

Jennifer Dailey-Provost proposes the following substitute bill:

Criminal Justice and Mental Health Coordination Amendments

2025 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Jennifer Dailey-Provost

LONG TITLE

General Description:

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

Highlighted Provisions:

This bill:

- requires local mental health authorities to designate an individual or individuals responsible for providing consultation, education, and information services concerning guardianship and conservatorship options for individuals experiencing mental health crises;
- requires the Division of Integrated Healthcare to adopt and maintain, and certain designated examiners to complete an annual training program relating to civil commitment;
- creates the Crisis Response Task Force (task force) and describes the task force's duties;
- provides a sunset date for the task force; and
- makes technical and conforming changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

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

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

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

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

ENACTS:

36-29-113, Utah Code Annotated 1953

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

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

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

(1) As used in this section:

- (a) "Assisted outpatient treatment" means the same as that term is defined in Section 26B-5-301.
- (b) "Crisis worker" means the same as that term is defined in Section 26B-5-610.
- (c) "Local mental health crisis line" means the same as that term is defined in Section 26B-5-610.
- (d) "Mental health therapist" means the same as that term is defined in Section 58-60-102.
- (e) "Public funds" means the same as that term is defined in Section 17-43-303.
- (f) "Statewide mental health crisis line" means the same as that term is defined in Section 26B-5-610.

(2)(a)(i) In each county operating under a county executive-council form of

government under Section 17-52a-203, the county legislative body is the local mental health authority, provided however that any contract for plan services shall be administered by the county executive.

(ii) In each county operating under a council-manager form of government under Section 17-52a-204, the county manager is the local mental health authority.

(iii) In each county other than a county described in Subsection (2)(a)(i) or (ii), the county legislative body is the local mental health authority.

(b) Within legislative appropriations and county matching funds required by this section, under the direction of the division, each local mental health authority shall:

- (i) provide mental health services to individuals within the county; and
- (ii) cooperate with efforts of the division to promote integrated programs that address an individual's substance use, mental health, and physical healthcare needs, as described in Section 26B-5-102.

(c) Within legislative appropriations and county matching funds required by this section, each local mental health authority shall cooperate with the efforts of the department to promote a system of care, as defined in Section 26B-5-101, for minors with or at risk for complex emotional and behavioral needs, as described in Section 26B-1-202.

(3)(a) By executing an interlocal agreement under Title 11, Chapter 13, Interlocal Cooperation Act, two or more counties may join to:

- 65 (i) provide mental health prevention and treatment services; or
66 (ii) create a united local health department that combines substance use treatment
67 services, mental health services, and local health department services in
68 accordance with Subsection (4).
- 69 (b) The legislative bodies of counties joining to provide services may establish
70 acceptable ways of apportioning the cost of mental health services.
- 71 (c) Each agreement for joint mental health services shall:
- 72 (i)(A) designate the treasurer of one of the participating counties or another
73 person as the treasurer for the combined mental health authorities and as the
74 custodian of money available for the joint services; and
- 75 (B) provide that the designated treasurer, or other disbursing officer authorized by
76 the treasurer, may make payments from the money available for the joint
77 services upon audit of the appropriate auditing officer or officers representing
78 the participating counties;
- 79 (ii) provide for the appointment of an independent auditor or a county auditor of one
80 of the participating counties as the designated auditing officer for the combined
81 mental health authorities;
- 82 (iii)(A) provide for the appointment of the county or district attorney of one of the
83 participating counties as the designated legal officer for the combined mental
84 health authorities; and
- 85 (B) authorize the designated legal officer to request and receive the assistance of
86 the county or district attorneys of the other participating counties in defending
87 or prosecuting actions within their counties relating to the combined mental
88 health authorities; and
- 89 (iv) provide for the adoption of management, clinical, financial, procurement,
90 personnel, and administrative policies as already established by one of the
91 participating counties or as approved by the legislative body of each participating
92 county or interlocal board.
- 93 (d) An agreement for joint mental health services may provide for:
- 94 (i) joint operation of services and facilities or for operation of services and facilities
95 under contract by one participating local mental health authority for other
96 participating local mental health authorities; and
- 97 (ii) allocation of appointments of members of the mental health advisory council
98 between or among participating counties.

99 (4) A county governing body may elect to combine the local mental health authority with
100 the local substance abuse authority created in Part 2, Local Substance Abuse Authorities,
101 and the local health department created in Title 26A, Chapter 1, Part 1, Local Health
102 Department Act, to create a united local health department under Section 26A-1-105.5.
103 A local mental health authority that joins with a united local health department shall
104 comply with this part.

105 (5)(a) Each local mental health authority is accountable to the department and the state
106 with regard to the use of state and federal funds received from those departments for
107 mental health services, regardless of whether the services are provided by a private
108 contract provider.

109 (b) Each local mental health authority shall comply, and require compliance by its
110 contract provider, with all directives issued by the department regarding the use and
111 expenditure of state and federal funds received from those departments for the
112 purpose of providing mental health programs and services. The department shall
113 ensure that those directives are not duplicative or conflicting, and shall consult and
114 coordinate with local mental health authorities with regard to programs and services.

115 (6)(a) Each local mental health authority shall:

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

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

119 and

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

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

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

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

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

130 (vi) establish and require contract providers to establish administrative, clinical,
131 personnel, financial, procurement, and management policies regarding mental

132 health services and facilities, in accordance with the rules of the division, and state

- 133 and federal law;
- 134 (vii) establish mechanisms allowing for direct citizen input;
- 135 (viii) annually contract with the division to provide mental health programs and
 136 services in accordance with the provisions of Title 26B, Chapter 5, Health Care -
 137 Substance Use and Mental Health;
- 138 (ix) comply with all applicable state and federal statutes, policies, audit requirements,
 139 contract requirements, and any directives resulting from those audits and contract
 140 requirements;
- 141 (x) provide funding equal to at least 20% of the state funds that it receives to fund
 142 services described in the plan;
- 143 (xi) comply with the requirements and procedures of Title 11, Chapter 13, Interlocal
 144 Cooperation Act, Title 17B, Chapter 1, Part 6, Fiscal Procedures for Special
 145 Districts, and Title 51, Chapter 2a, Accounting Reports from Political Subdivisions,
 146 Interlocal Organizations, and Other Local Entities Act; and
- 147 (xii) take and retain physical custody of minors committed to the physical custody of
 148 local mental health authorities by a judicial proceeding under Title 26B, Chapter
 149 5, Part 4, Commitment of Persons Under Age 18.
- 150 (b) Each plan under Subsection (6)(a)(ii) shall include services for adults, youth, and
 151 children, which shall include:
- 152 (i) inpatient care and services;
- 153 (ii) residential care and services;
- 154 (iii) outpatient care and services;
- 155 (iv) 24-hour crisis care and services;
- 156 (v) psychotropic medication management;
- 157 (vi) psychosocial rehabilitation, including vocational training and skills development;
- 158 (vii) case management;
- 159 (viii) community supports, including in-home services, housing, family support
 160 services, and respite services;
- 161 (ix) consultation and education services, including:
- 162 (A) case consultation[;] ;
- 163 (B) collaboration with other county service agencies[;] ;
- 164 (C) public education[;and] ;
- 165 (D) public information; and
- 166 (E) a designated individual or individuals responsible for providing consultation

167 and education services concerning guardianship and conservatorship options
168 for individuals experiencing mental health crises, including information
169 concerning the process for seeking the appointment of an emergency guardian
170 under Section 75-5-310 or a temporary conservator under Section 75-5-408;

171 and

172 (x) services to persons incarcerated in a county jail or other county correctional
173 facility.

174 (7)(a) If a local mental health authority provides for a local mental health crisis line
175 under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv),
176 the local mental health authority shall:

177 (i) collaborate with the statewide mental health crisis line described in Section
178 26B-5-610;

179 (ii) ensure that each individual who answers calls to the local mental health crisis line:

180 (A) is a mental health therapist or a crisis worker; and

181 (B) meets the standards of care and practice established by the Division of
182 Integrated Healthcare, in accordance with Section 26B-5-610; and

183 (iii) ensure that when necessary, based on the local mental health crisis line's
184 capacity, calls are immediately routed to the statewide mental health crisis line to
185 ensure that when an individual calls the local mental health crisis line, regardless
186 of the time, date, or number of individuals trying to simultaneously access the
187 local mental health crisis line, a mental health therapist or a crisis worker answers
188 the call without the caller first:

189 (A) waiting on hold; or

190 (B) being screened by an individual other than a mental health therapist or crisis
191 worker.

192 (b) If a local mental health authority does not provide for a local mental health crisis line
193 under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv),
194 the local mental health authority shall use the statewide mental health crisis line as a
195 local crisis line resource.

196 (8) Before disbursing any public funds, each local mental health authority shall require that
197 each entity that receives any public funds from a local mental health authority agrees in
198 writing that:

199 (a) the entity's financial records and other records relevant to the entity's performance of
200 the services provided to the mental health authority shall be subject to examination

- 201 by:
- 202 (i) the division;
- 203 (ii) the local mental health authority director;
- 204 (iii)(A) the county treasurer and county or district attorney; or
- 205 (B) if two or more counties jointly provide mental health services under an
- 206 agreement under Subsection (3), the designated treasurer and the designated
- 207 legal officer;
- 208 (iv) the county legislative body; and
- 209 (v) in a county with a county executive that is separate from the county legislative
- 210 body, the county executive;
- 211 (b) the county auditor may examine and audit the entity's financial and other records
- 212 relevant to the entity's performance of the services provided to the local mental health
- 213 authority; and
- 214 (c) the entity will comply with the provisions of Subsection (5)(b).
- 215 (9) A local mental health authority may receive property, grants, gifts, supplies, materials,
- 216 contributions, and any benefit derived therefrom, for mental health services. If those
- 217 gifts are conditioned upon their use for a specified service or program, they shall be so
- 218 used.
- 219 (10) Public funds received for the provision of services pursuant to the local mental health
- 220 plan may not be used for any other purpose except those authorized in the contract
- 221 between the local mental health authority and the provider for the provision of plan
- 222 services.
- 223 (11) A local mental health authority shall provide assisted outpatient treatment services to a
- 224 resident of the county who has been ordered under Section 26B-5-351 to receive assisted
- 225 outpatient treatment.
- 226 Section 2. Section **26B-5-332** is amended to read:
- 227 **26B-5-332 . Involuntary commitment under court order -- Examination --**
- 228 **Hearing -- Power of court -- Findings required -- Costs.**
- 229 (1) A responsible individual who has credible knowledge of an adult's mental illness and
- 230 the condition or circumstances that have led to the adult's need to be involuntarily
- 231 committed may initiate an involuntary commitment court proceeding by filing, in the
- 232 court in the county where the proposed patient resides or is found, a written application
- 233 that includes:
- 234 (a) unless the court finds that the information is not reasonably available, the proposed

- 235 patient's:
- 236 (i) name;
- 237 (ii) date of birth; and
- 238 (iii) social security number;
- 239 (b)(i) a certificate of a licensed physician or a designated examiner stating that
- 240 within the seven-day period immediately preceding the certification, the physician
- 241 or designated examiner examined the proposed patient and is of the opinion that
- 242 the proposed patient has a mental illness and should be involuntarily committed; or
- 243 (ii) a written statement by the applicant that:
- 244 (A) the proposed patient has been requested to, but has refused to, submit to an
- 245 examination of mental condition by a licensed physician or designated
- 246 examiner;
- 247 (B) is sworn to under oath; and
- 248 (C) states the facts upon which the application is based; and
- 249 (c) a statement whether the proposed patient has previously been under an assisted
- 250 outpatient treatment order, if known by the applicant.
- 251 (2) Before issuing a judicial order, the court:
- 252 (a) shall require the applicant to consult with the appropriate local mental health
- 253 authority at or before the hearing; and
- 254 (b) may direct a mental health professional from the local mental health authority to
- 255 interview the applicant and the proposed patient to determine the existing facts and
- 256 report the existing facts to the court.
- 257 (3) The court may issue an order, directed to a mental health officer or peace officer, to
- 258 immediately place a proposed patient in the custody of a local mental health authority or
- 259 in a temporary emergency facility, as described in Section 26B-5-334, to be detained for
- 260 the purpose of examination if:
- 261 (a) the court finds from the application, any other statements under oath, or any reports
- 262 from a mental health professional that there is a reasonable basis to believe that the
- 263 proposed patient has a mental illness that poses a danger to self or others and requires
- 264 involuntary commitment pending examination and hearing; or
- 265 (b) the proposed patient refuses to submit to an interview with a mental health
- 266 professional as directed by the court or to go to a treatment facility voluntarily.
- 267 (4)(a) The court shall provide notice of commencement of proceedings for involuntary
- 268 commitment, setting forth the allegations of the application and any reported facts,

269 together with a copy of any official order of detention, to a proposed patient before,
270 or upon, placement of the proposed patient in the custody of a local mental health
271 authority or, with respect to any proposed patient presently in the custody of a local
272 mental health authority whose status is being changed from voluntary to involuntary,
273 upon the filing of an application for that purpose with the court.

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

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

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

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

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

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

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

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

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

300 (b) one of whom is:

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

- 303 (ii) a psychiatric mental health nurse practitioner or a psychiatric mental health
304 clinical nurse specialist who:
- 305 (A) is nationally certified;
- 306 (B) is doctorally trained;[~~and~~]
- 307 (C) has at least two years of inpatient mental health experience, regardless of the
308 license the individual held at the time of that experience; and
- 309 (D) has complied with the training requirements described in Section 26B-5-339;
310 and
- 311 (c) one of whom may be designated by the proposed patient or the proposed patient's
312 counsel, if that designated examiner is reasonably available.
- 313 (9) The court shall schedule a hearing to be held within 10 calendar days after the day on
314 which the designated examiners are appointed.
- 315 (10)(a) The designated examiners shall:
- 316 (i) conduct the examinations separately;
- 317 (ii) conduct the examinations at the home of the proposed patient, at a hospital or
318 other medical facility, or at any other suitable place, including through telehealth,
319 that is not likely to have a harmful effect on the proposed patient's health;
- 320 (iii) inform the proposed patient, if not represented by an attorney:
- 321 (A) that the proposed patient does not have to say anything;
- 322 (B) of the nature and reasons for the examination;
- 323 (C) that the examination was ordered by the court;
- 324 (D) that any information volunteered could form part of the basis for the proposed
325 patient's involuntary commitment;
- 326 (E) that findings resulting from the examination will be made available to the
327 court; and
- 328 (F) that the designated examiner may, under court order, obtain the proposed
329 patient's mental health records; and
- 330 (iv) within 24 hours of examining the proposed patient, report to the court, orally or
331 in writing, whether the proposed patient is mentally ill, has agreed to voluntary
332 commitment, as described in Section 26B-5-360, or has acceptable programs
333 available to the proposed patient without court proceedings.
- 334 (b) If a designated examiner reports orally under Subsection (10)(a), the designated
335 examiner shall immediately send a written report to the clerk of the court.
- 336 (11) If a designated examiner is unable to complete an examination on the first attempt

337 because the proposed patient refuses to submit to the examination, the court shall fix a
338 reasonable compensation to be paid to the examiner.

339 (12) If the local mental health authority, the local mental health authority's designee, or a
340 medical examiner determines before the court hearing that the conditions justifying the
341 findings leading to a commitment hearing no longer exist, the local mental health
342 authority, the local mental health authority's designee, or the medical examiner shall
343 immediately report the determination to the court.

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

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

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

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

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

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

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

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

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

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

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

- 371 (c) The court shall conduct the hearing in as informal a manner as may be consistent
372 with orderly procedure, and in a physical setting that is not likely to have a harmful
373 effect on the mental health of the proposed patient, while preserving the due process
374 rights of the proposed patient.
- 375 (d) The court shall consider any relevant historical and material information that is
376 offered, subject to the rules of evidence, including reliable hearsay under Utah Rules
377 of Evidence, Rule 1102.
- 378 (e)(i) A local mental health authority or the local mental health authority's designee
379 or the physician in charge of the proposed patient's care shall, at the time of the
380 hearing, provide the court with the following information:
- 381 (A) the detention order;
 - 382 (B) admission notes;
 - 383 (C) the diagnosis;
 - 384 (D) any doctors' orders;
 - 385 (E) progress notes;
 - 386 (F) nursing notes;
 - 387 (G) medication records pertaining to the current commitment; and
 - 388 (H) whether the proposed patient has previously been civilly committed or under
389 an order for assisted outpatient treatment.
- 390 (ii) The information described in Subsection (15)(e)(i) shall also be supplied to the
391 proposed patient's counsel at the time of the hearing, and at any time prior to the
392 hearing upon request.
- 393 (16)(a) The court shall order commitment of an adult proposed patient to a local mental
394 health authority if, upon completion of the hearing and consideration of the
395 information presented, the court finds by clear and convincing evidence that:
- 396 (i)(A) the proposed patient has a mental illness;
 - 397 (B) because of the proposed patient's mental illness the proposed patient poses a
398 substantial danger to self or others;
 - 399 (C) the proposed patient lacks the ability to engage in a rational decision-making
400 process regarding the acceptance of mental treatment as demonstrated by
401 evidence of inability to weigh the possible risks of accepting or rejecting
402 treatment;
 - 403 (D) there is no appropriate less-restrictive alternative to a court order of
404 commitment; and

- 405 (E) the local mental health authority can provide the proposed patient with
406 treatment that is adequate and appropriate to the proposed patient's conditions
407 and needs; or
- 408 (ii)(A) the proposed patient has been charged with a criminal offense;
409 (B) with respect to the charged offense, the proposed patient is found incompetent
410 to proceed as a result of a mental illness;
411 (C) the proposed patient has a mental illness;
412 (D) the proposed patient has a persistent unawareness of their mental illness and
413 the negative consequences of that illness, or within the preceding six months
414 has been requested or ordered to undergo mental health treatment but has
415 unreasonably refused to undergo that treatment;
416 (E) there is no appropriate less-restrictive alternative to a court order of
417 commitment; and
418 (F) the local mental health authority can provide the proposed patient with
419 treatment that is adequate and appropriate to the proposed patient's conditions
420 and needs.
- 421 (b)(i) If, at the hearing, the court determines that the proposed patient has a mental
422 illness but does not meet the other criteria described in Subsection (16)(a), the
423 court may consider whether the proposed patient meets the criteria for assisted
424 outpatient treatment under Section 26B-5-351.
- 425 (ii) The court may order the proposed patient to receive assisted outpatient treatment
426 in accordance with Section 26B-5-351 if, at the hearing, the court finds the
427 proposed patient meets the criteria for assisted outpatient treatment under Section
428 26B-5-351.
- 429 (iii) If the court determines that neither the criteria for commitment under Subsection
430 (16)(a) nor the criteria for assisted outpatient treatment under Section 26B-5-351
431 are met, the court shall dismiss the proceedings after the hearing.
- 432 (17)(a)(i) The order of commitment shall designate the period for which the patient
433 shall be treated.
- 434 (ii) If the patient is not under an order of commitment at the time of the hearing, the
435 patient's treatment period may not exceed six months without a review hearing.
- 436 (iii) Upon a review hearing, to be commenced before the expiration of the previous
437 order of commitment, an order for commitment may be for an indeterminate
438 period, if the court finds by clear and convincing evidence that the criteria

- 439 described in Subsection (16) will last for an indeterminate period.
- 440 (b)(i) The court shall maintain a current list of all patients under the court's order of
441 commitment and review the list to determine those patients who have been under
442 an order of commitment for the court designated period.
- 443 (ii) At least two weeks before the expiration of the designated period of any order of
444 commitment still in effect, the court that entered the original order of commitment
445 shall inform the appropriate local mental health authority or the local mental
446 health authority's designee of the expiration.
- 447 (iii) Upon receipt of the information described in Subsection (17)(b)(ii), the local
448 mental health authority or the local mental health authority's designee shall
449 immediately reexamine the reasons upon which the order of commitment was
450 based.
- 451 (iv) If, after reexamination under Subsection (17)(b)(iii), the local mental health
452 authority or the local mental health authority's designee determines that the
453 conditions justifying commitment no longer exist, the local mental health
454 authority or the local mental health authority's designee shall discharge the patient
455 from involuntary commitment and immediately report the discharge to the court.
- 456 (v) If, after reexamination under Subsection (17)(b)(iii), the local mental health
457 authority or the local mental health authority's designee determines that the
458 conditions justifying commitment continue to exist, the court shall immediately
459 appoint two designated examiners and proceed under Subsections (8) through (14).
- 460 (c)(i) The local mental health authority or the local mental health authority's
461 designee responsible for the care of a patient under an order of commitment for an
462 indeterminate period shall, at six-month intervals, reexamine the reasons upon
463 which the order of indeterminate commitment was based.
- 464 (ii) If the local mental health authority or the local mental health authority's designee
465 determines that the conditions justifying commitment no longer exist, the local
466 mental health authority or the local mental health authority's designee shall
467 discharge the patient from the local mental health authority's or the local mental
468 health authority designee's custody and immediately report the discharge to the
469 court.
- 470 (iii) If the local mental health authority or the local mental health authority's designee
471 determines that the conditions justifying commitment continue to exist, the local
472 mental health authority or the local mental health authority's designee shall send a

- 473 written report of the findings to the court.
- 474 (iv) A patient and the patient's counsel of record shall be notified in writing that the
475 involuntary commitment will be continued under Subsection (17)(c)(iii), the
476 reasons for the decision to continue, and that the patient has the right to a review
477 hearing by making a request to the court.
- 478 (v) Upon receiving a request under Subsection (17)(c)(iv), the court shall
479 immediately appoint two designated examiners and proceed under Subsections (8)
480 through (14).
- 481 (18)(a) Any patient committed as a result of an original hearing or a patient's legally
482 designated representative who is aggrieved by the findings, conclusions, and order of
483 the court entered in the original hearing has the right to a new hearing upon a petition
484 filed with the court within 30 days after the day on which the court order is entered.
- 485 (b) The petition shall allege error or mistake in the findings, in which case the court shall
486 appoint three impartial designated examiners previously unrelated to the case to
487 conduct an additional examination of the patient.
- 488 (c) Except as provided in Subsection (18)(b), the court shall, in all other respects,
489 conduct the new hearing in the manner otherwise permitted.
- 490 (19) The county in which the proposed patient resides or is found shall pay the costs of all
491 proceedings under this section.
- 492 (20)(a) A local mental health authority shall provide discharge instructions to each
493 individual committed under this section at or before the time the individual is
494 discharged from the local mental health authority's custody, regardless of the
495 circumstances under which the individual is discharged.
- 496 (b) Discharge instructions provided under Subsection (20)(a) shall include:
- 497 (i) a summary of why the individual was committed to the local mental health
498 authority;
- 499 (ii) detailed information about why the individual is being discharged from the local
500 mental health authority's custody;
- 501 (iii) a safety plan for the individual based on the individual's mental illness or mental
502 or emotional state;
- 503 (iv) notification to the individual's primary care provider, if applicable;
- 504 (v) if the individual is discharged without food, housing, or economic security, a
505 referral to appropriate services, if such services exist in the individual's
506 community;

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

541 including:

542 (i) the purpose of civil commitment;

543 (ii) the civil commitment process; and

544 (iii) statutes governing civil commitment.

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

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

549 ~~[(2)]~~ (3) A designated examiner may request a court order to obtain a proposed patient's
 550 mental health records if a proposed patient refuses to share this information with the
 551 designated examiner.

552 ~~[(3)]~~ (4) A designated examiner, when evaluating a proposed patient for civil commitment,
 553 shall consider whether:

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

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

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

559 ~~[(4)]~~ (5) A designated examiner shall be allowed a reasonable fee by the county legislative
 560 body of the county in which the proposed patient resides or is found, unless the
 561 designated examiner is otherwise paid.

562 Section 4. Section **36-29-113** is enacted to read:

563 **36-29-113 . Crisis Response Task Force.**

564 (1) As used in this section:

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

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

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

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

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

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

- 575 (d) the executive director of the Department of Corrections, or the executive director's
576 designee;
- 577 (e) the executive director of the Department of Health and Human Services, or the
578 executive director's designee;
- 579 (f) the commissioner of public safety, or the commissioner's designee;
- 580 (g) the state court administrator, or the state court administrator's designee;
- 581 (h) a representative of the Utah Chiefs of Police Association, appointed by the president
582 of that association;
- 583 (i) a representative of the Utah Sheriffs' Association, appointed by the president of that
584 association;
- 585 (j) a representative of the Board of Pardons and Parole, appointed by the chair of that
586 board;
- 587 (k) a representative of the Utah Association of Counties, appointed by the president of
588 that association;
- 589 (l) an individual with lived experience with mental health crises, appointed by the
590 director of the Office of Substance Use and Mental Health;
- 591 (m) a representative of the Disability Law Center, appointed by the executive director of
592 that center;
- 593 (n) a representative of the Statewide Association of Prosecutors, appointed by that
594 association; and
- 595 (o) a criminal defense attorney, appointed by the Utah Association of Criminal Defense
596 Lawyers.
- 597 (3)(a) The president of the Senate shall designate a member of the Senate appointed
598 under Subsection (2)(a) as a cochair of the task force.
- 599 (b) The speaker of the House of Representatives shall designate a member of the House
600 of Representatives appointed under Subsection (2)(b) as a cochair of the task force.
- 601 (4) If a vacancy occurs in the membership of the task force described in Subsection (2), the
602 member shall be replaced in the same manner in which the original appointment was
603 made.
- 604 (5)(a) A majority of the members of the task force constitutes a quorum.
- 605 (b) The action of a majority of a quorum constitutes an action of the task force.
- 606 (6) Salaries and expenses of the members of the task force who are legislators shall be paid
607 in accordance with:
- 608 (a) Section 36-2-2;

- 609 (b) Legislative Joint Rules, Title 5, Chapter 2, Lodging, Meal, and Transportation
610 Expenses; and
- 611 (c) Legislative Joint Rules, Title 5, Chapter 3, Legislator Compensation.
- 612 (7) A member of the task force who is not a legislator:
- 613 (a) may not receive compensation for the member's work associated with the task force;
614 and
- 615 (b) may receive per diem and reimbursement for travel expenses incurred as a member
616 of the task force at the rates established by the Division of Finance under Sections
617 63A-3-106 and 63A-3-107.
- 618 (8) The Office of Legislative Research and General Counsel shall provide staff support to
619 the task force.
- 620 (9) The task force shall:
- 621 (a) review the interaction of criminal justice systems and mental health systems;
- 622 (b) based on the review described in Subsection (9)(a), make recommendations
623 regarding the specific parameters of a study that could be conducted to provide
624 necessary data to guide the design of a pilot program aimed at improving outcomes
625 for individuals experiencing a mental health crisis; and
- 626 (c) if a study is undertaken based on the recommendations described in Subsection (9)(b),
627 review the results of the study and make recommendations regarding the specific
628 parameters of the pilot program described in Subsection (9)(b).
- 629 (10)(a) On or before September 30, 2025, the task force shall provide a report that
630 includes the recommendations described in Subsection (9)(b) to the Health and
631 Human Services Interim Committee and the Legislative Management Committee.
- 632 (b) If the study described in Subsection (9)(b) is undertaken, the task force shall provide
633 a report that includes the recommendations described in Subsection (9)(c) to the
634 Health and Human Services Interim Committee and the Legislative Management
635 Committee on or before July 31, 2027.
- 636 (11) The task force shall meet as needed.
- 637 (12) The task force is repealed December 31, 2027.
- 638 Section 5. Section **63I-1-236** is amended to read:
639 **63I-1-236 . Repeal dates: Title 36.**
- 640 (1) Title 36, Chapter 17, Legislative Process Committee, is repealed January 1, 2028.
- 641 (2) Section 36-29-111, Public Safety Data Management Task Force, is repealed July 1,
642 2029.

643 (3) Title 36, Chapter 28, Veterans and Military Affairs Commission, is repealed January 1,
644 2030.

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

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

647 Section 6. **Effective Date.**

648 This bill takes effect on May 7, 2025.