

SENATE BILL NO. 430

INTRODUCED BY J. ESP

A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING LAWS RELATED TO THE CIVIL COMMITMENT AND EMERGENCY DETENTION OF MENTALLY ILL PERSONS; ESTABLISHING CONDITIONS THAT MUST BE MET BEFORE TRANSPORTING OR TRANSFERRING A PERSON TO THE MONTANA STATE HOSPITAL; REVISING WHAT ACTIONS OR OMISSIONS ARE CONTEMPT; SUPERSEDING THE UNFUNDED MANDATE LAWS; AMENDING SECTIONS 3-1-501, 3-10-402, 3-11-303, 53-21-102, 53-21-127, 53-21-129, 53-21-181, AND 53-21-193, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 3-1-501, MCA, is amended to read:

"3-1-501. What acts or omissions are contempts -- civil and criminal contempt. (1) The following acts or omissions in respect to a court of justice or proceedings in a court of justice are contempts of the authority of the court:

(a) disorderly, contemptuous, or insolent behavior toward the judge while holding the court tending to interrupt the due course of a trial or other judicial proceeding;

(b) a breach of the peace, boisterous conduct, or violent disturbance tending to interrupt the due course of a trial or other judicial proceeding;

(c) misbehavior in office or other willful neglect or violation of duty by an attorney, counsel, clerk, sheriff, coroner, or other person appointed or elected to perform a judicial or ministerial service;

(d) deceit or abuse of the process or proceedings of the court by a party to an action or special proceeding;

(e) disobedience of any lawful judgment, order, or process of the court;

(f) assuming to be an officer, attorney, or counsel of a court and acting as that individual without authority;

(g) rescuing any person or property in the custody of an officer by virtue of an order or process of the court;

(h) unlawfully detaining a witness or party to an action while going to, remaining at, or returning from the court where the action is on the calendar for trial;

(i) any other unlawful interference with the process or proceedings of a court;

(j) disobedience of a subpoena duly served or refusing to be sworn or answer as a witness;

(k) when summoned as a juror in a court, neglecting to attend or serve as a juror or improperly conversing with a party to an action to be tried at the court or with any other person in relation to the merits of the action or receiving a communication from a party or other person in respect to it without immediately disclosing the communication to the court;

(l) disobedience by a lower tribunal, magistrate, or officer of the lawful judgment, order, or process of a superior court or proceeding in an action or special proceeding contrary to law after the action or special proceeding is removed from the jurisdiction of the lower tribunal, magistrate, or officer.

(2) Disobedience of the lawful orders or process of a judicial officer is also a contempt of the authority of the officer.

(3) Refusal or inability to admit a defendant, respondent, patient, or person who has been ordered to be committed, transferred, transported, or sentenced to or directed to be detained at the Montana state hospital or the custody of the director of the department of public health and human services related to a civil or criminal proceeding is not contempt if:

(a) a bed is not available for the defendant, respondent, patient, or person;

(b) admission of the defendant, respondent, patient, or person will cause the census at the hospital to exceed its licensed capacity; or

(c) the information and records requested by the department or hospital are not received, including:

(i) physical and psychiatric health information sufficient to:

(A) evaluate the immediate treatment needs and appropriate placement of the defendant, respondent, patient, or person, including the availability of less restrictive medically appropriate facilities; and

(B) coordinate care with the professional person, county attorney, court, or the person or entity

1 transporting the respondent during the admission process;

2 (ii) documentation of legal authority to admit the respondent or patient; and

3 (iii) other information and records as required by administrative rule.

4 ~~(3)~~(4) A contempt may be either civil or criminal. A contempt is civil if the sanction imposed seeks to
5 force the contemnor's compliance with a court order. A contempt is criminal if the court's purpose in imposing
6 the penalty is to punish the contemnor for a specific act and to vindicate the authority of the court. If the penalty
7 imposed is incarceration, a fine, or both, the contempt is civil if the contemnor can end the incarceration or
8 avoid the fine by complying with a court order and is criminal if the contemnor cannot end the incarceration or
9 avoid the fine by complying with a court order. If the court's purpose in imposing the sanction is to attempt to
10 compel the contemnor's performance of an act, the court shall impose the sanction under 3-1-520 and may not
11 impose a sanction under 45-7-309.

12 ~~(4)~~(5) A person may be found guilty of and penalized for criminal contempt by proof beyond a
13 reasonable doubt. The procedures provided in Title 46 apply to criminal contempt prosecutions, except those
14 under 3-1-511."
15

16 **Section 2.** Section 3-10-402, MCA, is amended to read:

17 **"3-10-402. Proceedings.** When a contempt is committed, whether or not it is in the immediate view
18 and presence of the justice, the procedures contained in ~~3-1-501(3)~~ 3-1-501(4) and ~~(4)~~ (5), 3-1-511 through 3-
19 1-518, and 3-1-520 through 3-1-523 apply."
20

21 **Section 3.** Section 3-11-303, MCA, is amended to read:

22 **"3-11-303. Contempts city judge may punish for -- procedure.** (1) A city judge may punish for
23 contempt persons guilty of only the following acts:

24 (a) disorderly, contemptuous, or insolent behavior toward the judge while holding the court tending
25 to interrupt the due course of a trial or other judicial proceeding;

26 (b) a breach of the peace, boisterous conduct, or violent disturbance in the presence of the judge
27 or in the immediate vicinity of the court held by the judge tending to interrupt the due course of a trial or other
28 judicial proceeding;

1 (c) disobedience or resistance to the execution of a lawful order or process made or issued by the
2 judge;

3 (d) disobedience to a subpoena served or refusal to be sworn or to answer as a witness;

4 (e) rescuing any person or property in the custody of an officer by virtue of an order or process of
5 the court.

6 (2) The procedures contained in ~~3-1-501(3)~~ 3-1-501(4) and ~~(4) (5)~~, 3-1-511 through 3-1-518, and
7 3-1-520 through 3-1-523 apply."

8

9 **Section 4.** Section 53-21-102, MCA, is amended to read:

10 **"53-21-102. Definitions.** As used in this chapter, the following definitions apply:

11 (1) "Abuse" means any willful, negligent, or reckless mental, physical, sexual, or verbal
12 mistreatment or maltreatment or misappropriation of personal property of any person receiving treatment in a
13 mental health facility that insults the psychosocial, physical, or sexual integrity of any person receiving
14 treatment in a mental health facility.

15 (2) "Behavioral health inpatient facility" means a facility or a distinct part of a facility of 16 beds or
16 less licensed by the department that is capable of providing secure, inpatient psychiatric services, including
17 services to persons with mental illness and co-occurring chemical dependency.

18 (3) "Board" or "mental disabilities board of visitors" means the mental disabilities board of visitors
19 created by 2-15-211.

20 (4) "Commitment" means an order by a court requiring an individual to receive treatment for a
21 mental disorder.

22 (5) "Community facility" means a facility that provides psychiatric or chemical dependency
23 evaluation, treatment, and short-term habilitation of persons with a mental illness or disorder in a community
24 setting and that provides any of the following:

25 (a) case management services;

26 (b) medication;

27 (c) stabilizing treatment;

28 (d) short-term inpatient treatment;

1 (e) chemical dependency treatment; or

2 (f) assertive community treatment.

3 ~~(5)(6)~~ "Court" means any district court of the state of Montana.

4 ~~(6)(7)~~ "Department" means the department of public health and human services provided for in 2-15-
5 2201.

6 ~~(7)(8)~~ "Emergency situation" means either:

7 (a) a situation in which any person is ~~in imminent danger of death or bodily harm from the activity~~
8 ~~of a person who appears to be suffering from a mental disorder and appears to require commitment~~ appears:

9 (i) to be, due to a mental disorder and due to the person's conduct, in imminent danger of death or
10 harm to the person's self or another; and

11 (ii) to require commitment; or

12 (b) a situation in which any person who appears to be suffering from a mental disorder and
13 appears to require commitment is substantially unable to provide for the person's own basic needs of food,
14 clothing, shelter, health, or safety and:

15 (i) the situation presents a danger of death or bodily injury to the person's self or another; or

16 (ii) the situation reflects a consistent and pervasive history of being unable to provide for the
17 person's own basic needs of food, clothing, shelter, health, or safety.

18 ~~(8)(9)~~ "Friend of respondent" means any person willing and able to assist a person suffering from a
19 mental disorder and requiring commitment or a person alleged to be suffering from a mental disorder and
20 requiring commitment in dealing with legal proceedings, including consultation with legal counsel and others.

21 ~~(9)(10)~~ (a) "Mental disorder" or "mental illness" means any organic, mental, or emotional impairment
22 that has substantial adverse effects on an individual's cognitive or volitional functions.

23 (b) The term does not include:

24 (i) addiction to drugs or alcohol;

25 (ii) drug or alcohol intoxication;

26 (iii) intellectual disability; or

27 (iv) epilepsy.

28 (c) A mental disorder may co-occur with addiction or chemical dependency.

1 ~~(10)~~(11)"Mental health facility" or "facility" means the state hospital, the Montana mental health nursing
2 care center, or a hospital, a behavioral health inpatient facility, a community facility, a category D assisted living
3 facility, a community program, an appropriate course of inpatient treatment, a mental health center, a residential
4 treatment facility, or a residential treatment center licensed or certified by the department that provides
5 treatment to children or adults with a mental disorder. A correctional institution or facility or jail is not a mental
6 health facility within the meaning of this part.

7 ~~(11)~~(12)"Mental health professional" means:

- 8 (a) a certified professional person;
9 (b) a physician licensed under Title 37, chapter 3;
10 (c) a clinical professional counselor licensed under Title 37, chapter 39;
11 (d) a psychologist licensed under Title 37, chapter 17;
12 (e) a clinical social worker licensed under Title 37, chapter 39;
13 (f) an advanced practice registered nurse, as provided for in 37-8-202, with a clinical specialty in
14 psychiatric mental health nursing;
15 (g) a physician assistant licensed under Title 37, chapter 20, with a clinical specialty in psychiatric
16 mental health; or
17 (h) a marriage and family therapist licensed under Title 37, chapter 39.

18 ~~(12)~~(13)(a) "Neglect" means failure to provide for the biological and psychosocial needs of any person
19 receiving treatment in a mental health facility, failure to report abuse, or failure to exercise supervisory
20 responsibilities to protect patients from abuse and neglect.

- 21 (b) The term includes but is not limited to:
22 (i) deprivation of food, shelter, appropriate clothing, nursing care, or other services;
23 (ii) failure to follow a prescribed plan of care and treatment; or
24 (iii) failure to respond to a person in an emergency situation by indifference, carelessness, or
25 intention.

26 ~~(13)~~(14)"Next of kin" includes but is not limited to the spouse, parents, adult children, and adult brothers
27 and sisters of a person.

28 ~~(14)~~(15)"Patient" means a person civilly committed by the court for treatment for any period of time or

1 who is voluntarily admitted for treatment for any period of time.

2 ~~(15)(16)~~"Peace officer" means any sheriff, deputy sheriff, marshal, police officer, or other peace officer.

3 ~~(16)(17)~~"Professional person" means:

4 (a) a medical doctor;

5 (b) an advanced practice registered nurse, as provided for in 37-8-202, with a clinical specialty in
6 psychiatric mental health nursing;

7 (c) a licensed psychologist;

8 (d) a physician assistant licensed under Title 37, chapter 20, with a clinical specialty in psychiatric
9 mental health; or

10 (e) a person who has been certified, as provided for in 53-21-106, by the department.

11 ~~(17)(18)~~"Reasonable medical certainty" means reasonable certainty as judged by the standards of a
12 professional person.

13 ~~(18)(19)~~"Respondent" means a person alleged in a petition filed pursuant to this part to be suffering
14 from a mental disorder and requiring commitment.

15 ~~(20)~~ "Short term" means a period of not more than 6 months.

16 ~~(19)(21)~~"State hospital" means the Montana state hospital."
17

18 **Section 5.** Section 53-21-127, MCA, is amended to read:

19 **"53-21-127. (Temporary) Posttrial disposition.** (1) If, upon trial, it is determined that the respondent
20 is not suffering from a mental disorder or does not require commitment within the meaning of this part, the
21 respondent must be discharged and the petition dismissed.

22 (2) If it is determined that the respondent is suffering from a mental disorder and requires
23 commitment within the meaning of this part, the court shall hold a posttrial disposition hearing. The disposition
24 hearing must be held within 5 days (including Saturdays, Sundays, and holidays unless the fifth day falls on a
25 Saturday, Sunday, or holiday), during which time the court may order further evaluation and treatment of the
26 respondent.

27 (3) (a) At the conclusion of the disposition hearing and pursuant to the provisions in subsection (7),
28 the court shall:

1 ~~(a)(i)~~ subject to the provisions of 53-21-193, commit the respondent to the state hospital or to a
2 behavioral health inpatient facility for a period of not more than 3 months;

3 ~~(b)(ii)~~ commit the respondent to a community facility, which may include a category D assisted living
4 facility, or a community program or to any appropriate course of treatment, which may include housing or
5 residential requirements or conditions as provided in 53-21-149, for a period of:

6 ~~(i)(A)~~ not more than 3 months; or

7 ~~(ii)(B)~~ not more than 6 months in order to provide the respondent with a less restrictive commitment in
8 the community rather than a more restrictive placement in the state hospital if a respondent has been
9 previously involuntarily committed for inpatient treatment in a mental health facility and the court determines
10 that the admission of evidence of the previous involuntary commitment is relevant to the criterion of
11 predictability, as provided in 53-21-126(1)(d), and outweighs the prejudicial effect of its admission, as provided
12 in 53-21-190; or

13 ~~(c)(ii)~~ commit the respondent to the Montana mental health nursing care center for a period of not
14 more than 3 months if the following conditions are met:

15 ~~(i)(A)~~ the respondent meets the admission criteria of the center as described in 53-21-411 and
16 established in administrative rules of the department; and

17 ~~(ii)(B)~~ the superintendent of the center has issued a written authorization specifying a date and time
18 for admission.

19 ~~(b)~~ The court may not commit the respondent to a private mental health facility or hospital without
20 the express consent of the facility or hospital.

21 (4) Except as provided in subsection ~~(3)(b)(ii)~~ ~~(3)(a)(ii)(A)~~, a treatment ordered pursuant to this
22 section may not affect the respondent's custody or course of treatment for a period of more than 3 months.

23 (5) In determining which of the alternatives in subsection (3) to order, the court shall choose the
24 least restrictive alternatives necessary to protect the respondent and the public and to permit effective
25 treatment.

26 (6) The court may authorize the chief medical officer of a facility or a physician designated by the
27 court to administer appropriate medication involuntarily if the court finds that involuntary medication is
28 necessary to protect the respondent or the public or to facilitate effective treatment. Medication may not be

1 involuntarily administered to a patient unless the chief medical officer of the facility or a physician designated by
2 the court approves it prior to the beginning of the involuntary administration and unless, if possible, a
3 medication review committee reviews it prior to the beginning of the involuntary administration or, if prior review
4 is not possible, within 5 working days after the beginning of the involuntary administration. The medication
5 review committee must include at least one person who is not an employee of the facility or program. The
6 patient and the patient's attorney or advocate, if the patient has one, must receive adequate written notice of
7 the date, time, and place of the review and must be allowed to appear and give testimony and evidence. The
8 involuntary administration of medication must be again reviewed by the committee 14 days and 90 days after
9 the beginning of the involuntary administration if medication is still being involuntarily administered. The mental
10 disabilities board of visitors and the director of the department of public health and human services must be
11 fully informed of the matter within 5 working days after the beginning of the involuntary administration. The
12 director shall report to the governor on an annual basis.

13 (7) Satisfaction of any one of the criteria listed in 53-21-126(1) justifies commitment pursuant to
14 this chapter. However, if the court relies solely ~~upon~~ on any of the criterion criteria provided in 53-21-126(1)(d),
15 the court may require commitment only to a community facility, which may include a category D assisted living
16 facility, or a program or an appropriate course of treatment, as provided in subsection ~~(3)(b)~~ (3)(a)(ii), and may
17 not require commitment at the state hospital, a behavioral health inpatient facility, or the Montana mental health
18 nursing care center.

19 (8) In ordering commitment pursuant to this section, the court shall attest that the court has not
20 relied solely on the criteria provided in 53-21-126(1)(d) and shall make the following findings of fact:

21 (a) a detailed statement of the facts upon which the court found the respondent to be suffering
22 from a mental disorder and requiring commitment;

23 (b) the alternatives for treatment that were considered;

24 (c) the alternatives available for treatment of the respondent;

25 (d) the reason that any treatment alternatives were determined to be unsuitable for the
26 respondent;

27 (e) the name of the facility, program, or individual to be responsible for the management and
28 supervision of the respondent's treatment;

1 (f) if the order includes a requirement for inpatient treatment, the reason inpatient treatment was
2 chosen from among other alternatives;

3 (g) if the order commits the respondent to the Montana mental health nursing care center, a finding
4 that the respondent meets the admission criteria of the center and that the superintendent of the center has
5 issued a written authorization specifying a date and time for admission;

6 (h) if the order provides for an evaluation to determine eligibility for entering a category D assisted
7 living facility, a finding that indicates whether:

8 (i) the respondent meets the admission criteria;

9 (ii) there is availability in a category D assisted living facility; and

10 (iii) a category D assisted living facility is the least restrictive environment because the respondent
11 is unlikely to benefit from involuntary commitment to facilities with more intensive treatment; and

12 (i) if the order includes involuntary medication, the reason involuntary medication was chosen
13 from among other alternatives.

14 (9) Any mental health evaluation report of a professional person who evaluated the respondent or
15 patient in connection with the commitment must be filed under seal at the time of the filing of the court's order
16 but must be made available to the mental health facility to which the respondent or patient is committed.

17 (10) A court may not order the transfer or transport of a respondent or patient to the Montana state
18 hospital until the hospital has confirmed in writing that:

19 (a) a bed is available for the respondent or patient;

20 (b) admission of the respondent or patient will not cause the census at the hospital to exceed its
21 licensed bed capacity; and

22 (c) the information and records requested by the hospital are received, including:

23 (i) physical and psychiatric health information sufficient to:

24 (A) evaluate the immediate treatment needs and appropriate placement of the respondent or
25 patient, including the availability of less restrictive medically appropriate facilities; and

26 (B) coordinate care with the professional person, county attorney, court, or the person or entity
27 transporting the respondent during the admission process;

28 (ii) documentation of legal authority to admit the respondent or patient; and

1 (iii) other information and records as required by administrative rule.

2 (11) A respondent or patient may not be transported to the Montana state hospital until the
3 requirements of subsection (10) are fulfilled.

4 (12) The Montana state hospital may refuse to admit into its custody a respondent or patient who
5 has been ordered to be transferred or transported to the hospital until:

6 (a) a bed is available for the respondent or patient;

7 (b) admission of the respondent or patient will not cause the census at the hospital to exceed its
8 licensed bed capacity;

9 (c) admission will not cause the hospital to violate any law, rule, or certification or licensing
10 provision; and

11 (d) the information and records requested by the hospital under subsection (10)(c) are received by
12 the hospital.

13 **53-21-127. (Effective July 1, 2025) Posttrial disposition.** (1) A respondent must be discharged and
14 the petition dismissed if, upon trial, it is determined that the respondent:

15 (a) is not suffering from a mental disorder;

16 (b) does not require commitment within the meaning of this part; or

17 (c) is suffering from a mental disorder but the respondent's primary diagnosis is Alzheimer's
18 disease, other forms of dementia, or traumatic brain injury and the respondent meets only the commitment
19 criteria outlined in 53-21-126(1)(a) or (1)(d)(i)(B).

20 (2) If it is determined that the respondent is suffering from a mental disorder and requires
21 commitment within the meaning of this part, the court shall hold a posttrial disposition hearing. The disposition
22 hearing must be held within 5 days (including Saturdays, Sundays, and holidays unless the fifth day falls on a
23 Saturday, Sunday, or holiday), during which time the court may order further evaluation and treatment of the
24 respondent.

25 (3) (a) At the conclusion of the disposition hearing and pursuant to the provisions in subsection (7),
26 the court shall:

27 ~~(a)~~ (i) subject to the provisions of 53-21-193, commit the respondent to the state hospital or to a
28 behavioral health inpatient facility for a period of not more than 3 months;

1 ~~(b)~~(ii) commit the respondent to a community facility, which may include a category D assisted living
2 facility, or a community program or to any appropriate course of treatment, which may include housing or
3 residential requirements or conditions as provided in 53-21-149, for a period of:

4 ~~(i)~~(A) not more than 3 months; or

5 ~~(ii)~~(B) not more than 6 months in order to provide the respondent with a less restrictive commitment in
6 the community rather than a more restrictive placement in the state hospital if a respondent has been
7 previously involuntarily committed for inpatient treatment in a mental health facility and the court determines
8 that the admission of evidence of the previous involuntary commitment is relevant to the criterion of
9 predictability, as provided in 53-21-126(1)(d), and outweighs the prejudicial effect of its admission, as provided
10 in 53-21-190; or

11 ~~(c)~~(iii) commit the respondent to the Montana mental health nursing care center for a period of not
12 more than 3 months if the following conditions are met:

13 ~~(i)~~(A) the respondent meets the admission criteria of the center as described in 53-21-411 and
14 established in administrative rules of the department; and

15 ~~(ii)~~(B) the superintendent of the center has issued a written authorization specifying a date and time
16 for admission.

17 (b) The court may not commit the respondent to a private mental health facility or hospital without
18 the express consent of the facility or hospital.

19 (4) Except as provided in subsection ~~(3)~~(b)(ii) (3)(a)(ii), a treatment ordered pursuant to this section
20 may not affect the respondent's custody or course of treatment for a period of more than 3 months.

21 (5) In determining which of the alternatives in subsection (3) to order, the court shall choose the
22 least restrictive alternatives necessary to protect the respondent and the public and to permit effective
23 treatment.

24 (6) The court may authorize the chief medical officer of a facility or a physician designated by the
25 court to administer appropriate medication involuntarily if the court finds that involuntary medication is
26 necessary to protect the respondent or the public or to facilitate effective treatment. Medication may not be
27 involuntarily administered to a patient unless the chief medical officer of the facility or a physician designated by
28 the court approves it prior to the beginning of the involuntary administration and unless, if possible, a

1 medication review committee reviews it prior to the beginning of the involuntary administration or, if prior review
2 is not possible, within 5 working days after the beginning of the involuntary administration. The medication
3 review committee must include at least one person who is not an employee of the facility or program. The
4 patient and the patient's attorney or advocate, if the patient has one, must receive adequate written notice of
5 the date, time, and place of the review and must be allowed to appear and give testimony and evidence. The
6 involuntary administration of medication must be again reviewed by the committee 14 days and 90 days after
7 the beginning of the involuntary administration if medication is still being involuntarily administered. The mental
8 disabilities board of visitors and the director of the department of public health and human services must be
9 fully informed of the matter within 5 working days after the beginning of the involuntary administration. The
10 director shall report to the governor on an annual basis.

11 (7) Except as provided in 53-21-126(7), satisfaction of any one of the criteria listed in 53-21-126(1)
12 justifies commitment pursuant to this chapter. However, if the court relies solely on any of the criterion criteria
13 provided in 53-21-126(1)(d), the court may require commitment only to a community facility, which may include
14 a category D assisted living facility, or a program or an appropriate course of treatment, as provided in
15 subsection ~~(3)(b)~~ (3)(a)(ii), and may not require commitment at the state hospital, a behavioral health inpatient
16 facility, or the Montana mental health nursing care center.

17 (8) In ordering commitment pursuant to this section, the court shall attest that the court has not
18 relied solely on the criteria provided in 53-21-126(1)(d) and shall make the following findings of fact:

19 (a) a detailed statement of the facts upon which the court found the respondent to be suffering
20 from a mental disorder and requiring commitment;

21 (b) the alternatives for treatment that were considered;

22 (c) the alternatives available for treatment of the respondent;

23 (d) the reason that any treatment alternatives were determined to be unsuitable for the
24 respondent;

25 (e) the name of the facility, program, or individual to be responsible for the management and
26 supervision of the respondent's treatment;

27 (f) if the order includes a requirement for inpatient treatment, the reason inpatient treatment was
28 chosen from among other alternatives;

1 (g) if the order commits the respondent to the Montana mental health nursing care center, a finding
2 that the respondent meets the admission criteria of the center and that the superintendent of the center has
3 issued a written authorization specifying a date and time for admission;

4 (h) if the order provides for an evaluation to determine eligibility for entering a category D assisted
5 living facility, a finding that indicates whether:

6 (i) the respondent meets the admission criteria;

7 (ii) there is availability in a category D assisted living facility; and

8 (iii) a category D assisted living facility is the least restrictive environment because the respondent
9 is unlikely to benefit from involuntary commitment to facilities with more intensive treatment; and

10 (i) if the order includes involuntary medication, the reason involuntary medication was chosen
11 from among other alternatives;

12 (9) Any mental health evaluation report of a professional person who evaluated the respondent or
13 patient in connection with the commitment must be filed under seal at the time of the filing of the court's order
14 but must be made available to the mental health facility to which the respondent or patient is committed.

15 (10) A court may not order the transfer or transport of a respondent or patient to the Montana state
16 hospital until the hospital has confirmed in writing that:

17 (a) a bed is available for the respondent or patient;

18 (b) admission of the respondent or patient will not cause the census at the hospital to exceed its
19 licensed bed capacity; and

20 (c) the information and records requested by the hospital are received, including:

21 (i) physical and psychiatric health information sufficient to:

22 (A) evaluate the immediate treatment needs and appropriate placement of the respondent or
23 patient, including the availability of less restrictive medically appropriate facilities; and

24 (B) coordinate care with the professional person, county attorney, court, or the person or entity
25 transporting the respondent during the admission process;

26 (ii) documentation of legal authority to admit the respondent or patient; and

27 (iii) other information and records as required by administrative rule.

28 (11) A respondent or patient may not be transported to the Montana state hospital until the

1 requirements of subsection (10) are fulfilled.

2 (12) The Montana state hospital may refuse to admit into its custody a respondent or patient who
3 has been ordered to be transferred or transported to the hospital until:

4 (a) a bed is available for the respondent or patient;

5 (b) admission of the respondent or patient will not cause the census at the hospital to exceed its
6 licensed bed capacity;

7 (c) admission will not cause the hospital to violate any law, rule, or certification or licensing
8 provision; and

9 (d) the information and records requested by the hospital under subsection (10)(c) are received by
10 the hospital."

11
12 **Section 6.** Section 53-21-129, MCA, is amended to read:

13 **"53-21-129. Emergency situation -- petition -- detention.** (1) When an emergency situation as
14 defined in 53-21-102 exists, a peace officer may take any person who appears to have a mental disorder and to
15 ~~present an imminent danger of death or bodily harm to the person or to others or who appears to have a mental~~
16 ~~disorder and to be substantially unable to provide for the person's own basic needs of food, clothing, shelter,~~
17 ~~health, or safety~~ appears to require commitment into custody only for sufficient time to contact a professional
18 person for emergency evaluation. If possible, a professional person should be called prior to taking the person
19 into custody.

20 (2) If the professional person agrees that the person detained is ~~a danger to the person or to~~
21 ~~others and that~~ in an emergency situation as defined in 53-21-102 exists, then the person may be detained and
22 ~~treated only until the next regular business day the person can be placed at a mental health facility, but no~~
23 ~~greater than 4 days.~~ At that time, the professional person shall release the detained person or file findings with
24 the county attorney, ~~who, if~~ If the county attorney determines probable cause ~~to exist to believe that an~~
25 emergency situation exists, the county attorney shall file the petition provided for in 53-21-121 through 53-21-
26 126 in the county of the respondent's residence. In either case, the professional person shall file a report with
27 the court explaining the professional person's actions.

28 (3) (a) The county attorney of a county may make arrangements with a federal, state, regional, or

1 private mental facility or with a mental health facility in a county for the detention of persons held pursuant to
2 this section. If an arrangement has been made with a facility that does not, at the time of the emergency, have
3 a bed available to detain the person at that facility, the person may be transported to ~~the state hospital or to a~~
4 ~~behavioral health inpatient facility~~ any other mental health facility, subject to 53-21-193 and subsection (4) (5) of
5 this section, for detention and treatment as provided in this part. This determination must be made on an
6 individual basis in each case, and the professional person at the local facility shall certify in writing to the county
7 attorney that the facility does not have adequate room at that time.

8 (b) A person may not be detained at a private mental health facility or hospital without the express
9 consent of the facility or hospital.

10 (4) A person may not be transported to, detained at, or placed in the physical custody of the
11 Montana state hospital unless the facility has confirmed in writing that:

12 (a) a bed is available for the person;

13 (b) admission of the person will not cause the census at the hospital to exceed its licensed bed
14 capacity; and

15 (c) the information and records requested by the hospital are received, including:

16 (i) physical and psychiatric health information sufficient to:

17 (A) evaluate the immediate treatment needs and appropriate placement of the person, including
18 the availability of less restrictive medically appropriate facilities; and

19 (B) coordinate care with the professional person, county attorney, court, or the person or entity
20 transporting the respondent during the admission process;

21 (ii) documentation of legal authority to admit the person; and

22 (iii) other information and records as required by administrative rule.

23 (4)(5) ~~Before a person may be transferred to the state hospital or to a behavioral health inpatient~~
24 ~~facility~~ a mental health facility under this section, the ~~state hospital or the behavioral health inpatient facility~~
25 ~~mental health facility~~ mental health facility must be notified prior to transfer and shall state whether a bed is available for the person.
26 If the professional person determines that a ~~behavioral health inpatient facility~~ mental health facility is the
27 appropriate facility for the emergency detention and a bed is available, the county attorney shall direct the
28 person to the appropriate facility to which the person must be transported for emergency detention.

1 (6) A person may only be placed at the Montana state hospital under this section as a placement
2 of last resort.

3 (7) The Montana state hospital may refuse to admit into its custody a person who has been
4 ordered to be transferred or transported to the hospital until:

5 (a) a bed is available for the person;

6 (b) admission of the person will not cause the census at the hospital to exceed its licensed bed
7 capacity;

8 (c) admission will not cause the hospital to violate any law, rule, or certification or licensing
9 provision; and

10 (d) the information and records requested by the hospital under subsection (4)(c) are received by
11 the hospital."

12
13 **Section 7.** Section 53-21-181, MCA, is amended to read:

14 **"53-21-181. Discharge during or at end of initial commitment period -- patient's right to referral.**

15 (1) (a) At any time within the period of commitment provided for in 53-21-127, the patient may be discharged on
16 the written order of the professional person in charge of the patient without further order of the court.

17 (b) If the patient is not discharged within the period of commitment and if the term is not extended
18 as provided for in 53-21-128, a patient whose commitment was to a facility other than a category D assisted
19 living facility must be discharged by the facility at the end of the period of commitment without further order of
20 the court.

21 (c) A patient who was committed to a category D assisted living facility may be discharged from
22 supervision by the court but may remain as a resident if the category D assisted living facility and the patient
23 agree.

24 (2) Notice of the discharge must be filed with the court and the county attorney at least 5 days prior
25 to the discharge. Failure to comply with the notice requirement may not delay the discharge of the patient. The
26 court may not require that a discharge plan be filed with or approved by the court prior to discharge of the
27 patient.

28 (3) Upon being discharged, each patient has a right to be referred, as appropriate, to other

1 providers of mental health services."

2

3 **Section 8.** Section 53-21-193, MCA, is amended to read:

4 **"53-21-193. Commitment to ~~behavioral health inpatient facilities~~ and transportation to mental**
 5 **health facilities -- preference -- voluntary treatment.** (1) If a respondent is committed to the Montana state
 6 hospital under 53-21-127, or if a person in an emergency situation requires detention under 53-21-129, and a
 7 bed is available at a community facility, a category D assisted living facility, a community program, an
 8 appropriate course of inpatient treatment, or a behavioral health inpatient facility, the professional person shall
 9 inform the county attorney, who shall inform the person who is responsible for transporting the individual as to
 10 the appropriate facility to which the individual is to be transported for admission. The Montana state hospital is
 11 the placement of last resort.

12 (2) If a respondent is committed to, or an individual requires emergency detention in, a community
 13 facility, a category D assisted living facility, a community program, an appropriate course of inpatient treatment,
 14 or a behavioral health inpatient facility, the facility, program, or inpatient treatment provider must be notified and
 15 the facility, program, or inpatient treatment provider shall state that a bed is available and agree to accept
 16 transfer of the patient based on admission criteria before ~~an individual~~ a respondent may be transferred to the
 17 ~~behavioral health inpatient facility, program, or course of inpatient treatment~~ under this section.

18 (3) A respondent who is committed to, or an individual who is transferred to, a community facility, a
 19 category D assisted living facility, a community program, an appropriate course of inpatient treatment, or a
 20 behavioral health inpatient facility may only be transferred to the Montana state hospital for the remaining
 21 period of commitment ~~in accordance with criteria established by the department by rule pursuant to 53-21-194~~
 22 upon acceptance in writing by the state hospital and after receiving written confirmation that:

23 (a) a bed is available for the respondent;

24 (b) admission of the respondent will not cause the census at the hospital to exceed its licensed
 25 bed capacity; and

26 (c) the information and records requested by the hospital are received, including:

27 (i) physical and psychiatric health information sufficient to:

28 (A) evaluate the immediate treatment needs and appropriate placement of the respondent,

1 including the availability of less restrictive medically appropriate facilities; and

2 (B) coordinate patient care with the professional person, county attorney, court, or the person or
3 entity transporting the respondent during the admission process;

4 (ii) documentation of legal authority to admit the respondent; and

5 (iii) other information and records as required by administrative rule.

6 (4) A court order for commitment, transport, or transfer must include the commitment, transport, or
7 transfer authority, and all conditions or requirements imposed on the Montana state hospital contained in the
8 court order apply only after a transfer the transport of a respondent that complies with the requirements of this
9 provision.

10 (4)(5) The court may not order commitment, transport, or transfer of the respondent or transfer of an
11 individual to a community facility, a category D assisted living facility, a community program, an appropriate
12 course of inpatient treatment, or a behavioral health inpatient facility under this part if a bed is not available or if
13 the licensed capacity would be exceeded.

14 (5)(6) If a bed is available, a community facility, a category D assisted living facility, a community
15 program, an appropriate course of inpatient treatment, or a behavioral health inpatient facility may admit a
16 person for voluntary treatment.

17 (7) A court may not order the transfer or transport of a respondent to the Montana state hospital
18 until the hospital has confirmed in writing that:

19 (a) a bed is available for the respondent;

20 (b) admission of the respondent will not cause the census at the hospital to exceed its licensed
21 bed capacity; and

22 (c) the information and records requested by the hospital are received, including:

23 (i) physical and psychiatric health information sufficient to:

24 (A) evaluate the immediate treatment needs and appropriate placement of the respondent,
25 including the availability of less restrictive medically appropriate facilities; and

26 (B) coordinate patient care with the professional person, county attorney, court, or the person or
27 entity transporting the respondent during the admission process;

28 (ii) documentation of legal authority to admit the respondent; and

(iii) other information and records as required by administrative rule.

(8) A respondent may not be transported to the Montana state hospital until the requirements of subsection (7) are fulfilled.

(9) The Montana state hospital may refuse to admit into its custody a respondent who has been ordered to be transferred or transported to the hospital until:

(a) a bed is available for the respondent;

(b) _____ admission of the respondent will not cause the census at the hospital to exceed its licensed bed capacity;

(c) admission will not cause the hospital to violate any law, rule, or certification or licensing provision; and

(d) the information and records requested by the hospital under subsection (7)(c) are received by
the hospital."

NEW SECTION. **Section 9. Unfunded mandate laws superseded.** The provisions of [this act] expressly supersede and modify the requirements of 1-2-112 through 1-2-116.

NEW SECTION. **Section 10. Saving clause.** [This act] does not affect rights and duties that matured, penalties that were incurred, or proceedings that were begun before [the effective date of this act].

NEW SECTION. Section 11. Effective date. [This act] is effective on passage and approval.

- END -