

INVOLUNTARY COMMITMENT PROCEDURE

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SUBJECT:	Involuntary Commitment Procedure
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Policy

Clients involuntarily committed to the local mental health authority will be treated by Davis Behavioral Health in the most appropriate and least restrictive level of care. DBH will have a centralized record-keeping process that retains current documentation of the commitment status of all involuntarily committed DBH clients. All clients under commitment will have regular contact with DBH clinical staff who will consistently assess the appropriateness of the commitment and the treatment.

Purpose

The purpose civil commitment is to provide treatment to individuals who meet commitment criterion as established by Utah commitment law. DBH will make every attempt to manage this process in a respectful and client friendly manner. Utah commitment law assigns responsibility for involuntarily committed clients to the local mental health authority. The mental health agency (under the auspices of the local mental health authority) determines the optimal level of care for involuntarily committed clients. DBH has the responsibility to assure that committed clients are, at all times, in a level of care that is both sufficient for their individual treatment needs and in the least restrictive environment. The goal is to ensure optimal treatment and to acknowledge and protect the civil liberties of the client.

Procedure

- A. Utah commitment law allows for clients to be admitted to a behavioral inpatient unit on an involuntary basis for a 24 hour period. During the initial 24 hours of the admission, the client is evaluated by the relative hospital's psychiatric provider. After this evaluation, a decision is made to either discharge the client; change the client's status from involuntary to voluntary; or to file an Application for Order of Involuntary Commitment (for adult clients) with the District Court,
- B. Records of current commitment orders
 1. An appointed DBH staff member will serve as the commitment coordinator. This person will maintain a current list of involuntarily committed adults and a copy of the judicial order.
 2. DBH staff with an appropriate need-to-know may access these records by contacting:
 - a. The Utilization Management Specialist;
 - b. The Director of Intensive Services;
 - c. The Clinical Director;
 - d. The Administrator on Call (AOC).

- C. Assignment of Treatment Coordinator of Committed Clients
DBH will assign responsibility for treatment coordination of involuntarily committed clients according to level of acuity and treatment needs. If the client is being treated in:
1. the Utah State Hospital, the DBH hospital liaison is the commitment service coordinator;
 2. an acute inpatient unit or in a non-DBH residential/outpatient program, the DBH utilization management specialist under the direction of the director of intensive services or the DBH compliance officer is the commitment service coordinator. The client is assessed by an Assisted Outpatient Treatment (AOT) clinician while in the hospital for the appropriate level of outpatient care;
 3. a DBH outpatient program, the outpatient therapist is the commitment service coordinator;
 4. a DBH residential program, the program director is the commitment service coordinator;
- D. Responsibilities of the Commitment Service Coordinator
1. The commitment service coordinator will “as frequently as practicable, examine or cause to be examined every person” (Utah Code 62A-12-240) to determine if they continue to meet commitment criteria.
 - a. The frequency of contact with the committed client will be determined by clinical indications.
 2. During the professional contacts with the client, family and/or treatment staff, the AOT clinician will assess whether the client:
 - a. continues to meet commitment criteria;
 - b. is cooperating with treatment;
 - c. requires a change in level of treatment to a greater or lesser level of restrictiveness.
- E. If at any time during the commitment the client is assessed to no longer meet commitment criteria:
1. The client will be informed that they are being placed on voluntary status;
 2. The discharge from involuntary commitment will be reported to the court.
- G. Arrangements for referral to and coordination with the Utah State Hospital:
1. All civilly committed clients who are considered appropriate for referral to the Utah State Hospital by DBH are processed through the adult and children/youth liaisons to the Utah State Hospital. These liaisons facilitates all admissions to the Utah State Hospital ensuring that all appropriate paperwork is processed and families are oriented to the services offered through the USH.

2. The liaison staff from DBH make regular visits to the Utah State Hospital to meet with clients and coordinate with State Hospital staff to promote continuity of care and disposition and transition planning for clients to return to the care of DBH post discharge from the State Hospital.
3. Clients received back into the local community after discharge from the State Hospital are integrated into the DBH continuum of care as their individual needs may require. Commitment status is transferred from the third to the second district court and will be monitored as described in this policy.
4. The DBH staff work cooperatively with the patients' family, support system, or legal guardians, local school district, and other agencies to ensure a smooth transition back into the community.