

Steve Eliason proposes the following substitute bill:

**Civil Commitment Modifications**

2025 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Steve Eliason**

Senate Sponsor: Todd Weiler

1

2 **LONG TITLE**

3 **General Description:**

4 This bill amends provisions relating to civil commitment.

5 **Highlighted Provisions:**

6 This bill:

7 ▶ amends notification requirements for when a patient is discharged from temporary,  
8 involuntary commitment;

9 ▶ amends the information that must be included in discharge instructions that are given to  
10 an individual who is discharged from a local mental health authority's custody and  
11 allows discharge instructions to be provided in paper or electronic form depending on  
12 the individual's preference;

13 ▶ provides that certain requirements related to civil commitment may be performed by a  
14 local mental health authority's designee;

15 ▶ addresses when a local mental health authority is required to follow up with certain  
16 individuals discharged from civil commitment; and

17 ▶ makes technical and conforming changes.

18 **Money Appropriated in this Bill:**

19 None

20 **Other Special Clauses:**

21 None

22 **Utah Code Sections Affected:**

23 AMENDS:

24 **26B-5-331**, as last amended by Laws of Utah 2024, Chapter 299

25 **26B-5-332**, as last amended by Laws of Utah 2024, Chapters 287, 299 and 314

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

27 **26B-6-608**, as last amended by Laws of Utah 2024, Chapter 299

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*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

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

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

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

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

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

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

111 (ii) see and communicate with an attorney.

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

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

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

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

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

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

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

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

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

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

164 care plan.

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

166 **26B-5-332 . Involuntary commitment under court order -- Examination --**  
167 **Hearing -- Power of court -- Findings required -- Costs.**

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

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

175 (i) name;

176 (ii) date of birth; and

177 (iii) social security number;

178 (b)(i) a certificate of a licensed physician or a designated examiner stating that within  
179 the seven-day period immediately preceding the certification, the physician or  
180 designated examiner examined the proposed patient and is of the opinion that the  
181 proposed patient has a mental illness and should be involuntarily committed; or

182 (ii) a written statement by the applicant that:

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

186 (B) is sworn to under oath; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 402 mental health authority or the local mental health authority's designee shall  
403 discharge the patient from the local mental health authority's or the local mental  
404 health authority designee's custody and immediately report the discharge to the  
405 court.
- 406 (iii) If the local mental health authority or the local mental health authority's designee  
407 determines that the conditions justifying commitment continue to exist, the local  
408 mental health authority or the local mental health authority's designee shall send a  
409 written report of the findings to the court.
- 410 (iv) A patient and the patient's counsel of record shall be notified in writing that the  
411 involuntary commitment will be continued under Subsection (17)(c)(iii), the  
412 reasons for the decision to continue, and that the patient has the right to a review  
413 hearing by making a request to the court.
- 414 (v) Upon receiving a request under Subsection (17)(c)(iv), the court shall  
415 immediately appoint two designated examiners and proceed under Subsections (8)  
416 through (14).
- 417 (18)(a) Any patient committed as a result of an original hearing or a patient's legally  
418 designated representative who is aggrieved by the findings, conclusions, and order of  
419 the court entered in the original hearing has the right to a new hearing upon a petition  
420 filed with the court within 30 days after the day on which the court order is entered.
- 421 (b) The petition shall allege error or mistake in the findings, in which case the court shall  
422 appoint three impartial designated examiners previously unrelated to the case to  
423 conduct an additional examination of the patient.
- 424 (c) Except as provided in Subsection (18)(b), the court shall, in all other respects,  
425 conduct the new hearing in the manner otherwise permitted.
- 426 (19) The county in which the proposed patient resides or is found shall pay the costs of all  
427 proceedings under this section.
- 428 (20)(a) A local mental health authority or the local mental health authority's designee  
429 shall provide discharge instructions to each individual committed under this section  
430 at or before the time the individual is discharged from the local mental health  
431 authority's custody, regardless of the circumstances under which the individual is  
432 discharged.
- 433 (b) Discharge instructions provided under Subsection (20)(a) shall include:  
434 [~~(i) a summary of why the individual was committed to the local mental health~~  
435 ~~authority;~~]

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

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

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

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

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

481 **26B-6-607 . Temporary emergency commitment -- Observation and evaluation.**

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

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

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

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

490 (iii) the circumstances supporting that belief; or

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

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

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

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

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

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

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

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

558           **26B-6-608 . Involuntary commitment -- Procedures -- Necessary findings --**

559           **Periodic review.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

784 Section 5. **Effective Date.**

785 This bill takes effect on May 7, 2025.