

HB0063S03 compared with HB0063S02

~~{Omitted text}~~ shows text that was in HB0063S02 but was omitted in HB0063S03
inserted text shows text that was not in HB0063S02 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:

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 certain
options for individuals experiencing mental health crises;

12 ▶ ~~{ requires the Division of Integrated Healthcare to create and maintain an optional~~
~~training program relating to civil commitment for stakeholders who may be involved in the civil~~
~~commitment process; }~~

15 ▶ requires the Behavioral Health Crisis Response Committee to ~~{ create }~~ prepare a proposal for
a ~~{ working group relating }~~ pilot program designed to ~~{ the interaction of criminal justice systems and~~
 ~~}~~ improve outcomes for individuals experiencing a mental health ~~{ systems, and describes the working~~
~~group's duties }~~ crisis; and

HB0063S02

HB0063S02 compared with HB0063S03

18 ▸ makes technical and conforming changes.

15 **Money Appropriated in this Bill:**

16 None

17 **Other Special Clauses:**

18 None

20 **AMENDS:**

21 **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

26 ~~**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}~~

22 **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

23

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

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

26 **17-43-301. Local mental health authorities -- Responsibilities.**

32 (1) As used in this section:

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

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

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

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

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

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

42 (2)

 (a)

 (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.

46 (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.

48

HB0063S02 compared with HB0063S03

- (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.
- 50 (b) Within legislative appropriations and county matching funds required by this section, under the direction of the division, each local mental health authority shall:
- 52 (i) provide mental health services to individuals within the county; and
- 53 (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.
- 56 (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.
- 60 (3)
- (a) By executing an interlocal agreement under Title 11, Chapter 13, Interlocal Cooperation Act, two or more counties may join to:
- 62 (i) provide mental health prevention and treatment services; or
- 63 (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).
- 66 (b) The legislative bodies of counties joining to provide services may establish acceptable ways of apportioning the cost of mental health services.
- 68 (c) Each agreement for joint mental health services shall:
- 69 (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
- 72 (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;
- 76 (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;
- 79 (iii)

HB0063S02 compared with HB0063S03

- (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
- 82 (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
- 86 (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.
- 90 (d) An agreement for joint mental health services may provide for:
- 91 (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
- 94 (ii) allocation of appointments of members of the mental health advisory council between or among participating counties.
- 96 (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.
- 102 (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.
- 106 (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 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.
- 112 (6)
- (a) Each local mental health authority shall:

HB0063S02 compared with HB0063S03

- 113 (i) review and evaluate mental health needs and services, including mental health needs and
services for:
- 115 (A) an individual incarcerated in a county jail or other county correctional facility; and
- 117 (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;
- 119 (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;
- 122 (iii) establish and maintain, either directly or by contract, programs licensed under Title 26B,
Chapter 2, Part 1, Human Services Programs and Facilities;
- 124 (iv) appoint, directly or by contract, a full-time or part-time director for mental health programs and
prescribe the director's duties;
- 126 (v) provide input and comment on new and revised rules established by the division;
- 127 (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;
- 131 (vii) establish mechanisms allowing for direct citizen input;
- 132 (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;
- 135 (ix) comply with all applicable state and federal statutes, policies, audit requirements, contract
requirements, and any directives resulting from those audits and contract requirements;
- 138 (x) provide funding equal to at least 20% of the state funds that it receives to fund services
described in the plan;
- 140 (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
- 144 (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.

HB0063S02 compared with HB0063S03

- 147 (b) Each plan under Subsection (6)(a)(ii) shall include services for adults, youth, and children, which shall include:
- 149 (i) inpatient care and services;
- 150 (ii) residential care and services;
- 151 (iii) outpatient care and services;
- 152 (iv) 24-hour crisis care and services;
- 153 (v) psychotropic medication management;
- 154 (vi) psychosocial rehabilitation, including vocational training and skills development;
- 155 (vii) case management;
- 156 (viii) community supports, including in-home services, housing, family support services, and respite services;
- 158 (ix) consultation and education services, including:
- 159 (A) case consultation[~~;~~] ;
- 160 (B) collaboration with other county service agencies[~~;~~] ;
- 161 (C) public education[~~;~~and] ;
- 162 (D) public information; and
- 163 (E) information concerning the process for seeking the appointment of an emergency guardian under Section 75-5-310, an emergency conservator under Section 75-5-408, and alternative options for individuals experiencing mental health crises; and
- 167 (x) services to persons incarcerated in a county jail or other county correctional facility.
- 169 (7)
- (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:
- 172 (i) collaborate with the statewide mental health crisis line described in Section 26B-5-610;
- 174 (ii) ensure that each individual who answers calls to the local mental health crisis line:
- 175 (A) is a mental health therapist or a crisis worker; and
- 176 (B) meets the standards of care and practice established by the Division of Integrated Healthcare, in accordance with Section 26B-5-610; and
- 178 (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

HB0063S02 compared with HB0063S03

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:

- 184 (A) waiting on hold; or
185 (B) being screened by an individual other than a mental health therapist or crisis worker.
187 (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.
191 (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:
194 (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:
197 (i) the division;
198 (ii) the local mental health authority director;
199 (iii)
(A) the county treasurer and county or district attorney; or
200 (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;
203 (iv) the county legislative body; and
204 (v) in a county with a county executive that is separate from the county legislative body, the county executive;
206 (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
209 (c) the entity will comply with the provisions of Subsection (5)(b).
210 (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.
214 (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.

218

HB0063S02 compared with HB0063S03

(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.

221 ~~{Section 2. Section 26B-5-339 is amended to read:}~~

222 **26B-5-339. Designated examiners -- Training -- Evaluations -- Fee.**

223 (1) The division shall create and maintain optional training programs designed to educate physicians, physician assistants, advanced practice registered nurses, law enforcement officers, and other stakeholders on the process and requirements for civil commitment, including:

227 (a) the purpose of civil commitment;

228 (b) the civil commitment process; and

229 (c) statutes governing civil commitment.

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

232 [(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.

235 [(3)] (4) A designated examiner, when evaluating a proposed patient for civil commitment, shall consider whether:

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

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

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

242 [(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.

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

217 **63C-18-203. Committee duties -- Reporting requirements.**

247 (1) Under the direction of the Utah Behavioral Health Commission created in Section 26B-5-702, the committee shall:

249 (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;

253

HB0063S02 compared with HB0063S03

- (b) study how to establish and implement a statewide mental health crisis line and a statewide warm line, including identifying:
- 255 (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;
- 258 (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;
- 261 (iii) a supply of:
- 262 (A) qualified mental or behavioral health professionals to staff the statewide mental health crisis line; and
- 264 (B) qualified mental or behavioral health professionals or certified peer support specialists to staff the statewide warm line; and
- 266 (iv) a funding mechanism to operate and maintain the statewide mental health crisis line and the statewide warm line;
- 268 (c) coordinate with local mental health authorities in fulfilling the committee's duties described in Subsections (1)(a) and (b);
- 270 (d) recommend standards for the certifications described in Section 26B-5-610;~~and~~
- 271 (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.
- 273 (2) The committee shall study and make recommendations regarding:
- 274 (a) crisis line practices and needs, including:
- 275 (i) quality and timeliness of service;
- 276 (ii) service volume projections;
- 277 (iii) a statewide assessment of crisis line staffing needs, including required certifications; and
- 279 (iv) a statewide assessment of technology needs;

HB0063S02 compared with HB0063S03

- 280 (b) primary duties performed by crisis line workers;
- 281 (c) coordination or redistribution of secondary duties performed by crisis line workers, including
responding to non-emergency calls;
- 283 (d) operating the statewide 988 hotline:
- 284 (i) in accordance with federal law;
- 285 (ii) to ensure the efficient and effective routing of calls to an appropriate crisis center; and
- 287 (iii) to directly respond to calls with trained personnel and the provision of acute mental health, crisis
outreach, and stabilization services;
- 289 (e) opportunities to increase operational and technological efficiencies and effectiveness between 988
and 911, utilizing current technology;
- 291 (f) needs for interoperability partnerships and policies related to 911 call transfers and public safety
responses;
- 293 (g) standards for statewide mobile crisis outreach teams, including:
- 294 (i) current models and projected needs;
- 295 (ii) quality and timeliness of service;
- 296 (iii) hospital and jail diversions; and
- 297 (iv) staffing and certification;
- 298 (h) resource centers, including:
- 299 (i) current models and projected needs; and
- 300 (ii) quality and timeliness of service;
- 301 (i) policy considerations related to whether the state should:
- 302 (i) manage, operate, and pay for a complete behavioral health system; or
- 303 (ii) create partnerships with private industry; and
- 304 (j) sustainable funding source alternatives, including:
- 305 (i) charging a 988 fee, including a recommendation on the fee amount;
- 306 (ii) General Fund appropriations;
- 307 (iii) other government funding options;
- 308 (iv) private funding sources;
- 309 (v) grants;
- 310 (vi) insurance partnerships, including coverage for support and treatment after initial call and triage; and
- 312 (vii) other funding resources.

HB0063S02 compared with HB0063S03

- 313 (3) The committee may conduct other business related to the committee's duties described in this
section.
- 315 (4) The committee shall consult with the Office of Substance Use and Mental Health regarding:
- 317 (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
- 319 (b) the incorporation of the statewide mental health crisis line and the statewide warm line into
behavioral health systems throughout the state.
- 321 ~~{(5)}~~
~~{(a) The committee shall establish a working group to review the interaction of criminal justice systems
and mental health systems.}~~
- 323 ~~{(b)}~~
~~{(i) Based on the review described in Subsection (5)(a), the working group shall develop
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, as that term is defined in Section 26B-5-101.}~~
- 328 ~~{(ii) On or before September 30, 2025, the working group shall provide a report that includes the
recommendations described in Subsection (5)(b)(i) to the Health and Human Services Interim
Committee and the Legislative Management Committee.}~~
- 331 ~~{(c) If a study is undertaken based on the working group's recommendations described in Subsection (5)
(b), the working group shall review the results of the study and make recommendations regarding
the specific parameters of the pilot program described in Subsection (5)(b)(i) to the Health and
Human Services Interim Committee and the Legislative Management Committee on or before
December 31, 2026.}~~
- 336 ~~{(d) The working group shall complete the requirements described in Subsections (5)(a) through (c) in
consultation with:}~~
- 338 ~~{(i) the Utah Sheriffs' Association;}~~
- 339 ~~{(ii) the Statewide Association of Prosecutors;}~~
- 340 ~~{(iii) the Utah Association of Criminal Defense Lawyers;}~~
- 341 ~~{(iv) the Utah Medical Association;}~~
- 342 ~~{(v) the Disability Law Center; and}~~
- 343

HB0063S02 compared with HB0063S03

~~{(vi) as appropriate, members of the Utah Behavioral Health Commission or other committees under the direction of the Utah Behavioral Health Commission who represent stakeholders having an interest in the interaction of criminal justice systems and mental health systems.}~~

298 Section 3. **Effective date.**

This bill takes effect on May 7, 2025.

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