

**Civil Commitment Modifications**

2025 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Steve Eliason**

---

---

**LONG TITLE****Committee Note:**

The Health and Human Services Interim Committee recommended this bill.

Legislative Vote: 13 voting for 0 voting against 6 absent

**General Description:**

This bill amends provisions relating to civil commitment.

**Highlighted Provisions:**

This bill:

- ▶ amends notification requirements for when a patient is discharged from temporary, involuntary commitment;
- ▶ amends the information that must be included in discharge instructions that are given to an individual who is discharged from a local mental health authority's custody and allows discharge instructions to be provided in paper or electronic form depending on the individual's preference;
- ▶ provides that certain requirements related to civil commitment may be performed by a local mental health authority's designee;
- ▶ addresses when a local mental health authority is required to follow up with certain individuals discharged from civil commitment; and
- ▶ makes technical and conforming changes.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:**

AMENDS:

**26B-5-331**, as last amended by Laws of Utah 2024, Chapter 299

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

**26B-6-607**, as last amended by Laws of Utah 2024, Chapter 299

**26B-6-608**, as last amended by Laws of Utah 2024, Chapter 299

32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

---

---

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

Section 1. Section **26B-5-331** is amended to read:

**26B-5-331 . Temporary commitment -- Requirements and procedures -- Rights.**

(1) An adult shall be temporarily, involuntarily committed to a local mental health authority upon:

(a) a written application that:

(i) is completed by a responsible individual who has reason to know, stating a belief that the adult, due to mental illness, is likely to pose substantial danger to self or others if not restrained and stating the personal knowledge of the adult's condition or circumstances that lead to the individual's belief; and

(ii) includes a certification by a licensed physician, licensed physician assistant, licensed nurse practitioner, or designated examiner stating that the physician, physician assistant, nurse practitioner, or designated examiner has examined the adult within a three-day period immediately preceding the certification, and that the physician, physician assistant, nurse practitioner, or designated examiner is of the opinion that, due to mental illness, the adult poses a substantial danger to self or others; or

(b) a peace officer or a mental health officer:

(i) observing an adult's conduct that gives the peace officer or mental health officer probable cause to believe that:

(A) the adult has a mental illness; and

(B) because of the adult's mental illness and conduct, the adult poses a substantial danger to self or others; and

(ii) completing a temporary commitment application that:

(A) is on a form prescribed by the division;

(B) states the peace officer's or mental health officer's belief that the adult poses a substantial danger to self or others;

(C) states the specific nature of the danger;

(D) provides a summary of the observations upon which the statement of danger is based; and

(E) provides a statement of the facts that called the adult to the peace officer's or mental health officer's attention.

(2) If at any time a patient committed under this section no longer meets the commitment

- 66 criteria described in Subsection (1), [~~the local mental health authority or~~]the local  
67 mental health authority's designee shall:
- 68 (a) document the change and release the patient; and
- 69 (b) if the patient was admitted under Subsection (1)(b), notify the [~~peace officer or~~  
70 ~~mental health officer of the patient's release~~] local mental health authority of the  
71 patient's release if deemed appropriate by a licensed health care provider or if the  
72 patient consents to the information being shared.
- 73 (3) A patient committed under this section may be held for a maximum of 72 hours after  
74 commitment, excluding Saturdays, Sundays, and [~~legal~~] state holidays, unless:
- 75 (a) as described in Section 26B-5-332, an application for involuntary commitment is  
76 commenced, which may be accompanied by an order of detention described in  
77 Subsection 26B-5-332(4); or
- 78 (b) the patient makes a voluntary application for admission.
- 79 (4) Upon a written application described in Subsection (1)(a) or the observation and belief  
80 described in Subsection (1)(b)(i), the adult shall be:
- 81 (a) taken into a peace officer's protective custody, by reasonable means, if necessary for  
82 public safety; and
- 83 (b) transported for temporary commitment to a facility designated by the local mental  
84 health authority, by means of:
- 85 (i) an ambulance, if the adult meets any of the criteria described in Section 26B-4-119;
- 86 (ii) an ambulance, if a peace officer is not necessary for public safety, and  
87 transportation arrangements are made by a physician, physician assistant, nurse  
88 practitioner, designated examiner, or mental health officer;
- 89 (iii) the city, town, or municipal law enforcement authority with jurisdiction over the  
90 location where the adult is present, if the adult is not transported by ambulance;
- 91 (iv) the county sheriff, if the designated facility is outside of the jurisdiction of the  
92 law enforcement authority described in Subsection (4)(b)(iii) and the adult is not  
93 transported by ambulance; or
- 94 (v) nonemergency secured behavioral health transport as that term is defined in  
95 Section 53-2d-101.
- 96 (5) Notwithstanding Subsection (4):
- 97 (a) an individual shall be transported by ambulance to an appropriate medical facility for  
98 treatment if the individual requires physical medical attention;
- 99 (b) if an officer has probable cause to believe, based on the officer's experience and

100 de-escalation training that taking an individual into protective custody or transporting  
101 an individual for temporary commitment would increase the risk of substantial  
102 danger to the individual or others, a peace officer may exercise discretion to not take  
103 the individual into custody or transport the individual, as permitted by policies and  
104 procedures established by the officer's law enforcement agency and any applicable  
105 federal or state statute, or case law; and

106 (c) if an officer exercises discretion under Subsection (4)(b) to not take an individual  
107 into protective custody or transport an individual, the officer shall document in the  
108 officer's report the details and circumstances that led to the officer's decision.

109 (6)(a) The local mental health authority shall inform an adult patient committed under  
110 this section of the reason for commitment.

111 (b) An adult patient committed under this section has the right to:

112 (i) within three hours after arrival at the local mental health authority, make a  
113 telephone call, at the expense of the local mental health authority, to an individual  
114 of the patient's choice; and

115 (ii) see and communicate with an attorney.

116 (7)(a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this section.

117 (b) This section does not create a special duty of care.

118 (8)(a) A local mental health authority or the local mental health authority's designee  
119 shall provide discharge instructions to each individual committed under this section  
120 at or before the time the individual is discharged from the local mental health  
121 authority's custody, regardless of whether the individual is discharged by being  
122 released, taken into a peace officer's protective custody, transported to a medical  
123 facility or other facility, or other circumstances.

124 (b) Discharge instructions provided under Subsection (8)(a) shall include:

125 [~~(i) a summary of why the individual was committed to the local mental health~~  
126 ~~authority;~~]

127 [~~(ii) detailed information about why the individual is being discharged from the local~~  
128 ~~mental health authority's custody;~~]

129 [~~(iii)~~] (i) a safety plan for the individual based on the individual's mental illness or  
130 mental or emotional state, if applicable;

131 [~~(iv) notification to the individual's primary care provider, if applicable;~~]

132 [~~(v)~~] (ii) if the individual is discharged without food, housing, or economic security, a  
133 referral to appropriate services, if such services exist in the individual's

- 134 community;
- 135 ~~[(vi)]~~ (iii) the phone number to call or text for a crisis services hotline, and
- 136 information about the availability of peer support services;
- 137 ~~[(vii)]~~ (iv) a copy of any psychiatric advance directive~~[-presented to the local mental~~
- 138 ~~health authority]~~, if applicable;
- 139 ~~[(viii)]~~ (v) information about how to establish a psychiatric advance directive if one [
- 140 ~~was not presented to the local mental health authority]~~ has not been completed;
- 141 ~~[(ix)]~~ (vi) as applicable, information about medications that were changed or
- 142 discontinued during the commitment;
- 143 ~~[(x) a list of any screening or diagnostic tests conducted during the commitment;]~~
- 144 ~~[(xi) a summary of therapeutic treatments provided during the commitment;]~~
- 145 ~~[(xii) any laboratory work, including blood samples or imaging, that was completed~~
- 146 ~~or attempted during the commitment; and]~~
- 147 ~~[(xiii)]~~ (vii) information about how to contact the local mental health authority if
- 148 needed[-] ; and
- 149 (viii) information about how to request a copy of the individual's medical record and
- 150 how to access the electronic patient portal for the individual's medical record.
- 151 (c) If an individual's medications were changed, or if an individual was prescribed new
- 152 medications while committed under this section, discharge instructions provided
- 153 under Subsection (8)(a) shall include a clinically appropriate supply of medications,
- 154 as determined by a licensed health care provider, to allow the individual time to
- 155 access another health care provider or follow-up appointment.
- 156 (d) Discharge instructions shall be provided in paper or electronic format based on the
- 157 individual's preference.
- 158 ~~[(d)]~~ (e) If an individual refuses to accept discharge instructions, the local mental health
- 159 authority or the local mental health authority's designee shall document the refusal in
- 160 the individual's medical record.
- 161 ~~[(e)]~~ (f) If an individual's discharge instructions include referrals to services under
- 162 Subsection ~~[(8)(b)(v)]~~ (8)(b)(ii), the local mental health authority or the local mental
- 163 health authority's designee shall document those referrals in the individual's medical
- 164 record.
- 165 ~~[(f)]~~ (g) The local mental health authority shall attempt to follow up with a discharged
- 166 individual at least 48 hours after discharge, when appropriate, and may use peer
- 167 support professionals when performing follow-up care or developing a continuing

168 care plan.

169 Section 2. Section **26B-5-332** is amended to read:

170 **26B-5-332 . Involuntary commitment under court order -- Examination --**  
171 **Hearing -- Power of court -- Findings required -- Costs.**

172 (1) A responsible individual who has credible knowledge of an adult's mental illness and  
173 the condition or circumstances that have led to the adult's need to be involuntarily  
174 committed may initiate an involuntary commitment court proceeding by filing, in the  
175 court in the county where the proposed patient resides or is found, a written application  
176 that includes:

177 (a) unless the court finds that the information is not reasonably available, the proposed  
178 patient's:

179 (i) name;

180 (ii) date of birth; and

181 (iii) social security number;

182 (b)(i) a certificate of a licensed physician or a designated examiner stating that  
183 within the seven-day period immediately preceding the certification, the physician  
184 or designated examiner examined the proposed patient and is of the opinion that  
185 the proposed patient has a mental illness and should be involuntarily committed; or  
186 (ii) a written statement by the applicant that:

187 (A) the proposed patient has been requested to, but has refused to, submit to an  
188 examination of mental condition by a licensed physician or designated  
189 examiner;

190 (B) is sworn to under oath; and

191 (C) states the facts upon which the application is based; and

192 (c) a statement whether the proposed patient has previously been under an assisted  
193 outpatient treatment order, if known by the applicant.

194 (2) Before issuing a judicial order, the court:

195 (a) shall require the applicant to consult with the appropriate local mental health  
196 authority at or before the hearing; and

197 (b) may direct a mental health professional from the local mental health authority to  
198 interview the applicant and the proposed patient to determine the existing facts and  
199 report the existing facts to the court.

200 (3) The court may issue an order, directed to a mental health officer or peace officer, to  
201 immediately place a proposed patient in the custody of a local mental health authority or

202 in a temporary emergency facility, as described in Section 26B-5-334, to be detained for  
203 the purpose of examination if:

204 (a) the court finds from the application, any other statements under oath, or any reports  
205 from a mental health professional that there is a reasonable basis to believe that the  
206 proposed patient has a mental illness that poses a danger to self or others and requires  
207 involuntary commitment pending examination and hearing; or

208 (b) the proposed patient refuses to submit to an interview with a mental health  
209 professional as directed by the court or to go to a treatment facility voluntarily.

210 (4)(a) The court shall provide notice of commencement of proceedings for involuntary  
211 commitment, setting forth the allegations of the application and any reported facts,  
212 together with a copy of any official order of detention, to a proposed patient before,  
213 or upon, placement of the proposed patient in the custody of a local mental health  
214 authority or, with respect to any proposed patient presently in the custody of a local  
215 mental health authority whose status is being changed from voluntary to involuntary,  
216 upon the filing of an application for that purpose with the court.

217 (b) The place of detention shall maintain a copy of the order of detention.

218 (5)(a) The court shall provide notice of commencement of proceedings for involuntary  
219 commitment as soon as practicable to the applicant, any legal guardian, any  
220 immediate adult family members, legal counsel for the parties involved, the local  
221 mental health authority or the local mental health authority's designee, and any other  
222 persons whom the proposed patient or the court designates.

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

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

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

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

234 (b) If a case is transferred under Subsection (7)(a), the parties to the case may be  
235 transferred and the local mental health authority may be substituted in accordance

- 236 with Utah Rules of Civil Procedure, Rule 25.
- 237 (8) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance of a  
238 judicial order, or after commitment of a proposed patient to a local mental health  
239 authority or the local mental health authority's designee under court order for detention  
240 or examination, the court shall appoint two designated examiners:
- 241 (a) who did not sign the civil commitment application nor the civil commitment  
242 certification under Subsection (1);
- 243 (b) one of whom is:
- 244 (i) a licensed physician; or
- 245 (ii) a psychiatric mental health nurse practitioner or a psychiatric mental health  
246 clinical nurse specialist who:
- 247 (A) is nationally certified;
- 248 (B) is doctorally trained; and
- 249 (C) has at least two years of inpatient mental health experience, regardless of the  
250 license the individual held at the time of that experience; and
- 251 (c) one of whom may be designated by the proposed patient or the proposed patient's  
252 counsel, if that designated examiner is reasonably available.
- 253 (9) The court shall schedule a hearing to be held within 10 calendar days after the day on  
254 which the designated examiners are appointed.
- 255 (10)(a) The designated examiners shall:
- 256 (i) conduct the examinations separately;
- 257 (ii) conduct the examinations at the home of the proposed patient, at a hospital or  
258 other medical facility, or at any other suitable place, including through telehealth,  
259 that is not likely to have a harmful effect on the proposed patient's health;
- 260 (iii) inform the proposed patient, if not represented by an attorney:
- 261 (A) that the proposed patient does not have to say anything;
- 262 (B) of the nature and reasons for the examination;
- 263 (C) that the examination was ordered by the court;
- 264 (D) that any information volunteered could form part of the basis for the proposed  
265 patient's involuntary commitment;
- 266 (E) that findings resulting from the examination will be made available to the  
267 court; and
- 268 (F) that the designated examiner may, under court order, obtain the proposed  
269 patient's mental health records; and



- 270 (iv) within 24 hours of examining the proposed patient, report to the court, orally or  
271 in writing, whether the proposed patient is mentally ill, has agreed to voluntary  
272 commitment, as described in Section 26B-5-360, or has acceptable programs  
273 available to the proposed patient without court proceedings.
- 274 (b) If a designated examiner reports orally under Subsection (10)(a), the designated  
275 examiner shall immediately send a written report to the clerk of the court.
- 276 (11) If a designated examiner is unable to complete an examination on the first attempt  
277 because the proposed patient refuses to submit to the examination, the court shall fix a  
278 reasonable compensation to be paid to the examiner.
- 279 (12) If the local mental health authority, the local mental health authority's designee, or a  
280 medical examiner determines before the court hearing that the conditions justifying the  
281 findings leading to a commitment hearing no longer exist, the local mental health  
282 authority, the local mental health authority's designee, or the medical examiner shall  
283 immediately report the determination to the court.
- 284 (13) The court may terminate the proceedings and dismiss the application at any time,  
285 including before the hearing, if the designated examiners or the local mental health  
286 authority or the local mental health authority's designee informs the court that the  
287 proposed patient:
- 288 (a) does not meet the criteria in Subsection (16);  
289 (b) has agreed to voluntary commitment, as described in Section 26B-5-360;  
290 (c) has acceptable options for treatment programs that are available without court  
291 proceedings; or  
292 (d) meets the criteria for assisted outpatient treatment described in Section 26B-5-351.
- 293 (14)(a) Before the hearing, the court shall provide the proposed patient an opportunity  
294 to be represented by counsel, and if neither the proposed patient nor others provide  
295 counsel, the court shall appoint counsel and allow counsel sufficient time to consult  
296 with the proposed patient before the hearing.
- 297 (b) In the case of an indigent proposed patient, the county in which the proposed patient  
298 resides or is found shall make payment of reasonable attorney fees for counsel, as  
299 determined by the court.
- 300 (15)(a)(i) The court shall afford the proposed patient, the applicant, and any other  
301 person to whom notice is required to be given an opportunity to appear at the  
302 hearing, to testify, and to present and cross-examine witnesses.
- 303 (ii) The court may, in the court's discretion, receive the testimony of any other person.

- 304 (iii) The court may allow a waiver of the proposed patient's right to appear for good  
305 cause, which cause shall be set forth in the record, or an informed waiver by the  
306 patient, which shall be included in the record.
- 307 (b) The court is authorized to exclude any person not necessary for the conduct of the  
308 proceedings and may, upon motion of counsel, require the testimony of each  
309 designated examiner to be given out of the presence of any other designated  
310 examiners.
- 311 (c) The court shall conduct the hearing in as informal a manner as may be consistent  
312 with orderly procedure, and in a physical setting that is not likely to have a harmful  
313 effect on the mental health of the proposed patient, while preserving the due process  
314 rights of the proposed patient.
- 315 (d) The court shall consider any relevant historical and material information that is  
316 offered, subject to the rules of evidence, including reliable hearsay under Utah Rules  
317 of Evidence, Rule 1102.
- 318 (e)(i) A local mental health authority or the local mental health authority's designee  
319 or the physician in charge of the proposed patient's care shall, at the time of the  
320 hearing, provide the court with the following information:
- 321 (A) the detention order;
- 322 (B) admission notes;
- 323 (C) the diagnosis;
- 324 (D) any doctors' orders;
- 325 (E) progress notes;
- 326 (F) nursing notes;
- 327 (G) medication records pertaining to the current commitment; and
- 328 (H) whether the proposed patient has previously been civilly committed or under  
329 an order for assisted outpatient treatment.
- 330 (ii) The information described in Subsection (15)(e)(i) shall also be supplied to the  
331 proposed patient's counsel at the time of the hearing, and at any time prior to the  
332 hearing upon request.
- 333 (16)(a) The court shall order commitment of an adult proposed patient to a local mental  
334 health authority if, upon completion of the hearing and consideration of the  
335 information presented, the court finds by clear and convincing evidence that:
- 336 (i)(A) the proposed patient has a mental illness;
- 337 (B) because of the proposed patient's mental illness the proposed patient poses a

- 338 substantial danger to self or others;
- 339 (C) the proposed patient lacks the ability to engage in a rational decision-making  
340 process regarding the acceptance of mental treatment as demonstrated by  
341 evidence of inability to weigh the possible risks of accepting or rejecting  
342 treatment;
- 343 (D) there is no appropriate less-restrictive alternative to a court order of  
344 commitment; and
- 345 (E) the local mental health authority can provide the proposed patient with  
346 treatment that is adequate and appropriate to the proposed patient's conditions  
347 and needs; or
- 348 (ii)(A) the proposed patient has been charged with a criminal offense;
- 349 (B) with respect to the charged offense, the proposed patient is found incompetent  
350 to proceed as a result of a mental illness;
- 351 (C) the proposed patient has a mental illness;
- 352 (D) the proposed patient has a persistent unawareness of their mental illness and  
353 the negative consequences of that illness, or within the preceding six months  
354 has been requested or ordered to undergo mental health treatment but has  
355 unreasonably refused to undergo that treatment;
- 356 (E) there is no appropriate less-restrictive alternative to a court order of  
357 commitment; and
- 358 (F) the local mental health authority can provide the proposed patient with  
359 treatment that is adequate and appropriate to the proposed patient's conditions  
360 and needs.
- 361 (b)(i) If, at the hearing, the court determines that the proposed patient has a mental  
362 illness but does not meet the other criteria described in Subsection (16)(a), the  
363 court may consider whether the proposed patient meets the criteria for assisted  
364 outpatient treatment under Section 26B-5-351.
- 365 (ii) The court may order the proposed patient to receive assisted outpatient treatment  
366 in accordance with Section 26B-5-351 if, at the hearing, the court finds the  
367 proposed patient meets the criteria for assisted outpatient treatment under Section  
368 26B-5-351.
- 369 (iii) If the court determines that neither the criteria for commitment under Subsection  
370 (16)(a) nor the criteria for assisted outpatient treatment under Section 26B-5-351  
371 are met, the court shall dismiss the proceedings after the hearing.

- 372 (17)(a)(i) The order of commitment shall designate the period for which the patient  
373 shall be treated.
- 374 (ii) If the patient is not under an order of commitment at the time of the hearing, the  
375 patient's treatment period may not exceed six months without a review hearing.
- 376 (iii) Upon a review hearing, to be commenced before the expiration of the previous  
377 order of commitment, an order for commitment may be for an indeterminate  
378 period, if the court finds by clear and convincing evidence that the criteria  
379 described in Subsection (16) will last for an indeterminate period.
- 380 (b)(i) The court shall maintain a current list of all patients under the court's order of  
381 commitment and review the list to determine those patients who have been under  
382 an order of commitment for the court designated period.
- 383 (ii) At least two weeks before the expiration of the designated period of any order of  
384 commitment still in effect, the court that entered the original order of commitment  
385 shall inform the appropriate local mental health authority or the local mental  
386 health authority's designee of the expiration.
- 387 (iii) Upon receipt of the information described in Subsection (17)(b)(ii), the local  
388 mental health authority or the local mental health authority's designee shall  
389 immediately reexamine the reasons upon which the order of commitment was  
390 based.
- 391 (iv) If, after reexamination under Subsection (17)(b)(iii), the local mental health  
392 authority or the local mental health authority's designee determines that the  
393 conditions justifying commitment no longer exist, the local mental health  
394 authority or the local mental health authority's designee shall discharge the patient  
395 from involuntary commitment and immediately report the discharge to the court.
- 396 (v) If, after reexamination under Subsection (17)(b)(iii), the local mental health  
397 authority or the local mental health authority's designee determines that the  
398 conditions justifying commitment continue to exist, the court shall immediately  
399 appoint two designated examiners and proceed under Subsections (8) through (14).
- 400 (c)(i) The local mental health authority or the local mental health authority's  
401 designee responsible for the care of a patient under an order of commitment for an  
402 indeterminate period shall, at six-month intervals, reexamine the reasons upon  
403 which the order of indeterminate commitment was based.
- 404 (ii) If the local mental health authority or the local mental health authority's designee  
405 determines that the conditions justifying commitment no longer exist, the local

406 mental health authority or the local mental health authority's designee shall  
407 discharge the patient from the local mental health authority's or the local mental  
408 health authority designee's custody and immediately report the discharge to the  
409 court.

410 (iii) If the local mental health authority or the local mental health authority's designee  
411 determines that the conditions justifying commitment continue to exist, the local  
412 mental health authority or the local mental health authority's designee shall send a  
413 written report of the findings to the court.

414 (iv) A patient and the patient's counsel of record shall be notified in writing that the  
415 involuntary commitment will be continued under Subsection (17)(c)(iii), the  
416 reasons for the decision to continue, and that the patient has the right to a review  
417 hearing by making a request to the court.

418 (v) Upon receiving a request under Subsection (17)(c)(iv), the court shall  
419 immediately appoint two designated examiners and proceed under Subsections (8)  
420 through (14).

421 (18)(a) Any patient committed as a result of an original hearing or a patient's legally  
422 designated representative who is aggrieved by the findings, conclusions, and order of  
423 the court entered in the original hearing has the right to a new hearing upon a petition  
424 filed with the court within 30 days after the day on which the court order is entered.

425 (b) The petition shall allege error or mistake in the findings, in which case the court shall  
426 appoint three impartial designated examiners previously unrelated to the case to  
427 conduct an additional examination of the patient.

428 (c) Except as provided in Subsection (18)(b), the court shall, in all other respects,  
429 conduct the new hearing in the manner otherwise permitted.

430 (19) The county in which the proposed patient resides or is found shall pay the costs of all  
431 proceedings under this section.

432 (20)(a) A local mental health authority or the local mental health authority's designee  
433 shall provide discharge instructions to each individual committed under this section  
434 at or before the time the individual is discharged from the local mental health  
435 authority's custody, regardless of the circumstances under which the individual is  
436 discharged.

437 (b) Discharge instructions provided under Subsection (20)(a) shall include:

438 [~~i) a summary of why the individual was committed to the local mental health~~  
439 ~~authority;~~]

- 440 ~~[(ii) detailed information about why the individual is being discharged from the local~~  
 441 ~~mental health authority's custody;]~~
- 442 ~~[(iii)]~~ (i) a safety plan for the individual based on the individual's mental illness or  
 443 mental or emotional state, if applicable;
- 444 ~~[(iv) notification to the individual's primary care provider, if applicable;]~~
- 445 ~~[(v)]~~ (ii) if the individual is discharged without food, housing, or economic security, a  
 446 referral to appropriate services, if such services exist in the individual's  
 447 community;
- 448 ~~[(vi)]~~ (iii) the phone number to call or text for a crisis services hotline, and  
 449 information about the availability of peer support services;
- 450 ~~[(vii)]~~ (iv) a copy of any psychiatric advance directive ~~[presented to the local mental~~  
 451 ~~health authority], if applicable;~~
- 452 ~~[(viii)]~~ (v) information about how to establish a psychiatric advance directive if one [  
 453 ~~was not presented to the local mental health authority] has not been completed;~~
- 454 ~~[(ix)]~~ (vi) as applicable, information about medications that were changed or  
 455 discontinued during the commitment;
- 456 ~~[(x) a list of any screening or diagnostic tests conducted during the commitment;]~~
- 457 ~~[(xi) a summary of therapeutic treatments provided during the commitment;]~~
- 458 ~~[(xii) any laboratory work, including blood samples or imaging, that was completed~~  
 459 ~~or attempted during the commitment; and]~~
- 460 ~~[(xiii)]~~ (vii) information about how to contact the local mental health authority [if  
 461 needed] or established provider as appropriate; and
- 462 (viii) information about how to request a copy of the individual's medical record and  
 463 how to access the electronic patient portal for the individual's medical record.
- 464 (c) If an individual's medications were changed, or if an individual was prescribed new  
 465 medications while committed under this section, discharge instructions provided  
 466 under Subsection (20)(a) shall include a clinically appropriate supply of medications,  
 467 as determined by a licensed health care provider, to allow the individual time to  
 468 access another health care provider or follow-up appointment.
- 469 (d) Discharge instructions shall be provided in paper or electronic format based on the  
 470 individual's preference.
- 471 ~~[(d)]~~ (e) If an individual refuses to accept discharge instructions, the local mental health  
 472 authority shall document the refusal in the individual's medical record.
- 473 ~~[(e)]~~ (f) If an individual's discharge instructions include referrals to services under

474 Subsection [~~(20)(b)(v)~~] (20)(b)(ii), the local mental health authority shall document  
475 those referrals in the individual's medical record.

476 [~~(f)~~] (g) The local mental health authority shall attempt to follow up with a discharged  
477 individual at least 48 hours after discharge, when appropriate, and may use peer  
478 support professionals when performing follow-up care or developing a continuing  
479 care plan.

480 (21) If any provision of Subsection (16)(a)(ii) or the application of any provision of  
481 Subsection (16)(a)(ii) to any person or circumstance is held invalid by a court with  
482 jurisdiction, the remainder of Subsection (16)(a)(ii) shall be given effect without the  
483 invalid provision or application. The provisions of Subsection (16)(a)(ii) are severable.

484 Section 3. Section **26B-6-607** is amended to read:

485 **26B-6-607 . Temporary emergency commitment -- Observation and evaluation.**

486 (1) The director of the division or his designee may temporarily commit an individual to the  
487 division and therefore, as a matter of course, to an intermediate care facility for people  
488 with an intellectual disability for observation and evaluation upon:

489 (a) written application by a responsible person who has reason to know that the  
490 individual is in need of commitment, stating:

491 (i) a belief that the individual has an intellectual disability and is likely to cause  
492 serious injury to self or others if not immediately committed;

493 (ii) personal knowledge of the individual's condition; and

494 (iii) the circumstances supporting that belief; or

495 (b) certification by a licensed physician or designated intellectual disability professional  
496 stating that the physician or designated intellectual disability professional:

497 (i) has examined the individual within a three-day period immediately preceding the  
498 certification; and

499 (ii) is of the opinion that the individual has an intellectual disability, and that because  
500 of the individual's intellectual disability is likely to injure self or others if not  
501 immediately committed.

502 (2) If the individual in need of commitment is not placed in the custody of the director or  
503 the director's designee by the person submitting the application, the director's or the  
504 director's designee may certify, either in writing or orally that the individual is in need of  
505 immediate commitment to prevent injury to self or others.

506 (3) Upon receipt of the application required by Subsection (1)(a) and the certifications  
507 required by Subsections (1)(b) and (2), a peace officer may take the individual named in

- 508 the application and certificates into custody, and may transport the individual to a  
509 designated intermediate care facility for people with an intellectual disability.
- 510 (4)(a) An individual committed under this section may be held for a maximum of 72  
511 hours, excluding Saturdays, Sundays, and [legal] state holidays. At the expiration of  
512 that time, the individual shall be released unless proceedings for involuntary  
513 commitment have been commenced under Section 26B-6-608.
- 514 (b) After proceedings for involuntary commitment have been commenced the individual  
515 shall be released unless an order of detention is issued in accordance with Section  
516 26B-6-608.
- 517 (5) If an individual is committed to the division under this section on the application of any  
518 person other than the individual's legal guardian, spouse, parent, or next of kin, the  
519 director or his designee shall immediately give notice of the commitment to the  
520 individual's legal guardian, spouse, parent, or next of kin, if known.
- 521 (6)(a) The division or an intermediate care facility shall provide discharge instructions  
522 to each individual committed under this section at or before the time the individual is  
523 discharged from the custody of the division or intermediate care facility, regardless of  
524 whether the individual is discharged by being released or under other circumstances.
- 525 (b) Discharge instructions provided under Subsection (6)(a) shall include:
- 526 (i) a summary of why the individual was committed;
- 527 (ii) detailed information about why the individual is being discharged;
- 528 (iii) a safety plan for the individual based on the individual's intellectual disability  
529 and condition;
- 530 (iv) notification to the individual's primary care provider, if applicable;
- 531 (v) if the individual is discharged without food, housing, or economic security, a  
532 referral to appropriate services, if such services exist in the individual's  
533 community;
- 534 (vi) the phone number to call or text for a crisis services hotline, and information  
535 about the availability of peer support services;
- 536 (vii) a copy of any advance directive [~~presented to the local mental health authority~~],  
537 if applicable;
- 538 (viii) information about how to establish an advance directive if one was not  
539 presented to the division or intermediate care facility;
- 540 (ix) as applicable, information about medications that were changed or discontinued  
541 during the commitment;



- 542 (x) a list of any screening or diagnostic tests conducted during the commitment;
- 543 (xi) a summary of therapeutic treatments provided during the commitment;
- 544 (xii) any laboratory work, including blood samples or imaging, that was completed or
- 545 attempted during the commitment; and
- 546 (xiii) information about how to contact the division or intermediate care facility if
- 547 needed.
- 548 (c) If an individual's medications were changed, or if an individual was prescribed new
- 549 medications while committed under this section, discharge instructions provided
- 550 under Subsection (6)(a) shall include a clinically appropriate supply of medications,
- 551 as determined by a licensed health care provider, to allow the individual time to
- 552 access another health care provider or follow-up appointment.
- 553 (d) If an individual refuses to accept discharge instructions, the division or intermediate
- 554 care facility shall document the refusal in the individual's medical record.
- 555 (e) If an individual's discharge instructions include referrals to services under Subsection
- 556 (6)(b)(v), the division or intermediate care facility shall document those referrals in
- 557 the individual's medical record.
- 558 (f) The division shall attempt to follow up with a discharged individual at least 48 hours
- 559 after discharge, and may use peer support professionals when performing follow-up
- 560 care or developing a continuing care plan.

561 Section 4. Section **26B-6-608** is amended to read:

562 **26B-6-608 . Involuntary commitment -- Procedures -- Necessary findings --**

563 **Periodic review.**

- 564 (1) Any responsible person who has reason to know that an individual is in need of
- 565 commitment, who has a belief that the individual has an intellectual disability, and who
- 566 has personal knowledge of the conditions and circumstances supporting that belief, may
- 567 commence proceedings for involuntary commitment by filing a written petition with the
- 568 district court, or if the subject of the petition is less than 18 years old with the juvenile
- 569 court, of the county in which the individual to be committed is physically located at the
- 570 time the petition is filed. The application shall be accompanied by:
- 571 (a) a certificate of a licensed physician or a designated intellectual disability
- 572 professional, stating that within a seven-day period immediately preceding the
- 573 certification, the physician or designated intellectual disability professional examined
- 574 the individual and believes that the individual has an intellectual disability and is in
- 575 need of involuntary commitment; or

- 576 (b) a written statement by the petitioner that:
- 577 (i) states that the individual was requested to, but refused to, submit to an
- 578 examination for an intellectual disability by a licensed physician or designated
- 579 intellectual disability professional, and that the individual refuses to voluntarily go
- 580 to the division or an intermediate care facility for people with an intellectual
- 581 disability recommended by the division for treatment;
- 582 (ii) is under oath; and
- 583 (iii) sets forth the facts on which the statement is based.
- 584 (2) Before issuing a detention order, the court may require the petitioner to consult with
- 585 personnel at the division or at an intermediate care facility for people with an intellectual
- 586 disability and may direct a designated intellectual disability professional to interview the
- 587 petitioner and the individual to be committed, to determine the existing facts, and to
- 588 report them to the court.
- 589 (3) The court may issue a detention order and may direct a peace officer to immediately
- 590 take the individual to an intermediate care facility for people with an intellectual
- 591 disability to be detained for purposes of an examination if the court finds from the
- 592 petition, from other statements under oath, or from reports of physicians or designated
- 593 intellectual disability professionals that there is a reasonable basis to believe that the
- 594 individual to be committed:
- 595 (a) poses an immediate danger of physical injury to self or others;
- 596 (b) requires involuntary commitment pending examination and hearing;
- 597 (c) the individual was requested but refused to submit to an examination by a licensed
- 598 physician or designated intellectual disability professional; or
- 599 (d) the individual refused to voluntarily go to the division or to an intermediate care
- 600 facility for people with an intellectual disability recommended by the division.
- 601 (4)(a) If the court issues a detention order based on an application that did not include a
- 602 certification by a designated intellectual disability professional or physician in
- 603 accordance with Subsection (1)(a), the director or his designee shall within 24 hours
- 604 after issuance of the detention order, excluding Saturdays, Sundays, and legal
- 605 holidays, examine the individual, report the results of the examination to the court
- 606 and inform the court:
- 607 (i) whether the director or his designee believes that the individual has an intellectual
- 608 disability; and
- 609 (ii) whether appropriate treatment programs are available and will be used by the

- 610 individual without court proceedings.
- 611 (b) If the report of the director or his designee is based on an oral report of the examiner,  
612 the examiner shall immediately send the results of the examination in writing to the  
613 clerk of the court.
- 614 (5) Immediately after an individual is involuntarily committed under a detention order or  
615 under Section 26B-6-607, the director or his designee shall inform the individual, orally  
616 and in writing, of his right to communicate with an attorney. If an individual desires to  
617 communicate with an attorney, the director or his designee shall take immediate steps to  
618 assist the individual in contacting and communicating with an attorney.
- 619 (6)(a) Immediately after commencement of proceedings for involuntary commitment,  
620 the court shall give notice of commencement of the proceedings to:
- 621 (i) the individual to be committed;  
622 (ii) the applicant;  
623 (iii) any legal guardian of the individual;  
624 (iv) adult members of the individual's immediate family;  
625 (v) legal counsel of the individual to be committed, if any;  
626 (vi) the division; and  
627 (vii) any other person to whom the individual requests, or the court designates, notice  
628 to be given.
- 629 (b) If an individual cannot or refuses to disclose the identity of persons to be notified,  
630 the extent of notice shall be determined by the court.
- 631 (7) That notice shall:
- 632 (a) set forth the allegations of the petition and all supporting facts;  
633 (b) be accompanied by a copy of any detention order issued under Subsection (3); and  
634 (c) state that a hearing will be held within the time provided by law, and give the time  
635 and place for that hearing.
- 636 (8) The court may transfer the case and the custody of the individual to be committed to any  
637 other district court within the state, if:
- 638 (a) there are no appropriate facilities for persons with an intellectual disability within the  
639 judicial district; and  
640 (b) the transfer will not be adverse to the interests of the individual.
- 641 (9)(a) Within 24 hours, excluding Saturdays, Sundays, and [legal] state holidays, after  
642 any order or commitment under a detention order, the court shall appoint two  
643 designated intellectual disability professionals to examine the individual. If

644 requested by the individual's counsel, the court shall appoint a reasonably available,  
645 qualified person designated by counsel to be one of the examining designated  
646 intellectual disability professionals. The examinations shall be conducted:

- 647 (i) separately;
- 648 (ii) at the home of the individual to be committed, a hospital, an intermediate care  
649 facility for people with an intellectual disability, or any other suitable place not  
650 likely to have a harmful effect on the individual; and
- 651 (iii) within a reasonable period of time after appointment of the examiners by the  
652 court.

653 (b) The court shall set a time for a hearing to be held within 10 court days of the  
654 appointment of the examiners. However, the court may immediately terminate the  
655 proceedings and dismiss the application if, prior to the hearing date, the examiners,  
656 the director, or his designee informs the court that:

- 657 (i) the individual does not have an intellectual disability; or
- 658 (ii) treatment programs are available and will be used by the individual without court  
659 proceedings.

660 (10)(a) Each individual has the right to be represented by counsel at the commitment  
661 hearing and in all preliminary proceedings. If neither the individual nor others  
662 provide counsel, the court shall appoint counsel and allow sufficient time for counsel  
663 to consult with the individual prior to any hearing.

664 (b) If the individual is indigent, the county in which the individual was physically  
665 located when taken into custody shall pay reasonable attorney fees as determined by  
666 the court.

667 (11) The division or a designated intellectual disability professional in charge of the  
668 individual's care shall provide all documented information on the individual to be  
669 committed and to the court at the time of the hearing. The individual's attorney shall  
670 have access to all documented information on the individual at the time of and prior to  
671 the hearing.

672 (12)(a) The court shall provide an opportunity to the individual, the petitioner, and all  
673 other persons to whom notice is required to be given to appear at the hearing, to  
674 testify, and to present and cross-examine witnesses.

675 (b) The court may, in its discretion:

- 676 (i) receive the testimony of any other person;
- 677 (ii) allow a waiver of the right to appear only for good cause shown;

- 678 (iii) exclude from the hearing all persons not necessary to conduct the proceedings;  
679 and
- 680 (iv) upon motion of counsel, require the testimony of each examiner to be given out  
681 of the presence of any other examiner.
- 682 (c) The hearing shall be conducted in as informal a manner as may be consistent with  
683 orderly procedure, and in a physical setting that is not likely to have a harmful effect  
684 on the individual. The Utah Rules of Evidence apply, and the hearing shall be a  
685 matter of court record. A verbatim record of the proceedings shall be maintained.
- 686 (13) The court may order commitment if, upon completion of the hearing and consideration  
687 of the record, it finds by clear and convincing evidence that all of the following  
688 conditions are met:
- 689 (a) the individual to be committed has an intellectual disability;
- 690 (b) because of the individual's intellectual disability one or more of the following  
691 conditions exist:
- 692 (i) the individual poses an immediate danger of physical injury to self or others;
- 693 (ii) the individual lacks the capacity to provide the basic necessities of life, such as  
694 food, clothing, or shelter; or
- 695 (iii) the individual is in immediate need of habilitation, rehabilitation, care, or  
696 treatment to minimize the effects of the condition which poses a threat of serious  
697 physical or psychological injury to the individual, and the individual lacks the  
698 capacity to engage in a rational decision-making process concerning the need for  
699 habilitation, rehabilitation, care, or treatment, as evidenced by an inability to  
700 weigh the possible costs and benefits of the care or treatment and the alternatives  
701 to it;
- 702 (c) there is no appropriate, less restrictive alternative reasonably available; and
- 703 (d) the division or the intermediate care facility for people with an intellectual disability  
704 recommended by the division in which the individual is to be committed can provide  
705 the individual with treatment, care, habilitation, or rehabilitation that is adequate and  
706 appropriate to the individual's condition and needs.
- 707 (14) In the absence of any of the required findings by the court, described in Subsection  
708 (13), the court shall dismiss the proceedings.
- 709 (15)(a) The order of commitment shall designate the period for which the individual  
710 will be committed. An initial commitment may not exceed six months. Before the  
711 end of the initial commitment period, the administrator of the intermediate care

- 712 facility for people with an intellectual disability shall commence a review hearing on  
713 behalf of the individual.
- 714 (b) At the conclusion of the review hearing, the court may issue an order of commitment  
715 for up to a one-year period.
- 716 (16) An individual committed under this part has the right to a rehearing, upon filing a  
717 petition with the court within 30 days after entry of the court's order. If the petition for  
718 rehearing alleges error or mistake in the court's findings, the court shall appoint one  
719 impartial licensed physician and two impartial designated intellectual disability  
720 professionals who have not previously been involved in the case to examine the  
721 individual. The rehearing shall, in all other respects, be conducted in accordance with  
722 this part.
- 723 (17)(a) The court shall maintain a current list of all individuals under its orders of  
724 commitment. That list shall be reviewed in order to determine those patients who  
725 have been under an order of commitment for the designated period.
- 726 (b) At least two weeks prior to the expiration of the designated period of any  
727 commitment order still in effect, the court that entered the original order shall inform  
728 the director of the division of the impending expiration of the designated  
729 commitment period.
- 730 (c) The staff of the division shall immediately:
- 731 (i) reexamine the reasons upon which the order of commitment was based and report  
732 the results of the examination to the court;
- 733 (ii) discharge the resident from involuntary commitment if the conditions justifying  
734 commitment no longer exist; and
- 735 (iii) immediately inform the court of any discharge.
- 736 (d) If the director of the division reports to the court that the conditions justifying  
737 commitment no longer exist, and the administrator of the intermediate care facility  
738 for people with an intellectual disability does not discharge the individual at the end  
739 of the designated period, the court shall order the immediate discharge of the  
740 individual, unless involuntary commitment proceedings are again commenced in  
741 accordance with this section.
- 742 (e) If the director of the division, or the director's designee reports to the court that the  
743 conditions designated in Subsection (13) still exist, the court may extend the  
744 commitment order for up to one year. At the end of any extension, the individual  
745 must be reexamined in accordance with this section, or discharged.

- 746 (18) When a resident is discharged under this subsection, the division shall provide any  
747 further support services available and required to meet the resident's needs.
- 748 (19)(a) The division or an intermediate care facility shall provide discharge instructions  
749 to each individual committed under this section at or before the time the individual is  
750 discharged from the custody of the division or intermediate care facility, regardless of  
751 whether the individual is discharged by being released or under other circumstances.
- 752 (b) Discharge instructions provided under Subsection (19)(a) shall include:
- 753 (i) a summary of why the individual was committed;
- 754 (ii) detailed information about why the individual is being discharged;
- 755 (iii) a safety plan for the individual based on the individual's intellectual disability  
756 and condition;
- 757 (iv) notification to the individual's primary care provider, if applicable;
- 758 (v) if the individual is discharged without food, housing, or economic security, a  
759 referral to appropriate services, if such services exist in the individual's  
760 community;
- 761 (vi) the phone number to call or text for a crisis services hotline, and information  
762 about the availability of peer support services;
- 763 (vii) a copy of any advance directive presented to the [~~local mental health authority~~]  
764 division or intermediate care facility, if applicable;
- 765 (viii) information about how to establish an advance directive if one was not  
766 presented to the division or intermediate care facility;
- 767 (ix) as applicable, information about medications that were changed or discontinued  
768 during the commitment;
- 769 (x) a list of any screening or diagnostic tests conducted during the commitment;
- 770 (xi) a summary of therapeutic treatments provided during the commitment;
- 771 (xii) any laboratory work, including blood samples or imaging, that was completed or  
772 attempted during the commitment; and
- 773 (xiii) information about how to contact the division or intermediate care facility if  
774 needed.
- 775 (c) If an individual's medications were changed, or if an individual was prescribed new  
776 medications while committed under this section, discharge instructions provided  
777 under Subsection (19)(a) shall include a clinically appropriate supply of medications,  
778 as determined by a licensed health care provider, to allow the individual time to  
779 access another health care provider or follow-up appointment.

780 (d) If an individual refuses to accept discharge instructions, the division or intermediate  
781 care facility shall document the refusal in the individual's medical record.

782 (e) If an individual's discharge instructions include referrals to services under Subsection  
783 (19)(b)(v), the division or intermediate care facility shall document those referrals in  
784 the individual's medical record.

785 (f) The division shall attempt to follow up with a discharged individual at least 48 hours  
786 after discharge, and may use peer support professionals when performing follow-up  
787 care or developing a continuing care plan.

788 **Section 5. Effective Date.**

789 This bill takes effect on May 7, 2025.