

Scott D. Sandall proposes the following substitute bill:

Correctional Health Amendments

2025 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Steve Eliason

Senate Sponsor: Scott D. Sandall

LONG TITLE

General Description:

This bill addresses health care for individuals who are involved with the criminal justice system.

Highlighted Provisions:

This bill:

- defines terms;
- requires the Department of Health and Human Services (department) to contract with a telehealth psychiatric consultation provider to provide consultation services to staff responsible for inmates' psychiatric care;
- requires the department to convene a working group to study the department's needs regarding an electronic health record system for inmate health care and provide recommendations to the Health and Human Services Interim Committee;
- requires the department to contract with psychiatrists to meet staffing needs for correctional health services, except under certain circumstances;
- requires the department to provide an annual report to the Health and Human Services Interim Committee concerning the provision of comprehensive health care to inmates;
- requires the Department of Corrections and a local mental health authority to cooperate to have certain offenders assessed for available community-based services, and to take steps to connect an offender to appropriate community-based services based on the results of the assessment; and
- makes technical and conforming changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

- 17-43-301**, as last amended by Laws of Utah 2024, Chapters 240, 299
- 26B-1-235**, as renumbered and amended by Laws of Utah 2023, Chapter 305
- 26B-1-410**, as renumbered and amended by Laws of Utah 2023, Chapter 305
- 63A-17-307**, as last amended by Laws of Utah 2023, Chapter 489
- 64-13-21**, as last amended by Laws of Utah 2024, Chapters 208, 434

ENACTS:

- 26B-4-901**, Utah Code Annotated 1953
- 26B-4-903**, Utah Code Annotated 1953
- 26B-4-904**, Utah Code Annotated 1953

RENUMBERS AND AMENDS:

- 26B-4-902**, (Renumbered from 26B-4-325, as last amended by Laws of Utah 2024, Chapter 266)

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)(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.

(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.

- 63 (iii) In each county other than a county described in Subsection (2)(a)(i) or (ii), the
64 county legislative body is the local mental health authority.
- 65 (b) Within legislative appropriations and county matching funds required by this section,
66 under the direction of the division, each local mental health authority shall:
67 (i) provide mental health services to individuals within the county; and
68 (ii) cooperate with efforts of the division to promote integrated programs that address
69 an individual's substance use, mental health, and physical healthcare needs, as
70 described in Section 26B-5-102.
- 71 (c) Within legislative appropriations and county matching funds required by this section,
72 each local mental health authority shall cooperate with the efforts of the department
73 to promote a system of care, as defined in Section 26B-5-101, for minors with or at
74 risk for complex emotional and behavioral needs, as described in Section 26B-1-202.
- 75 (3)(a) By executing an interlocal agreement under Title 11, Chapter 13, Interlocal
76 Cooperation Act, two or more counties may join to:
77 (i) provide mental health prevention and treatment services; or
78 (ii) create a united local health department that combines substance use treatment
79 services, mental health services, and local health department services in
80 accordance with Subsection (4).
- 81 (b) The legislative bodies of counties joining to provide services may establish
82 acceptable ways of apportioning the cost of mental health services.
- 83 (c) Each agreement for joint mental health services shall:
84 (i)(A) designate the treasurer of one of the participating counties or another person
85 as the treasurer for the combined mental health authorities and as the custodian
86 of money available for the joint services; and
87 (B) provide that the designated treasurer, or other disbursing officer authorized by
88 the treasurer, may make payments from the money available for the joint
89 services upon audit of the appropriate auditing officer or officers representing
90 the participating counties;
91 (ii) provide for the appointment of an independent auditor or a county auditor of one
92 of the participating counties as the designated auditing officer for the combined
93 mental health authorities;
94 (iii)(A) provide for the appointment of the county or district attorney of one of the
95 participating counties as the designated legal officer for the combined mental
96 health authorities; and

- 97 (B) authorize the designated legal officer to request and receive the assistance of
98 the county or district attorneys of the other participating counties in defending
99 or prosecuting actions within their counties relating to the combined mental
100 health authorities; and
- 101 (iv) provide for the adoption of management, clinical, financial, procurement,
102 personnel, and administrative policies as already established by one of the
103 participating counties or as approved by the legislative body of each participating
104 county or interlocal board.
- 105 (d) An agreement for joint mental health services may provide for:
- 106 (i) joint operation of services and facilities or for operation of services and facilities
107 under contract by one participating local mental health authority for other
108 participating local mental health authorities; and
- 109 (ii) allocation of appointments of members of the mental health advisory council
110 between or among participating counties.
- 111 (4) A county governing body may elect to combine the local mental health authority with
112 the local substance abuse authority created in Part 2, Local Substance Abuse Authorities,
113 and the local health department created in Title 26A, Chapter 1, Part 1, Local Health
114 Department Act, to create a united local health department under Section 26A-1-105.5.
115 A local mental health authority that joins with a united local health department shall
116 comply with this part.
- 117 (5)(a) Each local mental health authority is accountable to the department and the state
118 with regard to the use of state and federal funds received from those departments for
119 mental health services, regardless of whether the services are provided by a private
120 contract provider.
- 121 (b) Each local mental health authority shall comply, and require compliance by its
122 contract provider, with all directives issued by the department regarding the use and
123 expenditure of state and federal funds received from those departments for the
124 purpose of providing mental health programs and services. The department shall
125 ensure that those directives are not duplicative or conflicting, and shall consult and
126 coordinate with local mental health authorities with regard to programs and services.
- 127 (6)(a) Each local mental health authority shall:
- 128 (i) review and evaluate mental health needs and services, including mental health
129 needs and services for:
- 130 (A) an individual incarcerated in a county jail or other county correctional facility;

- 131 and
- 132 (B) an individual who is a resident of the county and who is court ordered to
- 133 receive assisted outpatient treatment under Section 26B-5-351;
- 134 (ii) in accordance with Subsection (6)(b), annually prepare and submit to the division
- 135 a plan approved by the county legislative body for mental health funding and
- 136 service delivery, either directly by the local mental health authority or by contract;
- 137 (iii) establish and maintain, either directly or by contract, programs licensed under
- 138 Title 26B, Chapter 2, Part 1, Human Services Programs and Facilities;
- 139 (iv) appoint, directly or by contract, a full-time or part-time director for mental health
- 140 programs and prescribe the director's duties;
- 141 (v) provide input and comment on new and revised rules established by the division;
- 142 (vi) establish and require contract providers to establish administrative, clinical,
- 143 personnel, financial, procurement, and management policies regarding mental
- 144 health services and facilities, in accordance with the rules of the division, and state
- 145 and federal law;
- 146 (vii) establish mechanisms allowing for direct citizen input;
- 147 (viii) annually contract with the division to provide mental health programs and
- 148 services in accordance with the provisions of Title 26B, Chapter 5, Health Care -
- 149 Substance Use and Mental Health;
- 150 (ix) comply with all applicable state and federal statutes, policies, audit requirements,
- 151 contract requirements, and any directives resulting from those audits and contract
- 152 requirements;
- 153 (x) provide funding equal to at least 20% of the state funds that it receives to fund
- 154 services described in the plan;
- 155 (xi) comply with the requirements and procedures of Title 11, Chapter 13, Interlocal
- 156 Cooperation Act, Title 17B, Chapter 1, Part 6, Fiscal Procedures for Special
- 157 Districts, and Title 51, Chapter 2a, Accounting Reports from Political
- 158 Subdivisions, Interlocal Organizations, and Other Local Entities Act;~~[-and]~~
- 159 (xii) take and retain physical custody of minors committed to the physical custody of
- 160 local mental health authorities by a judicial proceeding under Title 26B, Chapter
- 161 5, Part 4, Commitment of Persons Under Age 18~~[-]~~ ; and
- 162 (xiii) cooperate with the Department of Corrections to complete the requirements
- 163 described in Subsection 64-13-21(8).
- 164 (b) Each plan under Subsection (6)(a)(ii) shall include services for adults, youth, and

children, which shall include:

- (i) inpatient care and services;
- (ii) residential care and services;
- (iii) outpatient care and services;
- (iv) 24-hour crisis care and services;
- (v) psychotropic medication management;
- (vi) psychosocial rehabilitation, including vocational training and skills development;
- (vii) case management;
- (viii) community supports, including in-home services, housing, family support services, and respite services;
- (ix) consultation and education services, including case consultation, collaboration with other county service agencies, public education, and public information; ~~and~~
- (x) services to ~~persons~~ individuals incarcerated in a county jail or other county correctional facility~~[-]~~ ; and
- (xi) services to individuals described in Subsection 64-13-21(8)(a).

(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:

- (i) collaborate with the statewide mental health crisis line described in Section 26B-5-610;
- (ii) ensure that each individual who answers calls to the local mental health crisis line:
 - (A) is a mental health therapist or a crisis worker; and
 - (B) meets the standards of care and practice established by the Division of Integrated Healthcare, in accordance with Section 26B-5-610; and
- (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:
 - (A) waiting on hold; or
 - (B) being screened by an individual other than a mental health therapist or crisis worker.

(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.

(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:

(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:

(i) the division;

(ii) the local mental health authority director;

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

(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;

(iv) the county legislative body; and

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

(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

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

(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.

(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.

(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.

Section 2. Section **26B-1-235** is amended to read:

26B-1-235 . Request for proposal required for non-state supplied services.

~~[(1) As used in this section:]~~

~~[(a) "AED" means the same as that term is defined in Section 26B-4-325.]~~

~~[(b) "Office" means the Office of Emergency Medical Services and Preparedness within the department.]~~

~~[(c) "Sudden cardiac arrest" means the same as that term is defined in Section 26B-4-325.]~~

~~[(2)]~~ (1) Funds provided to the department through Sections 51-9-201 and 59-14-204 to be used to provide services, shall be awarded to non-governmental entities based on a competitive process consistent with Title 63G, Chapter 6a, Utah Procurement Code.

~~[(3)]~~ (2) Beginning July 1, 2010, and not more than every five years thereafter, the department shall issue requests for proposals for new or renewing contracts to award funding for programs under Subsection (1).

Section 3. Section **26B-1-410** is amended to read:

26B-1-410 . Primary Care Grant Committee.

(1) As used in this section:

(a) "Committee" means the Primary Care Grant Committee created in Subsection (2).

(b) "Program" means the Primary Care Grant Program described in Sections 26B-4-310 and 26B-4-313.

(2) There is created the Primary Care Grant Committee.

(3) The committee shall:

(a) review grant applications forwarded to the committee by the department under Subsection 26B-4-312(1);

(b) recommend, to the executive director, grant applications to award under Subsection 26B-4-310(1);

(c) evaluate:

(i) the need for primary health care as defined in Section 26B-4-325 in different areas of the state;

(ii) how the program is addressing those needs; and

(iii) the overall effectiveness and efficiency of the program;

(d) review annual reports from primary care grant recipients;

(e) meet as necessary to carry out its duties, or upon a call by the committee chair or by a majority of committee members; and

(f) make rules, with the concurrence of the department, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that govern the committee,

including the committee's grant selection criteria.

(4) The committee shall consist of:

(a) as chair, the executive director or an individual designated by the executive director;

and

(b) six members appointed by the governor to serve up to two consecutive, two-year terms of office, including:

(i) four licensed health care professionals; and

(ii) two community advocates who are familiar with a medically underserved population as defined in Section [26B-4-325] 26B-4-301 and with health care systems, where at least one is familiar with a rural medically underserved population.

(5) The executive director may remove a committee member:

(a) if the member is unable or unwilling to carry out the member's assigned responsibilities; or

(b) for a rational reason.

(6) A committee member may not receive compensation or benefits for the member's service, except a committee member who is not an employee of the department may receive per diem and travel expenses in accordance with:

(a) Section 63A-3-106;

(b) Section 63A-3-107; and

(c) rules made by the Division of Finance in accordance with Sections 63A-3-106 and 63A-3-107.

Section 4. Section **26B-4-901** is enacted to read:

Part 9. Inmate Health

26B-4-901 . Definitions.

As used in this part:

(1) "Correctional facility" means a facility operated to house inmates in a secure or nonsecure setting:

(a) by the Department of Corrections; or

(b) under a contract with the Department of Corrections.

(2) "Health care facility" means the same as that term is defined in Section 26B-2-201.

(3) "Inmate" means an individual who is:

(a) committed to the custody of the Department of Corrections; and

(b) housed at a correctional facility or at a county jail at the request of the Department of

Corrections.

(4) "Medical monitoring technology" means a device, application, or other technology that can be used to improve health outcomes and the experience of care for patients, including evidence-based clinically evaluated software and devices that can be used to monitor and treat diseases and disorders.

(5) "Telehealth psychiatric consultation" means the same as that term is defined in Section 26B-1-328.

Section 5. Section **26B-4-902**, which is renumbered from Section 26B-4-325 is renumbered and amended to read:

[26B-4-325] 26B-4-902 . Medical care for inmates -- Reporting of statistics.

[As used in this section:]

[(1) "Correctional facility" means a facility operated to house inmates in a secure or nonsecure setting:]

[(a) by the Department of Corrections; or]

[(b) under a contract with the Department of Corrections.]

[(2) "Health care facility" means the same as that term is defined in Section 26B-2-201.]

[(3) "Inmate" means an individual who is:]

[(a) committed to the custody of the Department of Corrections; and]

[(b) housed at a correctional facility or at a county jail at the request of the Department of Corrections.]

[(4) "Medical monitoring technology" means a device, application, or other technology that can be used to improve health outcomes and the experience of care for patients, including evidence-based clinically evaluated software and devices that can be used to monitor and treat diseases and disorders.]

[(5) "Terminally ill" means the same as that term is defined in Section 31A-36-102.]

[(6)] (1) The department shall:

(a) for each health care facility owned or operated by the Department of Corrections, assist the Department of Corrections in complying with Section 64-13-39;

(b) in coordination with the Department of Corrections, and as the Department of Correction's agent:

(i) create policies and procedures for providing comprehensive health care to inmates;

(ii) provide inmates with comprehensive health care; and

(iii) develop standard population indicators and performance measures relating to the health of inmates;[and]

(c) collaborate with the Department of Corrections to comply with Section 64-13-25.1[-] ;
and

(d) contract with a telehealth psychiatric consultation provider to provide consultation services to staff responsible for inmates' psychiatric care.

[(7)] (2) In providing the comprehensive health care described in Subsection [(6)(b)(ii)] (1)(b)(ii), the department may not, without entering into an agreement with the Department of Corrections, provide, operate, or manage any treatment plans for inmates that are:

(a) required to be provided, operated, or managed by the Department of Corrections in accordance with Section 64-13-6; and

(b) not related to the comprehensive health care provided by the department.

[(8)] (3) Beginning July 1, 2023, and ending June 30, 2024, the department shall:

(a) evaluate and study the use of medical monitoring technology and create a plan for a pilot program that identifies:

(i) the types of medical monitoring technology that will be used during the pilot program; and

(ii) eligibility for participation in the pilot program; and

(b) make the indicators and performance measures described in Subsection [(6)(b)(iii)] (1)(b)(iii) available to the public through the Department of Corrections and the department websites.

[(9)] (4) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement the pilot program.

[(10)] (5) The department shall submit to the Health and Human Services Interim Committee and the Law Enforcement and Criminal Justice Interim Committee:

(a) a report on or before October 1 of each year regarding the costs and benefits of the pilot program;

(b) a report that summarizes the indicators and performance measures described in Subsection [(6)(b)(iii)] (1)(b)(iii) on or before October 1, 2024; and

(c) an updated report before October 1 of each year that compares the indicators and population measures of the most recent year to the initial report described in Subsection [(10)(b)] (5)(b).

[(11)] (6) An inmate receiving comprehensive health care from the department remains in the custody of the Department of Corrections.

Section 6. Section **26B-4-903** is enacted to read:

26B-4-903 . Electronic health record system study.

- (1) On or before June 30, 2025, the department shall convene a working group to study and develop recommendations regarding the electronic health record system used in connection with providing inmates with comprehensive health care, including:
- (a) identification of the department's electronic health record system requirements;
 - (b) an analysis of what features of an electronic health record system are needed to maximize the implementation, effectiveness, and efficiency of the waiver described in Section 26B-3-217; and
 - (c) a determination of whether the department's current electronic health record system meets the requirements and includes the features identified under Subsections (1)(a) and (b).
- (2) The working group described in Subsection (1) shall include department staff as determined by the director.
- (3) The working group shall provide recommendations regarding the electronic health record system to the Health and Human Services Interim Committee on or before the date of the committee's meeting in November 2025.

Section 7. Section **26B-4-904** is enacted to read:

26B-4-904 . Staffing -- Reporting.

- (1)(a) Except as provided in Subsection (1)(b), the department shall contract with psychiatrists to ensure that all correctional psychiatric positions are filled.
- (b) If all correctional psychiatric positions are filled by internal staff for six continuous months:
- (i) the department shall submit a certification of that fact to the Health and Human Services Interim Committee; and
 - (ii) the department is exempt from the requirement in Subsection (1)(a) for a period of 24 months from the date the certification is submitted to the Health and Human Services Interim Committee.
- (2) On or before September 1 each year, the department shall provide a report to the Health and Human Services Interim Committee that includes, for the fiscal year immediately preceding the report:
- (a) a description of the staff positions responsible for providing comprehensive health care to inmates, including an identification of any staff position that was open for more than half of the preceding fiscal year;
 - (b) the average time after admission for an inmate to receive:

- (i) an initial health assessment;
- (ii) a mental health evaluation; and
- (iii) an oral examination by a dentist;
- (c) the number of inmates who did not receive an initial health assessment within seven days after admission;
- (d) the number of inmates who did not receive a mental health evaluation within 30 days after admission;
- (e) the number of inmates who did not receive an oral examination by a dentist within 30 days after admission;
- (f) the average time for an inmate to have a face-to-face encounter with department staff after the inmate submits a health care request; and
- (g) the number of inmates who did not have a face-to-face encounter with department staff within 24 hours after the inmate submitted a health care request.

Section 8. Section **63A-17-307** is amended to read:

63A-17-307 . State pay plans -- Applicability of section -- Exemptions -- Duties of director.

- (1)(a) This section, and the rules made by the division under this section, apply to each career and noncareer employee not specifically exempted under Subsection (2).
- (b) If not exempted under Subsection (2), an employee is considered to be in classified service.
- (2) The following employees are exempt from this section:
 - (a) members of the Legislature and legislative employees;
 - (b) members of the judiciary and judicial employees;
 - (c) elected members of the executive branch and employees designated as schedule AC as provided under Subsection 63A-17-301(1)(c);
 - (d) employees of the State Board of Education;
 - (e) officers, faculty, and other employees of state institutions of higher education;
 - (f) employees in a position that is specified by statute to be exempt from this Subsection (2);
 - (g) employees in the Office of the Attorney General;
 - (h) department heads and other persons appointed by the governor under statute;
 - (i) schedule AS employees as provided under Subsection 63A-17-301(1)(m);
 - (j) department deputy directors, division directors, and other employees designated as schedule AD as provided under Subsection 63A-17-301(1)(d);

- (k) employees that determine and execute policy designated as schedule AR as provided under Subsection 63A-17-301(1)(l);
- (l) teaching staff, educational interpreters, and educators designated as schedule AH as provided under Subsection 63A-17-301(1)(g);
- (m) temporary employees described in Subsection 63A-17-301(1)(r);
- (n) patients and inmates designated as schedule AU as provided under Subsection 63A-17-301(1)(o) who are employed by state institutions; and
- (o) members of state and local boards and councils and other employees designated as schedule AQ as provided under Subsection 63A-17-301(1)(k).

(3)(a) The director shall prepare, maintain, and revise a position classification plan for each employee position not exempted under Subsection (2) to provide equal pay for equal work.

(b) Classification of positions shall be based upon similarity of duties performed and responsibilities assumed, so that the same job requirements and the same salary range, subject to Section 63A-17-112, may be applied equitably to each position in the same class.

(c) The director shall allocate or reallocate the position of each employee in classified service to one of the classes in the classification plan.

(d)(i) The division shall conduct periodic studies and interviews to provide that the classification plan remains reasonably current and reflects the duties and responsibilities assigned to and performed by employees.

(ii) The director shall determine the need for studies and interviews after considering factors such as changes in duties and responsibilities of positions or agency reorganizations.

(e) In accordance with Subsections (3)(a) and (b), and in consultation with the Department of Health and Human Services and the Department of Corrections, the director may create a classification plan for employee positions responsible for providing comprehensive health care and clinical interventions to inmates in a correctional facility, as those terms are defined in Section 26B-4-901, that accounts for the specific challenges of providing health care in a correctional facility.

(4)(a) With the approval of the executive director and the governor, the director shall develop and adopt pay plans for each position in classified service.

(b) The director shall design each pay plan to achieve, to the degree that funds permit, comparability of state salary ranges to the market using data obtained from private

enterprise and other public employment for similar work.

(c) The director shall adhere to the following in developing each pay plan:

(i) each pay plan shall consist of sufficient salary ranges to:

(A) permit adequate salary differential among the various classes of positions in the classification plan; and

(B) reflect the normal growth and productivity potential of employees in that class.

(ii) The director shall issue rules for the administration of pay plans.

(d) The establishing of a salary range is a nondelegable activity and is not appealable under the grievance procedures of Part 6, Grievance Provisions, Title 67, Chapter 19a, Grievance Procedures, or otherwise.

(e) The director shall make rules, accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, providing for:

(i) agency approved salary adjustments within approved salary ranges, including an administrative salary adjustment; and

(ii) structure adjustments that modify salary ranges, including a cost of living adjustment or market comparability adjustment.

(5)(a) On or before October 31 of each year, the director shall submit an annual compensation plan to the executive director and the governor for consideration in the executive budget and to the State Employee Benefits Advisory Commission created in Section 63C-31-102.

(b) The plan described in Subsection (5)(a) may include recommendations, including:

(i) salary increases that generally affect employees, including a general increase or merit increase;

(ii) salary increases that address compensation issues unique to an agency or occupation;

(iii) structure adjustments, including a cost of living adjustment or market comparability adjustment; or

(iv) changes to employee benefits.

(c)(i)(A) Subject to Subsection (5)(c)(i)(B) or (C), the director shall incorporate the results of a salary survey of a reasonable cross section of comparable positions in private and public employment in the state into the annual compensation plan.

(B) The salary survey for a law enforcement officer, as defined in Section 53-13-103, a correctional officer, as defined in Section 53-13-104, or a

- 505 dispatcher, as defined in Section 53-6-102, shall at minimum include the three
506 largest political subdivisions in the state that employ, respectively, comparable
507 positions.
- 508 (C) The salary survey for an examiner or supervisor described in Title 7, Chapter
509 1, Part 2, Department of Financial Institutions, shall at minimum include the
510 Federal Deposit Insurance Corporation, Federal Reserve, and National Credit
511 Union Administration.
- 512 (ii) The director may cooperate with or participate in any survey conducted by other
513 public and private employers.
- 514 (iii) The director shall obtain information for the purpose of constructing the survey
515 from the Division of Workforce Information and Payment Services and shall
516 include employer name, number of persons employed by the employer, employer
517 contact information and job titles, county code, and salary if available.
- 518 (iv) The division shall acquire and protect the needed records in compliance with the
519 provisions of Section 35A-4-312.
- 520 (d) The director may incorporate any other relevant information in the plan described in
521 Subsection (5)(a), including information on staff turnover, recruitment data, or
522 external market trends.
- 523 (e) The director shall:
- 524 (i) establish criteria to assure the adequacy and accuracy of data used to make
525 recommendations described in this Subsection (5); and
- 526 (ii) when preparing recommendations use accepted methodologies and techniques
527 similar to and consistent with those used in the private sector.
- 528 (f)(i) Upon request and subject to Subsection (5)(f)(ii), the division shall make
529 available foundational information used by the division or director in the drafting
530 of a plan described in Subsection (5)(a), including:
- 531 (A) demographic and labor market information;
- 532 (B) information on employee turnover;
- 533 (C) salary information;
- 534 (D) information on recruitment; and
- 535 (E) geographic data.
- 536 (ii) The division may not provide under Subsection (5)(f)(i) information or other data
537 that is proprietary or otherwise protected under the terms of a contract or by law.
- 538 (g) The governor shall:

- 539 (i) consider salary and structure adjustments recommended under Subsection (5)(b)
540 in preparing the executive budget and shall recommend the method of distributing
541 the adjustments;
- 542 (ii) submit compensation recommendations to the Legislature; and
543 (iii) support the recommendation with schedules indicating the cost to individual
544 departments and the source of funds.
- 545 (h) If funding is approved by the Legislature in a general appropriations act, the
546 adjustments take effect on the July 1 following the enactment unless otherwise
547 indicated.
- 548 (6)(a) The director shall make rules, in accordance with Title 63G, Chapter 3, Utah
549 Administrative Rulemaking Act, for the granting of incentive awards, including
550 awards for cost saving actions, awards for commendable actions by an employee, or a
551 market-based award to attract or retain employees.
- 552 (b) An agency may not grant a market-based award unless the award is previously
553 approved by the division.
- 554 (c) In accordance with Subsection (6)(b), an agency requesting the division's approval of
555 a market-based award shall submit a request and documentation, subject to
556 Subsection (6)(d), to the division.
- 557 (d) In the documentation required in Subsection (6)(c), the requesting agency shall
558 identify for the division:
- 559 (i) any benefit the market-based award would provide for the agency, including:
560 (A) budgetary advantages; or
561 (B) recruitment advantages;
- 562 (ii) a mission critical need to attract or retain unique or hard to find skills in the
563 market; or
- 564 (iii) any other advantage the agency would gain through the utilization of a
565 market-based award.
- 566 (7)(a) The director shall regularly evaluate the total compensation program of state
567 employees in the classified service.
- 568 (b) The division shall determine if employee benefits are comparable to those offered by
569 other private and public employers using information from:
- 570 (i) a study conducted by a third-party consultant; or
571 (ii) the most recent edition of a nationally recognized benefits survey.
- 572 Section 9. Section **64-13-21** is amended to read:

64-13-21 . Supervision of sentenced offenders placed in community --**Rulemaking -- POST certified parole or probation officers and peace officers -- Duties --
Supervision fee -- Coordination with local mental health authority.**

(1)(a) The department, except as otherwise provided by law, shall supervise a sentenced offender placed in the community if the offender:

(i)(A) is placed on probation by a court;

(B) is released on parole by the Board of Pardons and Parole; or

(C) is accepted for supervision under the terms of the Interstate Compact for the Supervision of Parolees and Probationers; and

(ii) has been convicted of:

(A) a felony;

(B) a class A misdemeanor when an element of the offense is the use or attempted use of physical force against an individual or property; or

(C) notwithstanding Subsection (1)(a)(ii)(B), a class A misdemeanor if the department is ordered by a court to supervise the offender under Section 77-18-105.

(b) If a sentenced offender participates in substance use treatment or a residential, vocational and life skills program, as defined in Section 13-53-102, while under supervision on probation or parole, the department shall monitor the offender's compliance with and completion of the treatment or program.

(c) The department shall establish standards for:

(i) the supervision of offenders in accordance with the adult sentencing and supervision length guidelines, as defined in Section 63M-7-401.1, giving priority, based on available resources, to felony offenders and offenders sentenced under Subsection 58-37-8 (2)(b)(ii); and

(ii) the monitoring described in Subsection (1)(b).

(2) The department shall apply the graduated and evidence-based responses established in the adult sentencing and supervision length guidelines, as defined in Section 63M-7-401.1, to facilitate a prompt and appropriate response to an individual's violation of the terms of probation or parole, including:

(a) sanctions to be used in response to a violation of the terms of probation or parole; and

(b) requesting approval from the court or Board of Pardons and Parole to impose a sanction for an individual's violation of the terms of probation or parole, for a period of incarceration of not more than three consecutive days and not more than a total of

607 six days within a period of 30 days.

608 (3) The department shall implement a program of graduated incentives as established in the
609 adult sentencing and supervision length guidelines, as defined in Section 63M-7-401.1
610 to facilitate the department's prompt and appropriate response to an offender's:

611 (a) compliance with the terms of probation or parole; or

612 (b) positive conduct that exceeds those terms.

613 (4)(a) The department shall, in collaboration with the State Commission on Criminal and
614 Juvenile Justice and the Division of Substance ~~[Abuse]~~ Use and Mental Health, create
615 standards and procedures for the collection of information, including cost savings
616 related to recidivism reduction and the reduction in the number of inmates, related to
617 the use of the graduated and evidence-based responses and graduated incentives, and
618 offenders' outcomes.

619 (b) The collected information shall be provided to the State Commission on Criminal
620 and Juvenile Justice not less frequently than annually on or before August 31.

621 (5) Employees of the department who are POST certified as law enforcement officers or
622 correctional officers and who are designated as parole and probation officers by the
623 executive director have the following duties:

624 (a) monitoring, investigating, and supervising a parolee's or probationer's compliance
625 with the conditions of the parole or probation agreement;

626 (b) investigating or apprehending any offender who has escaped from the custody of the
627 department or absconded from supervision;

628 (c) supervising any offender during transportation; or

629 (d) collecting DNA specimens when the specimens are required under Section 53-10-404.

630 (6)(a)(i) A monthly supervision fee of \$30 shall be collected from each offender on
631 probation or parole.

632 (ii) The fee described in Subsection (6)(a)(i) may be suspended or waived by the
633 department upon a showing by the offender that imposition would create a
634 substantial hardship or if the offender owes restitution to a victim.

635 (b)(i) The department shall make rules in accordance with Title 63G, Chapter 3, Utah
636 Administrative Rulemaking Act, specifying the criteria for suspension or waiver
637 of the supervision fee and the circumstances under which an offender may request
638 a hearing.

639 (ii) In determining whether the imposition of the supervision fee would constitute a
640 substantial hardship, the department shall consider the financial resources of the

641 offender and the burden that the fee would impose, with regard to the offender's
642 other obligations.

643 (7)(a) For offenders placed on probation under Section 77-18-105 or parole under
644 Subsection 76-3-202(2)(a) on or after October 1, 2015, but before January 1, 2019,
645 the department shall establish a program allowing an offender to earn a reduction
646 credit of 30 days from the offender's period of probation or parole for each month the
647 offender complies with the terms of the offender's probation or parole agreement,
648 including the case action plan.

649 (b)(i) For offenders placed on probation under Section 77-18-105 or parole under
650 Section 76-3-202 on or after July 1, 2026, the department shall establish a
651 program, consistent with the adult sentencing and supervision length guidelines,
652 as defined in Section 63M-7-401.1, to provide incentives for an offender that
653 maintains eligible employment, as defined in Section 64-13g-101.

654 (ii) The program under Subsection (7)(b)(i) may include a credit towards the
655 reduction of the length of supervision for an offender at a rate of up to 30 days for
656 each month that the offender maintains eligible employment, as defined in Section
657 64-13g-101.

658 (iii) A court, or the Board of Pardons and Parole, is not required to grant a request for
659 termination of supervision under the program described in this Subsection (7)(b) if
660 the court, or the Board of Pardons and Parole, finds that:

661 (A) the offender presents a substantial risk to public safety;

662 (B) termination would prevent the offender from completing risk reduction
663 programming or treatment; or

664 (C) the eligibility criteria for termination of supervision, as established in the adult
665 sentencing and supervision length guidelines, as defined in Section
666 63M-7-401.1, have not been met.

667 (iv) This Subsection (7)(b) does not prohibit the department, or another supervision
668 services provider, from requesting termination of supervision based on the
669 eligibility criteria in the adult sentencing and supervision length guidelines, as
670 defined in Section 63M-7-401.1.

671 (c) The department shall:

672 (i) maintain a record of credits earned by an offender under this Subsection (7); and

673 (ii) request from the court or the Board of Pardons and Parole the termination of
674 probation or parole not fewer than 30 days prior to the termination date that

- 675 reflects the credits earned under this Subsection (7).
- 676 (d) This Subsection (7) does not prohibit the department from requesting a termination
677 date earlier than the termination date established by earned credits under Subsection
678 (7)(c).
- 679 (e) The court or the Board of Pardons and Parole shall terminate an offender's probation
680 or parole upon completion of the period of probation or parole accrued by time
681 served and credits earned under this Subsection (7) unless the court or the Board of
682 Pardons and Parole finds that termination would interrupt the completion of a
683 necessary treatment program, in which case the termination of probation or parole
684 shall occur when the treatment program is completed.
- 685 (f) The department shall report annually to the State Commission on Criminal and
686 Juvenile Justice on or before August 31:
- 687 (i) the number of offenders who have earned probation or parole credits under this
688 Subsection (7) in one or more months of the preceding fiscal year and the
689 percentage of the offenders on probation or parole during that time that this
690 number represents;
- 691 (ii) the average number of credits earned by those offenders who earned credits;
- 692 (iii) the number of offenders who earned credits by county of residence while on
693 probation or parole;
- 694 (iv) the cost savings associated with sentencing reform programs and practices; and
- 695 (v) a description of how the savings will be invested in treatment and
696 early-intervention programs and practices at the county and state levels.
- 697 (8)(a) The department shall coordinate with a local mental health authority to complete
698 the requirements of this Subsection (8) for an offender who:
- 699 (i) is a habitual offender as that term is defined in Section 77-18-102;
700 (ii) has a mental illness as that term is defined in Section 26B-5-301; and
701 (iii) based on a risk and needs assessment:
- 702 (A) is at a high risk of reoffending; and
703 (B) has risk factors that may be addressed by available community-based services.
- 704 (b) For an offender described in Subsection (8)(a), at any time clinically appropriate or
705 at least three months before termination of an offender's parole or expiration of an
706 offender's sentence, the department shall coordinate with the Department of Health
707 and Human Services and the relevant local mental health authority to provide
708 applicable clinical assessments and transitional treatment planning and services for

709 the offender so that the offender may receive appropriate treatment and support
710 services after the termination of parole or expiration of sentence.

711 (c) The local mental health authority may determine whether the offender:

712 (i) meets the criteria for civil commitment;

713 (ii) meets the criteria for assisted outpatient treatment; or

714 (iii) would benefit from assignment to an assertive community treatment team or
715 available community-based services.

716 (d) Based on the local mental health authority's determination under Subsection (8)(c),
717 the local mental health authority shall, as appropriate:

718 (i) initiate an involuntary commitment court proceeding;

719 (ii) file a written application for assisted outpatient treatment; or

720 (iii) seek to have the offender assigned to an assertive community treatment team or
721 available community-based services.

722 (e) On or before November 1, 2025, the department shall provide a report to the Law
723 Enforcement and Criminal Justice Interim Committee regarding any proposed
724 changes to the requirements in this Subsection (8), including whether the
725 requirements of this Subsection (8) should also apply to any other category of
726 offenders.

727 **Section 10. Effective Date.**

728 This bill takes effect on May 7, 2025.