for the combined mental health authorities and as the custodian of money
85 available for the joint services; and

86 (B) provide that the designated treasurer, or other disbursing officer authorized by the
87 treasurer, may make payments from the money available for the joint services upon audit of the
88 appropriate auditing officer or officers representing the participating counties;

89 (ii) provide for the appointment of an independent auditor or a county auditor of one of

90 the participating counties as the designated auditing officer for the combined mental health
91 authorities;

92 (iii) (A) provide for the appointment of the county or district attorney of one of the
93 participating counties as the designated legal officer for the combined mental health
94 authorities; and

95 (B) authorize the designated legal officer to request and receive the assistance of the
96 county or district attorneys of the other participating counties in defending or prosecuting
97 actions within their counties relating to the combined mental health authorities; and

98 (iv) provide for the adoption of management, clinical, financial, procurement,
99 personnel, and administrative policies as already established by one of the participating
100 counties or as approved by the legislative body of each participating county or interlocal board.

101 (d) An agreement for joint mental health services may provide for:

102 (i) joint operation of services and facilities or for operation of services and facilities
103 under contract by one participating local mental health authority for other participating local
104 mental health authorities; and

105 (ii) allocation of appointments of members of the mental health advisory council
106 between or among participating counties.

107 (4) A county governing body may elect to combine the local mental health authority
108 with the local substance abuse authority created in Part 2, Local Substance Abuse Authorities,
109 and the local health department created in Title 26A, Chapter 1, Part 1, Local Health
110 Department Act, to create a united local health department under Section [26A-1-105.5](#). A local
111 mental health authority that joins with a united local health department shall comply with this
112 part.

113 (5) (a) Each local mental health authority is accountable to the department, the
114 Department of Health, and the state with regard to the use of state and federal funds received
115 from those departments for mental health services, regardless of whether the services are
116 provided by a private contract provider.

117 (b) Each local mental health authority shall comply, and require compliance by its
118 contract provider, with all directives issued by the department and the Department of Health
119 regarding the use and expenditure of state and federal funds received from those departments
120 for the purpose of providing mental health programs and services. The department and

121 Department of Health shall ensure that those directives are not duplicative or conflicting, and
122 shall consult and coordinate with local mental health authorities with regard to programs and
123 services.

124 (6) (a) Each local mental health authority shall:

125 (i) review and evaluate mental health needs and services, including mental health needs
126 and services for ~~[persons]~~:

127 (A) an individual incarcerated in a county jail or other county correctional facility; and

128 (B) an individual who is a resident of the county and who is court ordered to receive

129 assisted outpatient treatment under Section [62A-15-630.5](#);

130 (ii) in accordance with Subsection (6)(b), annually prepare and submit to the division a
131 plan approved by the county legislative body for mental health funding and service delivery,
132 either directly by the local mental health authority or by contract;

133 (iii) establish and maintain, either directly or by contract, programs licensed under Title
134 62A, Chapter 2, Licensure of Programs and Facilities;

135 (iv) appoint, directly or by contract, a full-time or part-time director for mental health
136 programs and prescribe the director's duties;

137 (v) provide input and comment on new and revised rules established by the division;

138 (vi) establish and require contract providers to establish administrative, clinical,
139 personnel, financial, procurement, and management policies regarding mental health services
140 and facilities, in accordance with the rules of the division, and state and federal law;

141 (vii) establish mechanisms allowing for direct citizen input;

142 (viii) annually contract with the division to provide mental health programs and
143 services in accordance with the provisions of Title 62A, Chapter 15, Substance Abuse and
144 Mental Health Act;

145 (ix) comply with all applicable state and federal statutes, policies, audit requirements,
146 contract requirements, and any directives resulting from those audits and contract requirements;

147 (x) provide funding equal to at least 20% of the state funds that it receives to fund
148 services described in the plan;

149 (xi) comply with the requirements and procedures of Title 11, Chapter 13, Interlocal
150 Cooperation Act, Title 17B, Chapter 1, Part 6, Fiscal Procedures for Local Districts, and Title
151 51, Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal Organizations, and

152 Other Local Entities Act; and

153 (xii) take and retain physical custody of minors committed to the physical custody of
154 local mental health authorities by a judicial proceeding under Title 62A, Chapter 15, Part 7,
155 Commitment of Persons Under Age 18 to Division of Substance Abuse and Mental Health.

156 (b) Each plan under Subsection (6)(a)(ii) shall include services for adults, youth, and
157 children, which shall include:

- 158 (i) inpatient care and services;
- 159 (ii) residential care and services;
- 160 (iii) outpatient care and services;
- 161 (iv) 24-hour crisis care and services;
- 162 (v) psychotropic medication management;
- 163 (vi) psychosocial rehabilitation, including vocational training and skills development;
- 164 (vii) case management;
- 165 (viii) community supports, including in-home services, housing, family support
166 services, and respite services;
- 167 (ix) consultation and education services, including case consultation, collaboration
168 with other county service agencies, public education, and public information; and
- 169 (x) services to persons incarcerated in a county jail or other county correctional facility.

170 (7) (a) If a local mental health authority provides for a local mental health crisis line
171 under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv), the local
172 mental health authority shall:

- 173 (i) collaborate with the statewide mental health crisis line described in Section
174 [62A-15-1302](#);
- 175 (ii) ensure that each individual who answers calls to the local mental health crisis line:
176 (A) is a mental health therapist or a crisis worker; and
177 (B) meets the standards of care and practice established by the Division of Substance
178 Abuse and Mental Health, in accordance with Section [62A-15-1302](#); and
- 179 (iii) ensure that when necessary, based on the local mental health crisis line's capacity,
180 calls are immediately routed to the statewide mental health crisis line to ensure that when an
181 individual calls the local mental health crisis line, regardless of the time, date, or number of
182 individuals trying to simultaneously access the local mental health crisis line, a mental health

183 therapist or a crisis worker answers the call without the caller first:

184 (A) waiting on hold; or

185 (B) being screened by an individual other than a mental health therapist or crisis
186 worker.

187 (b) If a local mental health authority does not provide for a local mental health crisis
188 line under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv), the
189 local mental health authority shall use the statewide mental health crisis line as a local crisis
190 line resource.

191 (8) Before disbursing any public funds, each local mental health authority shall require
192 that each entity that receives any public funds from a local mental health authority agrees in
193 writing that:

194 (a) the entity's financial records and other records relevant to the entity's performance
195 of the services provided to the mental health authority shall be subject to examination by:

196 (i) the division;

197 (ii) the local mental health authority director;

198 (iii) (A) the county treasurer and county or district attorney; or

199 (B) if two or more counties jointly provide mental health services under an agreement
200 under Subsection (3), the designated treasurer and the designated legal officer;

201 (iv) the county legislative body; and

202 (v) in a county with a county executive that is separate from the county legislative
203 body, the county executive;

204 (b) the county auditor may examine and audit the entity's financial and other records
205 relevant to the entity's performance of the services provided to the local mental health
206 authority; and

207 (c) the entity will comply with the provisions of Subsection (5)(b).

208 (9) A local mental health authority may receive property, grants, gifts, supplies,
209 materials, contributions, and any benefit derived therefrom, for mental health services. If those
210 gifts are conditioned upon their use for a specified service or program, they shall be so used.

211 (10) Public funds received for the provision of services pursuant to the local mental
212 health plan may not be used for any other purpose except those authorized in the contract
213 between the local mental health authority and the provider for the provision of plan services.

214 (11) A local mental health authority shall provide assisted outpatient treatment
215 services, as described in Section 62A-15-630.4, to a resident of the county who has been
216 ordered under Section 62A-15-630.5 to receive assisted outpatient treatment.

217 Section 2. Section 31A-22-650 is enacted to read:

218 **31A-22-650. Insurance coverage for assisted outpatient treatment.**

219 (1) As used in this section, "assisted outpatient treatment" means the same as that term
220 is defined in Section 62A-15-602.

221 (2) A health insurance provider may not deny an insured the benefits of the insured's
222 policy solely because the health care that the insured receives is provided under a court order
223 for assisted outpatient treatment, as provided in Section 62A-15-630.5.

224 Section 3. Section 62A-15-602 is amended to read:

225 **62A-15-602. Definitions.**

226 As used in this part, Part 7, Commitment of Persons Under Age 18 to Division of
227 Substance Abuse and Mental Health, Part 8, Interstate Compact on Mental Health, Part 9, Utah
228 Forensic Mental Health Facility, Part 10, Declaration for Mental Health Treatment, and Part
229 12, Essential Treatment and Intervention Act:

230 (1) "Adult" means an individual 18 years of age or older.

231 (2) "Approved treatment facility or program" means a treatment provider that meets the
232 standards described in Subsection 62A-15-103(2)(a)(v).

233 (3) "Assisted outpatient treatment" means involuntary outpatient mental health
234 treatment ordered under Section 62A-15-630.5.

235 [~~(3)~~] (4) "Commitment to the custody of a local mental health authority" means that an
236 adult is committed to the custody of the local mental health authority that governs the mental
237 health catchment area where the adult resides or is found.

238 [~~(4)~~] (5) "Community mental health center" means an entity that provides treatment
239 and services to a resident of a designated geographical area, that operates by or under contract
240 with a local mental health authority, and that complies with state standards for community
241 mental health centers.

242 [~~(5)~~] (6) "Designated examiner" means:

243 (a) a licensed physician, preferably a psychiatrist, who is designated by the division as
244 specially qualified by training or experience in the diagnosis of mental or related illness; or

245 (b) a licensed mental health professional designated by the division as specially
246 qualified by training and who has at least five years' continual experience in the treatment of
247 mental illness.

248 [~~(6)~~] (7) "Designee" means a physician who has responsibility for medical functions
249 including admission and discharge, an employee of a local mental health authority, or an
250 employee of a person that has contracted with a local mental health authority to provide mental
251 health services under Section 17-43-304.

252 [~~(7)~~] (8) "Essential treatment" and "essential treatment and intervention" mean
253 court-ordered treatment at a local substance abuse authority or an approved treatment facility or
254 program for the treatment of an adult's substance use disorder.

255 [~~(8)~~] (9) "Harmful sexual conduct" means the following conduct upon an individual
256 without the individual's consent, including the nonconsensual circumstances described in
257 Subsections 76-5-406(1) through (12):

- 258 (a) sexual intercourse;
- 259 (b) penetration, however slight, of the genital or anal opening of the individual;
- 260 (c) any sexual act involving the genitals or anus of the actor or the individual and the
261 mouth or anus of either individual, regardless of the gender of either participant; or
- 262 (d) any sexual act causing substantial emotional injury or bodily pain.

263 [~~(9)~~] (10) "Institution" means a hospital or a health facility licensed under Section
264 26-21-8.

265 [~~(10)~~] (11) "Local substance abuse authority" means the same as that term is defined in
266 Section 62A-15-102 and described in Section 17-43-201.

267 [~~(11)~~] (12) "Mental health facility" means the Utah State Hospital or other facility that
268 provides mental health services under contract with the division, a local mental health
269 authority, a person that contracts with a local mental health authority, or a person that provides
270 acute inpatient psychiatric services to a patient.

271 [~~(12)~~] (13) "Mental health officer" means an individual who is designated by a local
272 mental health authority as qualified by training and experience in the recognition and
273 identification of mental illness, to:

- 274 (a) apply for and provide certification for a temporary commitment; or
- 275 (b) assist in the arrangement of transportation to a designated mental health facility.

276 [~~(13)~~] (14) "Mental illness" means:

277 (a) a psychiatric disorder that substantially impairs an individual's mental, emotional,
278 behavioral, or related functioning; or

279 (b) the same as that term is defined in:

280 (i) the current edition of the Diagnostic and Statistical Manual of Mental Disorders
281 published by the American Psychiatric Association; or

282 (ii) the current edition of the International Statistical Classification of Diseases and
283 Related Health Problems.

284 [~~(14)~~] (15) "Patient" means an individual who is:

285 (a) under commitment to the custody or to the treatment services of a local mental
286 health authority; or

287 (b) undergoing essential treatment and intervention.

288 [~~(15)~~] (16) "Physician" means an individual who is:

289 (a) licensed as a physician under Title 58, Chapter 67, Utah Medical Practice Act; or

290 (b) licensed as a physician under Title 58, Chapter 68, Utah Osteopathic Medical
291 Practice Act.

292 [~~(16)~~] (17) "Serious bodily injury" means bodily injury that involves a substantial risk
293 of death, unconsciousness, extreme physical pain, protracted and obvious disfigurement, or
294 protracted loss or impairment of the function of a bodily member, organ, or mental faculty.

295 [~~(17)~~] (18) "Substantial danger" means that due to mental illness, an individual is at
296 serious risk of:

297 (a) suicide;

298 (b) serious bodily self-injury;

299 (c) serious bodily injury because the individual is incapable of providing the basic
300 necessities of life, including food, clothing, or shelter;

301 (d) causing or attempting to cause serious bodily injury to another individual; or

302 (e) engaging in harmful sexual conduct.

303 [~~(18)~~] (19) "Treatment" means psychotherapy, medication, including the administration
304 of psychotropic medication, or other medical treatments that are generally accepted medical or
305 psychosocial interventions for the purpose of restoring the patient to an optimal level of
306 functioning in the least restrictive environment.

307 Section 4. Section **62A-15-618** is amended to read:

308 **62A-15-618. Designated examiners.**

309 (1) A designated examiner, when evaluating a proposed patient for civil commitment,
310 shall consider whether:

311 (a) a proposed patient has been under a court order for assisted outpatient treatment;

312 (b) the proposed patient complied with the terms of the assisted outpatient treatment
313 order, if any; and

314 (c) whether assisted outpatient treatment is sufficient to meet the proposed patient's
315 needs.

316 (2) Designated examiners shall be allowed a reasonable fee by the county legislative
317 body of the county in which the proposed patient resides or is found, unless they are otherwise
318 paid.

319 Section 5. Section **62A-15-630.4** is enacted to read:

320 **62A-15-630.4. Assisted outpatient treatment services.**

321 (1) The local mental health authority or its designee shall provide assisted outpatient
322 treatment, which shall include:

323 (a) case management; and

324 (b) an individualized treatment plan, created with input from the proposed patient
325 when possible.

326 (2) A court order for assisted outpatient treatment does not create independent
327 authority to forcibly medicate a patient.

328 Section 6. Section **62A-15-630.5** is enacted to read:

329 **62A-15-630.5. Assisted outpatient treatment proceedings.**

330 (1) A responsible individual who has credible knowledge of an adult's mental illness
331 and the condition or circumstances that have led to the adult's need for assisted outpatient
332 treatment may file, in the district court in the county where the proposed patient resides or is
333 found, a written application that includes:

334 (a) unless the court finds that the information is not reasonably available, the proposed
335 patient's:

336 (i) name;

337 (ii) date of birth; and

338 (iii) social security number; and
339 (b) (i) a certificate of a licensed physician or a designated examiner stating that within
340 the seven-day period immediately preceding the certification, the physician or designated
341 examiner examined the proposed patient and is of the opinion that the proposed patient has a
342 mental illness and should be involuntarily committed; or
343 (ii) a written statement by the applicant that:
344 (A) the proposed patient has been requested to, but has refused to, submit to an
345 examination of mental condition by a licensed physician or designated examiner;
346 (B) is sworn to under oath; and
347 (C) states the facts upon which the application is based.
348 (2) (a) Subject to Subsection (2)(b), before issuing a judicial order, the court may
349 require the applicant to consult with the appropriate local mental health authority, and the court
350 may direct a mental health professional from that local mental health authority to interview the
351 applicant and the proposed patient to determine the existing facts and report them to the court.
352 (b) The consultation described in Subsection (2)(a):
353 (i) may take place at or before the hearing; and
354 (ii) is required if the local mental health authority appears at the hearing.
355 (3) If the proposed patient refuses to submit to an interview described in Subsection
356 (2)(a) or an examination described in Subsection (8), the court may issue an order, directed to a
357 mental health officer or peace officer, to immediately place the proposed patient into the
358 custody of a local mental health authority or in a temporary emergency facility, as provided in
359 Section [62A-15-634](#), to be detained for the purpose of examination.
360 (4) Notice of commencement of proceedings for assisted outpatient treatment, setting
361 forth the allegations of the application and any reported facts, together with a copy of any
362 official order of detention, shall:
363 (a) be provided by the court to a proposed patient before, or upon, placement into the
364 custody of a local mental health authority or, with respect to any proposed patient presently in
365 the custody of a local mental health authority;
366 (b) be maintained at the proposed patient's place of detention, if any;
367 (c) be provided by the court as soon as practicable to the applicant, any legal guardian,
368 any immediate adult family members, legal counsel for the parties involved, the local mental

369 health authority or its designee, and any other person whom the proposed patient or the court
370 shall designate; and

371 (d) advise that a hearing may be held within the time provided by law.

372 (5) The district court may, in its discretion, transfer the case to any other district court
373 within this state, provided that the transfer will not be adverse to the interest of the proposed
374 patient.

375 (6) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance
376 of a judicial order, or after commitment of a proposed patient to a local mental health authority
377 or its designee under court order for detention in order to complete an examination, the court
378 shall appoint two designated examiners:

379 (a) who did not sign the assisted outpatient treatment application nor the certification
380 described in Subsection (1);

381 (b) one of whom is a licensed physician; and

382 (c) one of whom may be designated by the proposed patient or the proposed patient's
383 counsel, if that designated examiner is reasonably available.

384 (7) The court shall schedule a hearing to be held within 10 calendar days of the day on
385 which the designated examiners are appointed.

386 (8) The designated examiners shall:

387 (a) conduct their examinations separately;

388 (b) conduct the examinations at the home of the proposed patient, at a hospital or other
389 medical facility, or at any other suitable place that is not likely to have a harmful effect on the
390 proposed patient's health;

391 (c) inform the proposed patient, if not represented by an attorney:

392 (i) that the proposed patient does not have to say anything;

393 (ii) of the nature and reasons for the examination;

394 (iii) that the examination was ordered by the court;

395 (iv) that any information volunteered could form part of the basis for the proposed
396 patient to be ordered to receive assisted outpatient treatment; and

397 (v) that findings resulting from the examination will be made available to the court;
398 and

399 (d) within 24 hours of examining the proposed patient, report to the court, orally or in

400 writing, whether the proposed patient is mentally ill. If the designated examiner reports orally,
401 the designated examiner shall immediately send a written report to the clerk of the court.

402 (9) If a designated examiner is unable to complete an examination on the first attempt
403 because the proposed patient refuses to submit to the examination, the court shall fix a
404 reasonable compensation to be paid to the examiner.

405 (10) If the local mental health authority, its designee, or a medical examiner determines
406 before the court hearing that the conditions justifying the findings leading to an assisted
407 outpatient treatment hearing no longer exist, the local mental health authority, its designee, or
408 the medical examiner shall immediately report that determination to the court.

409 (11) The court may terminate the proceedings and dismiss the application at any time,
410 including prior to the hearing, if the designated examiners or the local mental health authority
411 or its designee informs the court that the proposed patient is not mentally ill.

412 (12) Before the hearing, an opportunity to be represented by counsel shall be afforded
413 to the proposed patient, and if neither the proposed patient nor others provide counsel, the court
414 shall appoint counsel and allow counsel sufficient time to consult with the proposed patient
415 before the hearing. In the case of an indigent proposed patient, the payment of reasonable
416 attorney fees for counsel, as determined by the court, shall be made by the county in which the
417 proposed patient resides or is found.

418 (13) (a) All persons to whom notice is required to be given shall be afforded an
419 opportunity to appear at the hearing, to testify, and to present and cross-examine witnesses. The
420 court may, in its discretion, receive the testimony of any other individual. The court may allow
421 a waiver of the proposed patient's right to appear only for good cause shown, and that cause
422 shall be made a matter of court record.

423 (b) The court is authorized to exclude all individuals not necessary for the conduct of
424 the proceedings and may, upon motion of counsel, require the testimony of each examiner to be
425 given out of the presence of any other examiners.

426 (c) The hearing shall be conducted in as informal a manner as may be consistent with
427 orderly procedure, and in a physical setting that is not likely to have a harmful effect on the
428 mental health of the proposed patient.

429 (d) The court shall consider all relevant historical and material information that is
430 offered, subject to the rules of evidence, including reliable hearsay under Rule 1102, Utah

431 Rules of Evidence.

432 (e) (i) A local mental health authority or its designee, or the physician in charge of the
433 proposed patient's care shall, at the time of the hearing, provide the court with the following
434 information:

435 (A) the detention order, if any;

436 (B) admission notes, if any;

437 (C) the diagnosis, if any;

438 (D) doctor's orders, if any;

439 (E) progress notes, if any;

440 (F) nursing notes, if any; and

441 (G) medication records, if any.

442 (ii) The information described in Subsection (13)(e)(i) shall also be provided to the
443 proposed patient's counsel:

444 (A) at the time of the hearing; and

445 (B) at any time prior to the hearing, upon request.

446 (14) The court shall order a proposed patient to assisted outpatient treatment if, upon
447 completion of the hearing and consideration of the information presented, the court finds by
448 clear and convincing evidence that:

449 (a) the proposed patient has a mental illness;

450 (b) there is no appropriate less-restrictive alternative to a court order for assisted
451 outpatient treatment; and

452 (c) (i) the proposed patient lacks the ability to engage in a rational decision-making
453 process regarding the acceptance of mental health treatment, as demonstrated by evidence of
454 inability to weigh the possible risks of accepting or rejecting treatment; or

455 (ii) the proposed patient needs assisted outpatient treatment in order to prevent relapse
456 or deterioration that is likely to result in the proposed patient posing a substantial danger to self
457 or others.

458 (15) The court may order the applicant or a close relative of the patient to be the
459 patient's personal representative, as described in 45 C.F.R. Sec. 164.502(g), for purposes of the
460 patient's mental health treatment.

461 (16) In the absence of the findings described in Subsection (14), the court, after the

462 hearing, shall dismiss the proceedings.

463 (17) (a) The assisted outpatient treatment order shall designate the period for which the
464 patient shall be treated, which may not exceed six months without a review hearing.

465 (b) An individual identified under Subsection (4) may request a review hearing at any
466 time while the assisted outpatient treatment order is in effect.

467 (c) At a review hearing, the court may extend the duration of an assisted outpatient
468 treatment order by up to six months, if:

469 (i) the court finds by clear and convincing evidence that the patient meets the
470 conditions described in Subsection (14); or

471 (ii) (A) the patient does not appear at the review hearing; and

472 (B) notice of the review hearing was provided to the patient's last known address by the
473 applicant described in Subsection (1) or by a local mental health authority.

474 (d) The court shall maintain a current list of all patients under its order of assisted
475 outpatient treatment.

476 (e) At least two weeks prior to the expiration of the designated period of any assisted
477 outpatient treatment order still in effect, the court that entered the original order shall inform
478 the appropriate local mental health authority or its designee.

479 (18) Costs of all proceedings under this section shall be paid by the county in which the
480 proposed patient resides or is found.

481 (19) A court may not hold an individual in contempt for failure to comply with an
482 assisted outpatient treatment order.

483 (20) As provided in Section [31A-22-650](#), a health insurance provider may not deny an
484 insured the benefits of the insured's policy solely because the health care that the insured
485 receives is provided under a court order for assisted outpatient treatment.

486 Section 7. Section **62A-15-631** is amended to read:

487 **62A-15-631. Involuntary commitment under court order -- Examination --**
488 **Hearing -- Power of court -- Findings required -- Costs.**

489 (1) A responsible [person] individual who has [~~reason to know~~] credible knowledge of
490 an adult's mental illness and the condition or circumstances that have led to the adult's need to
491 be involuntarily committed may initiate an involuntary commitment court proceeding by filing,
492 in the district court in the county where the proposed patient resides or is found, a written

493 application that includes:

494 (a) unless the court finds that the information is not reasonably available, the proposed
495 patient's:

496 (i) name;

497 (ii) date of birth; and

498 (iii) social security number; [~~and~~]

499 (b) (i) a certificate of a licensed physician or a designated examiner stating that within
500 the seven-day period immediately preceding the certification, the physician or designated
501 examiner examined the proposed patient and is of the opinion that the proposed patient has a
502 mental illness and should be involuntarily committed; or

503 (ii) a written statement by the applicant that:

504 (A) the proposed patient has been requested to, but has refused to, submit to an
505 examination of mental condition by a licensed physician or designated examiner;

506 (B) is sworn to under oath; and

507 (C) states the facts upon which the application is based[-]; and

508 (c) a statement whether the proposed patient has previously been under an assisted
509 outpatient treatment order, if known by the applicant.

510 (2) (a) Subject to Subsection (2)(b), before issuing a judicial order, the court may
511 require the applicant to consult with the appropriate local mental health authority, and the court
512 may direct a mental health professional from that local mental health authority to interview the
513 applicant and the proposed patient to determine the existing facts and report them to the court.

514 (b) The consultation described in Subsection (2)(a):

515 (i) may take place at or before the hearing; and

516 (ii) is required if the local mental health authority appears at the hearing.

517 (3) If the court finds from the application, from any other statements under oath, or
518 from any reports from a mental health professional that there is a reasonable basis to believe
519 that the proposed patient has a mental illness that poses a substantial danger to self or others
520 requiring involuntary commitment pending examination and hearing; or, if the proposed patient
521 has refused to submit to an interview with a mental health professional as directed by the court
522 or to go to a treatment facility voluntarily, the court may issue an order, directed to a mental
523 health officer or peace officer, to immediately place the proposed patient in the custody of a

524 local mental health authority or in a temporary emergency facility as provided in Section
525 62A-15-634 to be detained for the purpose of examination.

526 (4) Notice of commencement of proceedings for involuntary commitment, setting forth
527 the allegations of the application and any reported facts, together with a copy of any official
528 order of detention, shall be provided by the court to a proposed patient before, or upon,
529 placement in the custody of a local mental health authority or, with respect to any proposed
530 patient presently in the custody of a local mental health authority whose status is being changed
531 from voluntary to involuntary, upon the filing of an application for that purpose with the court.
532 A copy of that order of detention shall be maintained at the place of detention.

533 (5) Notice of commencement of those proceedings shall be provided by the court as
534 soon as practicable to the applicant, any legal guardian, any immediate adult family members,
535 legal counsel for the parties involved, the local mental health authority or its designee, and any
536 other persons whom the proposed patient or the court shall designate. That notice shall advise
537 those persons that a hearing may be held within the time provided by law. If the proposed
538 patient has refused to permit release of information necessary for provisions of notice under
539 this subsection, the extent of notice shall be determined by the court.

540 (6) Proceedings for commitment of an individual under the age of 18 years to a local
541 mental health authority may be commenced in accordance with Part 7, Commitment of Persons
542 Under Age 18 to Division of Substance Abuse and Mental Health.

543 (7) The district court may, in its discretion, transfer the case to any other district court
544 within this state, provided that the transfer will not be adverse to the interest of the proposed
545 patient.

546 (8) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance
547 of a judicial order, or after commitment of a proposed patient to a local mental health authority
548 or its designee under court order for detention or examination, the court shall appoint two
549 designated examiners:

550 (a) who did not sign the civil commitment application nor the civil commitment
551 certification under Subsection (1);

552 (b) one of whom is a licensed physician; and

553 (c) one of whom may be designated by the proposed patient or the proposed patient's
554 counsel, if that designated examiner is reasonably available.

555 (9) The court shall schedule a hearing to be held within 10 calendar days of the day on
556 which the designated examiners are appointed.

557 (10) The designated examiners shall:

558 (a) conduct their examinations separately;

559 (b) conduct the examinations at the home of the proposed patient, at a hospital or other
560 medical facility, or at any other suitable place that is not likely to have a harmful effect on the
561 proposed patient's health;

562 (c) inform the proposed patient, if not represented by an attorney:

563 (i) that the proposed patient does not have to say anything;

564 (ii) of the nature and reasons for the examination;

565 (iii) that the examination was ordered by the court;

566 (iv) that any information volunteered could form part of the basis for the proposed
567 patient's involuntary commitment; and

568 (v) that findings resulting from the examination will be made available to the court;

569 and

570 (d) within 24 hours of examining the proposed patient, report to the court, orally or in
571 writing, whether the proposed patient is mentally ill, has agreed to voluntary commitment, as
572 described in Section [62A-15-625](#), or has acceptable programs available to the proposed patient
573 without court proceedings. If the designated examiner reports orally, the designated examiner
574 shall immediately send a written report to the clerk of the court.

575 (11) If a designated examiner is unable to complete an examination on the first attempt
576 because the proposed patient refuses to submit to the examination, the court shall fix a
577 reasonable compensation to be paid to the examiner.

578 (12) If the local mental health authority, its designee, or a medical examiner determines
579 before the court hearing that the conditions justifying the findings leading to a commitment
580 hearing no longer exist, the local mental health authority, its designee, or the medical examiner
581 shall immediately report that determination to the court.

582 (13) The court may terminate the proceedings and dismiss the application at any time,
583 including prior to the hearing, if the designated examiners or the local mental health authority
584 or its designee informs the court that the proposed patient:

585 (a) is not mentally ill;

586 (b) has agreed to voluntary commitment, as described in Section 62A-15-625; or
587 (c) has acceptable options for treatment programs that are available without court
588 proceedings.

589 (14) Before the hearing, an opportunity to be represented by counsel shall be afforded
590 to ~~every~~ the proposed patient, and if neither the proposed patient nor others provide counsel,
591 the court shall appoint counsel and allow counsel sufficient time to consult with the proposed
592 patient before the hearing. In the case of an indigent proposed patient, the payment of
593 reasonable attorney fees for counsel, as determined by the court, shall be made by the county in
594 which the proposed patient resides or is found.

595 (15) (a) The proposed patient, the applicant, and all other persons to whom notice is
596 required to be given shall be afforded an opportunity to appear at the hearing, to testify, and to
597 present and cross-examine witnesses. The court may, in its discretion, receive the testimony of
598 any other person. The court may allow a waiver of the proposed patient's right to appear only
599 for good cause shown, and that cause shall be made a matter of court record.

600 (b) The court is authorized to exclude all persons not necessary for the conduct of the
601 proceedings and may, upon motion of counsel, require the testimony of each examiner to be
602 given out of the presence of any other examiners.

603 (c) The hearing shall be conducted in as informal a manner as may be consistent with
604 orderly procedure, and in a physical setting that is not likely to have a harmful effect on the
605 mental health of the proposed patient.

606 (d) The court shall consider all relevant historical and material information that is
607 offered, subject to the rules of evidence, including reliable hearsay under Rule 1102, Utah
608 Rules of Evidence.

609 (e) (i) A local mental health authority or its designee, or the physician in charge of the
610 proposed patient's care shall, at the time of the hearing, provide the court with the following
611 information:

- 612 (A) the detention order;
- 613 (B) admission notes;
- 614 (C) the diagnosis;
- 615 (D) any doctors' orders;
- 616 (E) progress notes;

617 (F) nursing notes; [~~and~~]

618 (G) medication records pertaining to the current commitment[~~:-~~]; and

619 (H) whether the proposed patient has previously been civilly committed or under an
620 order for assisted outpatient treatment.

621 (ii) That information shall also be supplied to the proposed patient's counsel at the time
622 of the hearing, and at any time prior to the hearing upon request.

623 (16) The court shall order commitment of a proposed patient who is 18 years of age or
624 older to a local mental health authority if, upon completion of the hearing and consideration of
625 the information presented in accordance with Subsection (15)(d), the court finds by clear and
626 convincing evidence that:

627 (a) the proposed patient has a mental illness;

628 (b) because of the proposed patient's mental illness the proposed patient poses a
629 substantial danger to self or others;

630 (c) the proposed patient lacks the ability to engage in a rational decision-making
631 process regarding the acceptance of mental treatment as demonstrated by evidence of inability
632 to weigh the possible risks of accepting or rejecting treatment;

633 (d) there is no appropriate less-restrictive alternative to a court order of commitment;
634 and

635 (e) the local mental health authority can provide the proposed patient with treatment
636 that is adequate and appropriate to the proposed patient's conditions and needs. In the absence
637 of the required findings of the court after the hearing, the court shall dismiss the proceedings.

638 (17) (a) The order of commitment shall designate the period for which the patient shall
639 be treated. When the patient is not under an order of commitment at the time of the hearing,
640 that period may not exceed six months without benefit of a review hearing. Upon such a
641 review hearing, to be commenced prior to the expiration of the previous order, an order for
642 commitment may be for an indeterminate period, if the court finds by clear and convincing
643 evidence that the required conditions in Subsection (16) will last for an indeterminate period.

644 (b) The court shall maintain a current list of all patients under its order of commitment.
645 That list shall be reviewed to determine those patients who have been under an order of
646 commitment for the designated period. At least two weeks prior to the expiration of the
647 designated period of any order of commitment still in effect, the court that entered the original

648 order shall inform the appropriate local mental health authority or its designee. The local
649 mental health authority or its designee shall immediately reexamine the reasons upon which the
650 order of commitment was based. If the local mental health authority or its designee determines
651 that the conditions justifying that commitment no longer exist, it shall discharge the patient
652 from involuntary commitment and immediately report the discharge to the court. Otherwise,
653 the court shall immediately appoint two designated examiners and proceed under Subsections
654 (8) through (14).

655 (c) The local mental health authority or its designee responsible for the care of a patient
656 under an order of commitment for an indeterminate period shall, at six-month intervals,
657 reexamine the reasons upon which the order of indeterminate commitment was based. If the
658 local mental health authority or its designee determines that the conditions justifying that
659 commitment no longer exist, that local mental health authority or its designee shall discharge
660 the patient from its custody and immediately report the discharge to the court. If the local
661 mental health authority or its designee determines that the conditions justifying that
662 commitment continue to exist, the local mental health authority or its designee shall send a
663 written report of those findings to the court. The patient and the patient's counsel of record
664 shall be notified in writing that the involuntary commitment will be continued, the reasons for
665 that decision, and that the patient has the right to a review hearing by making a request to the
666 court. Upon receiving the request, the court shall immediately appoint two designated
667 examiners and proceed under Subsections (8) through (14).

668 (18) Any patient committed as a result of an original hearing or a patient's legally
669 designated representative who is aggrieved by the findings, conclusions, and order of the court
670 entered in the original hearing has the right to a new hearing upon a petition filed with the court
671 within 30 days of the entry of the court order. The petition must allege error or mistake in the
672 findings, in which case the court shall appoint three impartial designated examiners previously
673 unrelated to the case to conduct an additional examination of the patient. The new hearing
674 shall, in all other respects, be conducted in the manner otherwise permitted.

675 (19) Costs of all proceedings under this section shall be paid by the county in which the
676 proposed patient resides or is found.

677 Section 8. Section **62A-15-703** is amended to read:

678 **62A-15-703. Residential and inpatient settings -- Commitment proceeding --**

679 **Child in physical custody of local mental health authority.**

680 (1) A child may receive services from a local mental health authority in an inpatient or
681 residential setting only after a commitment proceeding, for the purpose of transferring physical
682 custody, has been conducted in accordance with the requirements of this section.

683 (2) That commitment proceeding shall be initiated by a petition for commitment, and
684 shall be a careful, diagnostic inquiry, conducted by a neutral and detached fact finder, pursuant
685 to the procedures and requirements of this section. If the findings described in Subsection (4)
686 exist, the proceeding shall result in the transfer of physical custody to the appropriate local
687 mental health authority, and the child may be placed in an inpatient or residential setting.

688 (3) The neutral and detached fact finder who conducts the inquiry:

689 (a) shall be a designated examiner, as defined in Section 62A-15-602; and

690 (b) may not profit, financially or otherwise, from the commitment or physical
691 placement of the child in that setting.

692 (4) Upon determination by a fact finder that the following circumstances clearly exist,
693 the fact finder may order that the child be committed to the physical custody of a local mental
694 health authority:

695 (a) the child has a mental illness, as defined in [Subsection] Section 62A-15-602~~(13)~~;

696 (b) the child demonstrates a reasonable fear of the risk of substantial danger to self or
697 others;

698 (c) the child will benefit from care and treatment by the local mental health authority;

699 and

700 (d) there is no appropriate less-restrictive alternative.

701 (5) (a) The commitment proceeding before the neutral and detached fact finder shall be
702 conducted in as informal manner as possible and in a physical setting that is not likely to have a
703 harmful effect on the child.

704 (b) The child, the child's parent or legal guardian, the petitioner, and a representative of
705 the appropriate local mental health authority:

706 (i) shall receive informal notice of the date and time of the proceeding; and

707 (ii) may appear and address the petition for commitment.

708 (c) The neutral and detached fact finder may, in the fact finder's discretion, receive the
709 testimony of any other person.

710 (d) The fact finder may allow a child to waive the child's right to be present at the
711 commitment proceeding, for good cause shown. If that right is waived, the purpose of the
712 waiver shall be made a matter of record at the proceeding.

713 (e) At the time of the commitment proceeding, the appropriate local mental health
714 authority, its designee, or the psychiatrist who has been in charge of the child's care prior to the
715 commitment proceeding, shall provide the neutral and detached fact finder with the following
716 information, as it relates to the period of current admission:

- 717 (i) the petition for commitment;
- 718 (ii) the admission notes;
- 719 (iii) the child's diagnosis;
- 720 (iv) physicians' orders;
- 721 (v) progress notes;
- 722 (vi) nursing notes; and
- 723 (vii) medication records.

724 (f) The information described in Subsection (5)(e) shall also be provided to the child's
725 parent or legal guardian upon written request.

726 (g) (i) The neutral and detached fact finder's decision of commitment shall state the
727 duration of the commitment. Any commitment to the physical custody of a local mental health
728 authority may not exceed 180 days. Prior to expiration of the commitment, and if further
729 commitment is sought, a hearing shall be conducted in the same manner as the initial
730 commitment proceeding, in accordance with the requirements of this section.

731 (ii) At the conclusion of the hearing and subsequently in writing, when a decision for
732 commitment is made, the neutral and detached fact finder shall inform the child and the child's
733 parent or legal guardian of that decision and of the reasons for ordering commitment.

734 (iii) The neutral and detached fact finder shall state in writing the basis of the decision,
735 with specific reference to each of the criteria described in Subsection (4), as a matter of record.

736 (6) A child may be temporarily committed for a maximum of 72 hours, excluding
737 Saturdays, Sundays, and legal holidays, to the physical custody of a local mental health
738 authority in accordance with the procedures described in Section [62A-15-629](#) and upon
739 satisfaction of the risk factors described in Subsection (4). A child who is temporarily
740 committed shall be released at the expiration of the 72 hours unless the procedures and findings

741 required by this section for the commitment of a child are satisfied.

742 (7) A local mental health authority shall have physical custody of each child committed
743 to it under this section. The parent or legal guardian of a child committed to the physical
744 custody of a local mental health authority under this section, retains legal custody of the child,
745 unless legal custody has been otherwise modified by a court of competent jurisdiction. In cases
746 when the Division of Child and Family Services or the Division of Juvenile Justice Services
747 has legal custody of a child, that division shall retain legal custody for purposes of this part.

748 (8) The cost of caring for and maintaining a child in the physical custody of a local
749 mental health authority shall be assessed to and paid by the child's parents, according to their
750 ability to pay. For purposes of this section, the Division of Child and Family Services or the
751 Division of Juvenile Justice Services shall be financially responsible, in addition to the child's
752 parents, if the child is in the legal custody of either of those divisions at the time the child is
753 committed to the physical custody of a local mental health authority under this section, unless
754 Medicaid regulation or contract provisions specify otherwise. The Office of Recovery Services
755 shall assist those divisions in collecting the costs assessed pursuant to this section.

756 (9) Whenever application is made for commitment of a minor to a local mental health
757 authority under any provision of this section by a person other than the child's parent or
758 guardian, the local mental health authority or its designee shall notify the child's parent or
759 guardian. The parents shall be provided sufficient time to prepare and appear at any scheduled
760 proceeding.

761 (10) (a) Each child committed pursuant to this section is entitled to an appeal within 30
762 days after any order for commitment. The appeal may be brought on the child's own petition or
763 on petition of the child's parent or legal guardian, to the juvenile court in the district where the
764 child resides or is currently physically located. With regard to a child in the custody of the
765 Division of Child and Family Services or the Division of Juvenile Justice Services, the attorney
766 general's office shall handle the appeal, otherwise the appropriate county attorney's office is
767 responsible for appeals brought pursuant to this Subsection (10)(a).

768 (b) Upon receipt of the petition for appeal, the court shall appoint a designated
769 examiner previously unrelated to the case, to conduct an examination of the child in accordance
770 with the criteria described in Subsection (4), and file a written report with the court. The court
771 shall then conduct an appeal hearing to determine whether the findings described in Subsection

772 (4) exist by clear and convincing evidence.

773 (c) Prior to the time of the appeal hearing, the appropriate local mental health authority,
774 its designee, or the mental health professional who has been in charge of the child's care prior
775 to commitment, shall provide the court and the designated examiner for the appeal hearing with
776 the following information, as it relates to the period of current admission:

777 (i) the original petition for commitment;

778 (ii) admission notes;

779 (iii) diagnosis;

780 (iv) physicians' orders;

781 (v) progress notes;

782 (vi) nursing notes; and

783 (vii) medication records.

784 (d) Both the neutral and detached fact finder and the designated examiner appointed for
785 the appeal hearing shall be provided with an opportunity to review the most current
786 information described in Subsection (10)(c) prior to the appeal hearing.

787 (e) The child, the child's parent or legal guardian, the person who submitted the
788 original petition for commitment, and a representative of the appropriate local mental health
789 authority shall be notified by the court of the date and time of the appeal hearing. Those
790 persons shall be afforded an opportunity to appear at the hearing. In reaching its decision, the
791 court shall review the record and findings of the neutral and detached fact finder, the report of
792 the designated examiner appointed pursuant to Subsection (10)(b), and may, in its discretion,
793 allow or require the testimony of the neutral and detached fact finder, the designated examiner,
794 the child, the child's parent or legal guardian, the person who brought the initial petition for
795 commitment, or any other person whose testimony the court deems relevant. The court may
796 allow the child to waive the right to appear at the appeal hearing, for good cause shown. If that
797 waiver is granted, the purpose shall be made a part of the court's record.

798 (11) Each local mental health authority has an affirmative duty to conduct periodic
799 evaluations of the mental health and treatment progress of every child committed to its physical
800 custody under this section, and to release any child who has sufficiently improved so that the
801 criteria justifying commitment no longer exist.

802 (12) (a) A local mental health authority or its designee, in conjunction with the child's

803 current treating mental health professional may release an improved child to a less restrictive
804 environment, as they determine appropriate. Whenever the local mental health authority or its
805 designee, and the child's current treating mental health professional, determine that the
806 conditions justifying commitment no longer exist, the child shall be discharged and released to
807 the child's parent or legal guardian. With regard to a child who is in the physical custody of the
808 State Hospital, the treating psychiatrist or clinical director of the State Hospital shall be the
809 child's current treating mental health professional.

810 (b) A local mental health authority or its designee, in conjunction with the child's
811 current treating mental health professional, is authorized to issue a written order for the
812 immediate placement of a child not previously released from an order of commitment into a
813 more restrictive environment, if the local authority or its designee and the child's current
814 treating mental health professional has reason to believe that the less restrictive environment in
815 which the child has been placed is exacerbating the child's mental illness, or increasing the risk
816 of harm to self or others.

817 (c) The written order described in Subsection (12)(b) shall include the reasons for
818 placement in a more restrictive environment and shall authorize any peace officer to take the
819 child into physical custody and transport the child to a facility designated by the appropriate
820 local mental health authority in conjunction with the child's current treating mental health
821 professional. Prior to admission to the more restrictive environment, copies of the order shall
822 be personally delivered to the child, the child's parent or legal guardian, the administrator of the
823 more restrictive environment, or the administrator's designee, and the child's former treatment
824 provider or facility.

825 (d) If the child has been in a less restrictive environment for more than 30 days and is
826 aggrieved by the change to a more restrictive environment, the child or the child's
827 representative may request a review within 30 days of the change, by a neutral and detached
828 fact finder as described in Subsection (3). The fact finder shall determine whether:

829 (i) the less restrictive environment in which the child has been placed is exacerbating
830 the child's mental illness or increasing the risk of harm to self or others; or

831 (ii) the less restrictive environment in which the child has been placed is not
832 exacerbating the child's mental illness or increasing the risk of harm to self or others, in which
833 case the fact finder shall designate that the child remain in the less restrictive environment.

834 (e) Nothing in this section prevents a local mental health authority or its designee, in
835 conjunction with the child's current mental health professional, from discharging a child from
836 commitment or from placing a child in an environment that is less restrictive than that
837 designated by the neutral and detached fact finder.

838 (13) Each local mental health authority or its designee, in conjunction with the child's
839 current treating mental health professional shall discharge any child who, in the opinion of that
840 local authority, or its designee, and the child's current treating mental health professional, no
841 longer meets the criteria specified in Subsection (4), except as provided by Section [78A-6-120](#).
842 The local authority and the mental health professional shall assure that any further supportive
843 services required to meet the child's needs upon release will be provided.

844 (14) Even though a child has been committed to the physical custody of a local mental
845 health authority under this section, the child is still entitled to additional due process
846 proceedings, in accordance with Section [62A-15-704](#), before any treatment that may affect a
847 constitutionally protected liberty or privacy interest is administered. Those treatments include,
848 but are not limited to, antipsychotic medication, electroshock therapy, and psychosurgery.