

HB0063S03 compared with HB0063S01

~~{Omitted text}~~ shows text that was in HB0063S01 but was omitted in HB0063S03

inserted text shows text that was not in HB0063S01 but was inserted into HB0063S03

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1 Criminal Justice and Mental Health Coordination Amendments

2025 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Jennifer Dailey-Provost

Senate Sponsor:

2

3 LONG TITLE

4 General Description:

5 This bill addresses situations where an individual experiencing a mental health crisis may
6 interact with the criminal justice system.

7 Highlighted Provisions:

8 This bill:

- 9 ▸ requires local mental health authorities to {~~designate an individual or individuals responsible for providing~~} provide consultation{~~,~~} and education{~~, and information~~} services concerning {~~guardianship and conservatorship~~} certain options for individuals experiencing mental health crises;
- 13 ▸ requires the {~~Division of Integrated Healthcare to adopt and maintain, and certain designated examiners to complete an annual training~~} Behavioral Health Crisis Response Committee to prepare a proposal for a pilot program {~~relating~~} designed to {~~civil commitment~~; improve outcomes for individuals experiencing a mental health crisis; and
- 16 ▸ {~~creates the Crisis Response Task Force (task force) and describes the task force's duties~~};
- 17 ▸ {~~provides a sunset date for the task force; and~~}
- 18 ▸ makes technical and conforming changes.

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Money Appropriated in this Bill:

None

Other Special Clauses:

None

AMENDS:

17-43-301 , as last amended by Laws of Utah 2024, Chapters 240, 299 , as last amended by Laws of Utah 2024, Chapters 240, 299

~~{26B-5-332 , as last amended by Laws of Utah 2024, Chapters 287, 299 and 314 , as last amended by Laws of Utah 2024, Chapters 287, 299 and 314}~~

~~{26B-5-339 , as renumbered and amended by Laws of Utah 2023, Chapter 308 , as renumbered and amended by Laws of Utah 2023, Chapter 308}~~

63C-18-203 , as last amended by Laws of Utah 2024, Chapters 245, 250 , as last amended by Laws of Utah 2024, Chapters 245, 250

~~{63I-1-236 , as last amended by Laws of Utah 2024, Chapters 320, 506 and 507 , as last amended by Laws of Utah 2024, Chapters 320, 506 and 507}~~

ENACTS:

~~{36-29-113 , Utah Code Annotated 1953 , Utah Code Annotated 1953}~~

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

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

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

(1) As used in this section:

(a) "Assisted outpatient treatment" means the same as that term is defined in Section 26B-5-301.

(b) "Crisis worker" means the same as that term is defined in Section 26B-5-610.

(c) "Local mental health crisis line" means the same as that term is defined in Section 26B-5-610.

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

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

(f) "Statewide mental health crisis line" means the same as that term is defined in Section 26B-5-610.

(2)

(a)

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- (i) In each county operating under a county executive-council form of government under Section 17-52a-203, the county legislative body is the local mental health authority, provided however that any contract for plan services shall be administered by the county executive.
- 49 (ii) In each county operating under a council-manager form of government under Section 17-52a-204, the county manager is the local mental health authority.
- 51 (iii) In each county other than a county described in Subsection (2)(a)(i) or (ii), the county legislative body is the local mental health authority.
- 53 (b) Within legislative appropriations and county matching funds required by this section, under the direction of the division, each local mental health authority shall:
- 55 (i) provide mental health services to individuals within the county; and
- 56 (ii) cooperate with efforts of the division to promote integrated programs that address an individual's substance use, mental health, and physical healthcare needs, as described in Section 26B-5-102.
- 59 (c) Within legislative appropriations and county matching funds required by this section, each local mental health authority shall cooperate with the efforts of the department to promote a system of care, as defined in Section 26B-5-101, for minors with or at risk for complex emotional and behavioral needs, as described in Section 26B-1-202.
- 63 (3)
- (a) By executing an interlocal agreement under Title 11, Chapter 13, Interlocal Cooperation Act, two or more counties may join to:
- 65 (i) provide mental health prevention and treatment services; or
- 66 (ii) create a united local health department that combines substance use treatment services, mental health services, and local health department services in accordance with Subsection (4).
- 69 (b) The legislative bodies of counties joining to provide services may establish acceptable ways of apportioning the cost of mental health services.
- 71 (c) Each agreement for joint mental health services shall:
- 72 (i)
- (A) designate the treasurer of one of the participating counties or another person as the treasurer for the combined mental health authorities and as the custodian of money available for the joint services; and
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- (B) provide that the designated treasurer, or other disbursing officer authorized by the treasurer, may make payments from the money available for the joint services upon audit of the appropriate auditing officer or officers representing the participating counties;
- 79 (ii) provide for the appointment of an independent auditor or a county auditor of one of the participating counties as the designated auditing officer for the combined mental health authorities;
- 82 (iii)
- (A) provide for the appointment of the county or district attorney of one of the participating counties as the designated legal officer for the combined mental health authorities; and
- 85 (B) authorize the designated legal officer to request and receive the assistance of the county or district attorneys of the other participating counties in defending or prosecuting actions within their counties relating to the combined mental health authorities; and
- 89 (iv) provide for the adoption of management, clinical, financial, procurement, personnel, and administrative policies as already established by one of the participating counties or as approved by the legislative body of each participating county or interlocal board.
- 93 (d) An agreement for joint mental health services may provide for:
- 94 (i) joint operation of services and facilities or for operation of services and facilities under contract by one participating local mental health authority for other participating local mental health authorities; and
- 97 (ii) allocation of appointments of members of the mental health advisory council between or among participating counties.
- 99 (4) A county governing body may elect to combine the local mental health authority with the local substance abuse authority created in Part 2, Local Substance Abuse Authorities, and the local health department created in Title 26A, Chapter 1, Part 1, Local Health Department Act, to create a united local health department under Section 26A-1-105.5. A local mental health authority that joins with a united local health department shall comply with this part.
- 105 (5)
- (a) Each local mental health authority is accountable to the department and the state with regard to the use of state and federal funds received from those departments for mental health services, regardless of whether the services are provided by a private contract provider.
- 109 (b) Each local mental health authority shall comply, and require compliance by its contract provider, with all directives issued by the department regarding the use and expenditure of state and federal

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funds received from those departments for the purpose of providing mental health programs and services. The department shall ensure that those directives are not duplicative or conflicting, and shall consult and coordinate with local mental health authorities with regard to programs and services.

115 (6)

(a) Each local mental health authority shall:

116 (i) review and evaluate mental health needs and services, including mental health needs and services for:

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

120 (B) an individual who is a resident of the county and who is court ordered to receive assisted outpatient treatment under Section 26B-5-351;

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

125 (iii) establish and maintain, either directly or by contract, programs licensed under Title 26B, Chapter 2, Part 1, Human Services Programs and Facilities;

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

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

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

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

135 (viii) annually contract with the division to provide mental health programs and services in accordance with the provisions of Title 26B, Chapter 5, Health Care - Substance Use and Mental Health;

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

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

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- (xi) comply with the requirements and procedures of Title 11, Chapter 13, Interlocal Cooperation Act, Title 17B, Chapter 1, Part 6, Fiscal Procedures for Special Districts, and Title 51, Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal Organizations, and Other Local Entities Act; and
- 147 (xii) take and retain physical custody of minors committed to the physical custody of local mental health authorities by a judicial proceeding under Title 26B, Chapter 5, Part 4, Commitment of Persons Under Age 18.
- 150 (b) Each plan under Subsection (6)(a)(ii) shall include services for adults, youth, and children, which shall include:
- 152 (i) inpatient care and services;
- 153 (ii) residential care and services;
- 154 (iii) outpatient care and services;
- 155 (iv) 24-hour crisis care and services;
- 156 (v) psychotropic medication management;
- 157 (vi) psychosocial rehabilitation, including vocational training and skills development;
- 158 (vii) case management;
- 159 (viii) community supports, including in-home services, housing, family support services, and respite services;
- 161 (ix) consultation and education services, including:
- 162 (A) case consultation[;] ;
- 163 (B) collaboration with other county service agencies[;] ;
- 164 (C) public education[;and] ;
- 165 (D) public information; and
- 166 (E) ~~{ a designated individual or individuals responsible for providing consultation and education services concerning guardianship and conservatorship options for individuals experiencing mental health crises, including }~~ information concerning the process for seeking the appointment of an emergency guardian under Section 75-5-310 ~~{ or a temporary }~~ , an emergency conservator under Section 75-5-408, and alternative options for individuals experiencing mental health crises; and
- 172 (x) services to persons incarcerated in a county jail or other county correctional facility.
- 174 (7)

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- (a) If a local mental health authority provides for a local mental health crisis line under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv), the local mental health authority shall:
- 177 (i) collaborate with the statewide mental health crisis line described in Section 26B-5-610;
- 179 (ii) ensure that each individual who answers calls to the local mental health crisis line:
- 180 (A) is a mental health therapist or a crisis worker; and
- 181 (B) meets the standards of care and practice established by the Division of Integrated Healthcare, in accordance with Section 26B-5-610; and
- 183 (iii) ensure that when necessary, based on the local mental health crisis line's capacity, calls are immediately routed to the statewide mental health crisis line to ensure that when an individual calls the local mental health crisis line, regardless of the time, date, or number of individuals trying to simultaneously access the local mental health crisis line, a mental health therapist or a crisis worker answers the call without the caller first:
- 189 (A) waiting on hold; or
- 190 (B) being screened by an individual other than a mental health therapist or crisis worker.
- 192 (b) If a local mental health authority does not provide for a local mental health crisis line under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv), the local mental health authority shall use the statewide mental health crisis line as a local crisis line resource.
- 196 (8) Before disbursing any public funds, each local mental health authority shall require that each entity that receives any public funds from a local mental health authority agrees in writing that:
- 199 (a) the entity's financial records and other records relevant to the entity's performance of the services provided to the mental health authority shall be subject to examination by:
- 202 (i) the division;
- 203 (ii) the local mental health authority director;
- 204 (iii)
- (A) the county treasurer and county or district attorney; or
- 205 (B) if two or more counties jointly provide mental health services under an agreement under Subsection (3), the designated treasurer and the designated legal officer;
- 208 (iv) the county legislative body; and
- 209 (v) in a county with a county executive that is separate from the county legislative body, the county executive;

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- 211 (b) the county auditor may examine and audit the entity's financial and other records relevant to the
entity's performance of the services provided to the local mental health authority; and
- 214 (c) the entity will comply with the provisions of Subsection (5)(b).
- 215 (9) A local mental health authority may receive property, grants, gifts, supplies, materials,
contributions, and any benefit derived therefrom, for mental health services. If those gifts are
conditioned upon their use for a specified service or program, they shall be so used.
- 219 (10) Public funds received for the provision of services pursuant to the local mental health plan may
not be used for any other purpose except those authorized in the contract between the local mental
health authority and the provider for the provision of plan services.
- 223 (11) A local mental health authority shall provide assisted outpatient treatment services to a resident of
the county who has been ordered under Section 26B-5-351 to receive assisted outpatient treatment.
- 226 {Section 2. ~~Section 26B-5-332 is amended to read:~~}
- 227 **26B-5-332. Involuntary commitment under court order -- Examination -- Hearing -- Power
of court -- Findings required -- Costs.**
- 229 (1) A responsible individual who has credible knowledge of an adult's mental illness and the condition
or circumstances that have led to the adult's need to be involuntarily committed may initiate an
involuntary commitment court proceeding by filing, in the court in the county where the proposed
patient resides or is found, a written application that includes:
- 234 (a) unless the court finds that the information is not reasonably available, the proposed patient's:
- 236 (i) name;
- 237 (ii) date of birth; and
- 238 (iii) social security number;
- 239 (b)
- (i) a certificate of a licensed physician or a designated examiner stating that within the seven-day
period immediately preceding the certification, the physician or designated examiner examined the
proposed patient and is of the opinion that the proposed patient has a mental illness and should be
involuntarily committed; or
- 243 (ii) a written statement by the applicant that:
- 244 (A) the proposed patient has been requested to, but has refused to, submit to an examination of mental
condition by a licensed physician or designated examiner;
- 247 (B) is sworn to under oath; and

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- 248 (C) states the facts upon which the application is based; and
249 (c) a statement whether the proposed patient has previously been under an assisted outpatient treatment order, if known by the applicant.
- 251 (2) Before issuing a judicial order, the court:
252 (a) shall require the applicant to consult with the appropriate local mental health authority at or before the hearing; and
254 (b) may direct a mental health professional from the local mental health authority to interview the applicant and the proposed patient to determine the existing facts and report the existing facts to the court.
- 257 (3) The court may issue an order, directed to a mental health officer or peace officer, to immediately place a proposed patient in the custody of a local mental health authority or in a temporary emergency facility, as described in Section 26B-5-334, to be detained for the purpose of examination if:
261 (a) the court finds from the application, any other statements under oath, or any reports from a mental health professional that there is a reasonable basis to believe that the proposed patient has a mental illness that poses a danger to self or others and requires involuntary commitment pending examination and hearing; or
265 (b) the proposed patient refuses to submit to an interview with a mental health professional as directed by the court or to go to a treatment facility voluntarily.
- 267 (4)
(a) The court shall provide notice of commencement of proceedings for involuntary commitment, setting forth the allegations of the application and any reported facts, together with a copy of any official order of detention, to a proposed patient before, or upon, placement of the proposed patient in the custody of a local mental health authority or, with respect to any proposed patient presently in the custody of a local mental health authority whose status is being changed from voluntary to involuntary, upon the filing of an application for that purpose with the court.
- 274 (b) The place of detention shall maintain a copy of the order of detention.
- 275 (5)
(a) The court shall provide notice of commencement of proceedings for involuntary commitment as soon as practicable to the applicant, any legal guardian, any immediate adult family members,

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legal counsel for the parties involved, the local mental health authority or the local mental health authority's designee, and any other persons whom the proposed patient or the court designates.

280 (b) Except as provided in Subsection (5)(c), the notice under Subsection (5)(a) shall advise the persons that a hearing may be held within the time provided by law.

282 (c) If the proposed patient refuses to permit release of information necessary for provisions of notice under this subsection, the court shall determine the extent of notice.

285 (6) Proceedings for commitment of an individual under 18 years old to a local mental health authority may be commenced in accordance with Part 4, Commitment of Persons Under Age 18.

288 (7)

(a) The court may, in the court's discretion, transfer the case to any other district court within this state, if the transfer will not be adverse to the interest of the proposed patient.

291 (b) If a case is transferred under Subsection (7)(a), the parties to the case may be transferred and the local mental health authority may be substituted in accordance with Utah Rules of Civil Procedure, Rule 25.

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

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

300 (b) one of whom is:

301 (i) a licensed physician who has complied with the training requirements described in Section 26B-5-339; or

303 (ii) a psychiatric mental health nurse practitioner or a psychiatric mental health clinical nurse specialist who:

305 (A) is nationally certified;

306 (B) is doctorally trained;~~[-and]~~

307 (C) has at least two years of inpatient mental health experience, regardless of the license the individual held at the time of that experience; and

309 (D) has complied with the training requirements described in Section 26B-5-339; and

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- (c) one of whom may be designated by the proposed patient or the proposed patient's counsel, if that designated examiner is reasonably available.
- 313 (9) The court shall schedule a hearing to be held within 10 calendar days after the day on which the designated examiners are appointed.
- 315 (10)
- (a) The designated examiners shall:
- 316 (i) conduct the examinations separately;
- 317 (ii) conduct the examinations at the home of the proposed patient, at a hospital or other medical facility, or at any other suitable place, including through telehealth, that is not likely to have a harmful effect on the proposed patient's health;
- 320 (iii) inform the proposed patient, if not represented by an attorney:
- 321 (A) that the proposed patient does not have to say anything;
- 322 (B) of the nature and reasons for the examination;
- 323 (C) that the examination was ordered by the court;
- 324 (D) that any information volunteered could form part of the basis for the proposed patient's involuntary commitment;
- 326 (E) that findings resulting from the examination will be made available to the court; and
- 328 (F) that the designated examiner may, under court order, obtain the proposed patient's mental health records; and
- 330 (iv) within 24 hours of examining the proposed patient, report to the court, orally or in writing, whether the proposed patient is mentally ill, has agreed to voluntary commitment, as described in Section 26B-5-360, or has acceptable programs available to the proposed patient without court proceedings.
- 334 (b) If a designated examiner reports orally under Subsection (10)(a), the designated examiner shall immediately send a written report to the clerk of the court.
- 336 (11) If a designated examiner is unable to complete an examination on the first attempt because the proposed patient refuses to submit to the examination, the court shall fix a reasonable compensation to be paid to the examiner.
- 339 (12) If the local mental health authority, the local mental health authority's designee, or a medical examiner determines before the court hearing that the conditions justifying the findings leading to a commitment hearing no longer exist, the local mental health authority, the local mental health

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authority's designee, or the medical examiner shall immediately report the determination to the court.

344 (13) The court may terminate the proceedings and dismiss the application at any time, including before
the hearing, if the designated examiners or the local mental health authority or the local mental
health authority's designee informs the court that the proposed patient:

348 (a) does not meet the criteria in Subsection (16);

349 (b) has agreed to voluntary commitment, as described in Section 26B-5-360;

350 (c) has acceptable options for treatment programs that are available without court proceedings; or

352 (d) meets the criteria for assisted outpatient treatment described in Section 26B-5-351.

353 (14)

(a) Before the hearing, the court shall provide the proposed patient an opportunity to be represented
by counsel, and if neither the proposed patient nor others provide counsel, the court shall appoint
counsel and allow counsel sufficient time to consult with the proposed patient before the hearing.

357 (b) In the case of an indigent proposed patient, the county in which the proposed patient resides or is
found shall make payment of reasonable attorney fees for counsel, as determined by the court.

360 (15)

(a)

(i) The court shall afford the proposed patient, the applicant, and any other person to whom notice
is required to be given an opportunity to appear at the hearing, to testify, and to present and
cross-examine witnesses.

363 (ii) The court may, in the court's discretion, receive the testimony of any other person.

364 (iii) The court may allow a waiver of the proposed patient's right to appear for good cause, which
cause shall be set forth in the record, or an informed waiver by the patient, which shall be
included in the record.

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

371 (c) The court shall conduct the hearing in as informal a manner as may be consistent with orderly
procedure, and in a physical setting that is not likely to have a harmful effect on the mental health of
the proposed patient, while preserving the due process rights of the proposed patient.

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

378 (e)

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

381 (A) the detention order;

382 (B) admission notes;

383 (C) the diagnosis;

384 (D) any doctors' orders;

385 (E) progress notes;

386 (F) nursing notes;

387 (G) medication records pertaining to the current commitment; and

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

390 (ii) The information described in Subsection (15)(e)(i) shall also be supplied to the proposed patient's counsel at the time of the hearing, and at any time prior to the hearing upon request.

393 (16)

(a) The court shall order commitment of an adult proposed patient to a local mental health authority if, upon completion of the hearing and consideration of the information presented, the court finds by clear and convincing evidence that:

396 (i)

(A) the proposed patient has a mental illness;

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

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

403 (D) there is no appropriate less-restrictive alternative to a court order of commitment; and

405 (E) the local mental health authority can provide the proposed patient with treatment that is adequate and appropriate to the proposed patient's conditions and needs; or

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- 408 (ii)
- (A) the proposed patient has been charged with a criminal offense;
- 409 (B) with respect to the charged offense, the proposed patient is found incompetent to proceed as a result of a mental illness;
- 411 (C) the proposed patient has a mental illness;
- 412 (D) the proposed patient has a persistent unawareness of their mental illness and the negative consequences of that illness, or within the preceding six months has been requested or ordered to undergo mental health treatment but has unreasonably refused to undergo that treatment;
- 416 (E) there is no appropriate less-restrictive alternative to a court order of commitment; and
- 418 (F) the local mental health authority can provide the proposed patient with treatment that is adequate and appropriate to the proposed patient's conditions and needs.
- 421 (b)
- (i) If, at the hearing, the court determines that the proposed patient has a mental illness but does not meet the other criteria described in Subsection (16)(a), the court may consider whether the proposed patient meets the criteria for assisted outpatient treatment under Section 26B-5-351.
- 425 (ii) The court may order the proposed patient to receive assisted outpatient treatment in accordance with Section 26B-5-351 if, at the hearing, the court finds the proposed patient meets the criteria for assisted outpatient treatment under Section 26B-5-351.
- 429 (iii) If the court determines that neither the criteria for commitment under Subsection (16)(a) nor the criteria for assisted outpatient treatment under Section 26B-5-351 are met, the court shall dismiss the proceedings after the hearing.
- 432 (17)
- (a)
- (i) The order of commitment shall designate the period for which the patient shall be treated.
- 434 (ii) If the patient is not under an order of commitment at the time of the hearing, the patient's treatment period may not exceed six months without a review hearing.
- 436 (iii) Upon a review hearing, to be commenced before the expiration of the previous order of commitment, an order for commitment may be for an indeterminate period, if the court finds by clear and convincing evidence that the criteria described in Subsection (16) will last for an indeterminate period.
- 440 (b)

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- (i) The court shall maintain a current list of all patients under the court's order of commitment and review the list to determine those patients who have been under an order of commitment for the court designated period.
- 443 (ii) At least two weeks before the expiration of the designated period of any order of commitment still in effect, the court that entered the original order of commitment shall inform the appropriate local mental health authority or the local mental health authority's designee of the expiration.
- 447 (iii) Upon receipt of the information described in Subsection (17)(b)(ii), the local mental health authority or the local mental health authority's designee shall immediately reexamine the reasons upon which the order of commitment was based.
- 451 (iv) If, after reexamination under Subsection (17)(b)(iii), the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment no longer exist, the local mental health authority or the local mental health authority's designee shall discharge the patient from involuntary commitment and immediately report the discharge to the court.
- 456 (v) If, after reexamination under Subsection (17)(b)(iii), the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment continue to exist, the court shall immediately appoint two designated examiners and proceed under Subsections (8) through (14).
- 460 (c)
- (i) The local mental health authority or the local mental health authority's designee responsible for the care of a patient under an order of commitment for an indeterminate period shall, at six-month intervals, reexamine the reasons upon which the order of indeterminate commitment was based.
- 464 (ii) If the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment no longer exist, the local mental health authority or the local mental health authority's designee shall discharge the patient from the local mental health authority's or the local mental health authority designee's custody and immediately report the discharge to the court.
- 470 (iii) If the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment continue to exist, the local mental health authority or the local mental health authority's designee shall send a written report of the findings to the court.
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- (iv) A patient and the patient's counsel of record shall be notified in writing that the involuntary commitment will be continued under Subsection (17)(c)(iii), the reasons for the decision to continue, and that the patient has the right to a review hearing by making a request to the court.
- 478 (v) Upon receiving a request under Subsection (17)(c)(iv), the court shall immediately appoint two
designated examiners and proceed under Subsections (8) through (14).
- 481 (18)
- (a) Any patient committed as a result of an original hearing or a patient's legally designated representative who is aggrieved by the findings, conclusions, and order of the court entered in the original hearing has the right to a new hearing upon a petition filed with the court within 30 days after the day on which the court order is entered.
- 485 (b) The petition shall allege error or mistake in the findings, in which case the court shall appoint
three impartial designated examiners previously unrelated to the case to conduct an additional
examination of the patient.
- 488 (c) Except as provided in Subsection (18)(b), the court shall, in all other respects, conduct the new
hearing in the manner otherwise permitted.
- 490 (19) The county in which the proposed patient resides or is found shall pay the costs of all proceedings
under this section.
- 492 (20)
- (a) A local mental health authority shall provide discharge instructions to each individual committed under this section at or before the time the individual is discharged from the local mental health authority's custody, regardless of the circumstances under which the individual is discharged.
- 496 (b) Discharge instructions provided under Subsection (20)(a) shall include:
- 497 (i) a summary of why the individual was committed to the local mental health authority;
- 499 (ii) detailed information about why the individual is being discharged from the local mental health
authority's custody;
- 501 (iii) a safety plan for the individual based on the individual's mental illness or mental or emotional state;
- 503 (iv) notification to the individual's primary care provider, if applicable;
- 504 (v) if the individual is discharged without food, housing, or economic security, a referral to appropriate
services, if such services exist in the individual's community;
- 507 (vi) the phone number to call or text for a crisis services hotline, and information about the availability
of peer support services;

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- 509 (vii) a copy of any psychiatric advance directive presented to the local mental health authority, if
applicable;
- 511 (viii) information about how to establish a psychiatric advance directive if one was not presented to the
local mental health authority;
- 513 (ix) as applicable, information about medications that were changed or discontinued during the
commitment;
- 515 (x) a list of any screening or diagnostic tests conducted during the commitment;
- 516 (xi) a summary of therapeutic treatments provided during the commitment;
- 517 (xii) any laboratory work, including blood samples or imaging, that was completed or attempted during
the commitment; and
- 519 (xiii) information about how to contact the local mental health authority if needed.
- 520 (c) If an individual's medications were changed, or if an individual was prescribed new medications
while committed under this section, discharge instructions provided under Subsection (20)(a)
shall include a clinically appropriate supply of medications, as determined by a licensed health
care provider, to allow the individual time to access another health care provider or follow-up
appointment.
- 525 (d) If an individual refuses to accept discharge instructions, the local mental health authority shall
document the refusal in the individual's medical record.
- 527 (e) If an individual's discharge instructions include referrals to services under Subsection (20)(b)(v), the
local mental health authority shall document those referrals in the individual's medical record.
- 530 (f) The local mental health authority shall attempt to follow up with a discharged individual at least 48
hours after discharge, and may use peer support professionals when performing follow-up care or
developing a continuing care plan.
- 533 (21) If any provision of Subsection (16)(a)(ii) or the application of any provision of Subsection (16)
(a)(ii) to any person or circumstance is held invalid by a court with jurisdiction, the remainder
of Subsection (16)(a)(ii) shall be given effect without the invalid provision or application. The
provisions of Subsection (16)(a)(ii) are severable.
- 537 ~~{Section 3. Section 26B-5-339 is amended to read: }~~
- 538 **26B-5-339. Designated examiners -- Training -- Evaluations -- Fee.**
- 539 (1)

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(a) The division shall adopt and maintain a training program designed to educate designated examiners on the process and requirements for civil commitment, including:

(i) the purpose of civil commitment;

(ii) the civil commitment process; and

(iii) statutes governing civil commitment.

(b) Beginning January 1, 2026, a designated examiner shall complete the training program adopted pursuant to Subsection (1)(a) at least once every 24 months.

(2) A designated examiner shall consider a proposed patient's mental health history when evaluating a proposed patient.

~~[(2)]~~ (3) A designated examiner may request a court order to obtain a proposed patient's mental health records if a proposed patient refuses to share this information with the designated examiner.

~~[(3)]~~ (4) A designated examiner, when evaluating a proposed patient for civil commitment, shall consider whether:

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

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

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

~~[(4)]~~ (5) A designated examiner shall be allowed a reasonable fee by the county legislative body of the county in which the proposed patient resides or is found, unless the designated examiner is otherwise paid.

Section 4. Section 4 is enacted to read:

36-29-113. Crisis Response Task Force.

(1) As used in this section:

(a) "Mental health crisis" means the same as that term is defined in Section 26B-5-101.

(b) "Task force" means the Crisis Response Task Force created in Subsection (2).

(2) There is created the Crisis Response Task Force consisting of the following members:

(a) three members of the Senate appointed by the president of the Senate, no more than two of whom may be from the same political party;

(b) three members of the House of Representatives appointed by the speaker of the House of Representatives, no more than two of whom may be from the same political party;

(c) the executive director of the Commission on Criminal and Juvenile Justice, or the executive director's designee;

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- 575 (d) the executive director of the Department of Corrections, or the executive director's designee;
577 (e) the executive director of the Department of Health and Human Services, or the executive director's
designee;
579 (f) the commissioner of public safety, or the commissioner's designee;
580 (g) the state court administrator, or the state court administrator's designee;
581 (h) a representative of the Utah Chiefs of Police Association, appointed by the president of that
association;
583 (i) a representative of the Utah Sheriffs' Association, appointed by the president of that association;
585 (j) a representative of the Board of Pardons and Parole, appointed by the chair of that board;
587 (k) a representative of the Utah Association of Counties, appointed by the president of that association;
589 (l) an individual with lived experience with mental health crises, appointed by the director of the Office
of Substance Use and Mental Health;
591 (m) a representative of the Disability Law Center, appointed by the executive director of that center;
593 (n) a representative of the Statewide Association of Prosecutors, appointed by that association; and
595 (o) a criminal defense attorney, appointed by the Utah Association of Criminal Defense Lawyers.
597 (3)
(a) The president of the Senate shall designate a member of the Senate appointed under Subsection (2)
(a) as a cochair of the task force.
599 (b) The speaker of the House of Representatives shall designate a member of the House of
Representatives appointed under Subsection (2)(b) as a cochair of the task force.
601 (4) If a vacancy occurs in the membership of the task force described in Subsection (2), the member
shall be replaced in the same manner in which the original appointment was made.
604 (5)
(a) A majority of the members of the task force constitutes a quorum.
605 (b) The action of a majority of a quorum constitutes an action of the task force.
606 (6) Salaries and expenses of the members of the task force who are legislators shall be paid in
accordance with:
608 (a) Section 36-2-2;
609 (b) Legislative Joint Rules, Title 5, Chapter 2, Lodging, Meal, and Transportation Expenses; and
611 (c) Legislative Joint Rules, Title 5, Chapter 3, Legislator Compensation.
612 (7) A member of the task force who is not a legislator:

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- 613 (a) may not receive compensation for the member's work associated with the task force; and
615 (b) may receive per diem and reimbursement for travel expenses incurred as a member of the task force
at the rates established by the Division of Finance under Sections 63A-3-106 and 63A-3-107.
618 (8) The Office of Legislative Research and General Counsel shall provide staff support to the task force.
620 (9) The task force shall:
621 (a) review the interaction of criminal justice systems and mental health systems;
622 (b) based on the review described in Subsection (9)(a), make recommendations regarding the specific
parameters of a study that could be conducted to provide necessary data to guide the design of a
pilot program aimed at improving outcomes for individuals experiencing a mental health crisis; and
626 (c) if a study is undertaken based on the recommendations described in Subsection (9)(b), review
the results of the study and make recommendations regarding the specific parameters of the pilot
program described in Subsection (9)(b).
629 (10)
(a) On or before September 30, 2025, the task force shall provide a report that includes the
recommendations described in Subsection (9)(b) to the Health and Human Services Interim
Committee and the Legislative Management Committee.
632 (b) If the study described in Subsection (9)(b) is undertaken, the task force shall provide a report that
includes the recommendations described in Subsection (9)(c) to the Health and Human Services
Interim Committee and the Legislative Management Committee on or before July 31, 2027.
636 (11) The task force shall meet as needed.
637 (12) The task force is repealed December 31, 2027.

Section 2. Section 63C-18-203 is amended to read:

63C-18-203. Committee duties -- Reporting requirements.

- 218 (1) Under the direction of the Utah Behavioral Health Commission created in Section 26B-5-702, the
committee shall:
220 (a) identify a method to integrate existing local mental health crisis lines to ensure each individual who
accesses a local mental health crisis line is connected to a qualified mental or behavioral health
professional, regardless of the time, date, or number of individuals trying to simultaneously access
the local mental health crisis line;
224 (b) study how to establish and implement a statewide mental health crisis line and a statewide warm
line, including identifying:

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- 226 (i) a statewide phone number or other means for an individual to easily access the statewide mental
health crisis line, including a short code for text messaging and a three-digit number for calls;
- 229 (ii) a statewide phone number or other means for an individual to easily access the statewide warm line,
including a short code for text messaging and a three-digit number for calls;
- 232 (iii) a supply of:
- 233 (A) qualified mental or behavioral health professionals to staff the statewide mental health crisis line;
and
- 235 (B) qualified mental or behavioral health professionals or certified peer support specialists to staff the
statewide warm line; and
- 237 (iv) a funding mechanism to operate and maintain the statewide mental health crisis line and the
statewide warm line;
- 239 (c) coordinate with local mental health authorities in fulfilling the committee's duties described in
Subsections (1)(a) and (b);
- 241 (d) recommend standards for the certifications described in Section 26B-5-610;~~and~~
- 242 (e) coordinate services provided by local mental health crisis lines and mobile crisis outreach teams, as
defined in Section 62A-15-1401~~[-]~~ ; and
- 244 (f)
- (i) prepare a proposal for a mental health crisis intervention pilot program aimed at improving outcomes
for individuals experiencing a mental health crisis, as that term is defined in Section 26B-5-101,
with an emphasis on improving outcomes for interactions between those individuals and the
criminal justice system; and
- 248 (ii) submit the proposal to the Health and Human Services Interim Committee on or before September
30, 2025.
- 250 (2) The committee shall study and make recommendations regarding:
- 251 (a) crisis line practices and needs, including:
- 252 (i) quality and timeliness of service;
- 253 (ii) service volume projections;
- 254 (iii) a statewide assessment of crisis line staffing needs, including required certifications; and
- 256 (iv) a statewide assessment of technology needs;
- 257 (b) primary duties performed by crisis line workers;
- 258

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- (c) coordination or redistribution of secondary duties performed by crisis line workers, including responding to non-emergency calls;
- 260 (d) operating the statewide 988 hotline:
 - 261 (i) in accordance with federal law;
 - 262 (ii) to ensure the efficient and effective routing of calls to an appropriate crisis center; and
 - 264 (iii) to directly respond to calls with trained personnel and the provision of acute mental health, crisis outreach, and stabilization services;
- 266 (e) opportunities to increase operational and technological efficiencies and effectiveness between 988 and 911, utilizing current technology;
- 268 (f) needs for interoperability partnerships and policies related to 911 call transfers and public safety responses;
- 270 (g) standards for statewide mobile crisis outreach teams, including:
 - 271 (i) current models and projected needs;
 - 272 (ii) quality and timeliness of service;
 - 273 (iii) hospital and jail diversions; and
 - 274 (iv) staffing and certification;
- 275 (h) resource centers, including:
 - 276 (i) current models and projected needs; and
 - 277 (ii) quality and timeliness of service;
- 278 (i) policy considerations related to whether the state should:
 - 279 (i) manage, operate, and pay for a complete behavioral health system; or
 - 280 (ii) create partnerships with private industry; and
- 281 (j) sustainable funding source alternatives, including:
 - 282 (i) charging a 988 fee, including a recommendation on the fee amount;
 - 283 (ii) General Fund appropriations;
 - 284 (iii) other government funding options;
 - 285 (iv) private funding sources;
 - 286 (v) grants;
 - 287 (vi) insurance partnerships, including coverage for support and treatment after initial call and triage; and
 - 289 (vii) other funding resources.
- 290

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(3) The committee may conduct other business related to the committee's duties described in this section.

(4) The committee shall consult with the Office of Substance Use and Mental Health regarding:

(a) the standards and operation of the statewide mental health crisis line and the statewide warm line, in accordance with Section 26B-5-610; and

(b) the incorporation of the statewide mental health crisis line and the statewide warm line into behavioral health systems throughout the state.

~~{Section 5. Section 63I-1-236 is amended to read: }~~

63I-1-236. Repeal dates: Title 36.

(1) Title 36, Chapter 17, Legislative Process Committee, is repealed January 1, 2028.

(2) Section 36-29-111, Public Safety Data Management Task Force, is repealed July 1, 2029.

(3) Title 36, Chapter 28, Veterans and Military Affairs Commission, is repealed January 1, 2030.

(4) Section 36-29-112, Justice Court Reform Task Force, is repealed July 1, 2025.

(5) Section 36-29-113, Crisis Response Task Force, is repealed December 31, 2027.

Section 3. Effective date.

This bill takes effect on May 7, 2025.

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