

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

Senate Sponsor:

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 certain options for individuals experiencing mental health crises;
- requires the Division of Integrated Healthcare to create and maintain an optional training program relating to civil commitment for stakeholders who may be involved in the civil commitment process;
- requires the Behavioral Health Crisis Response Committee to create a working group relating to the interaction of criminal justice systems and mental health systems, and describes the working group's duties; 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-5-339**, as renumbered and amended by Laws of Utah 2023, Chapter 308
- 63C-18-203**, as last amended by Laws of Utah 2024, Chapters 245, 250

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

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

31 **17-43-301 . Local mental health authorities -- Responsibilities.**

32 (1) As used in this section:

- 33 (a) "Assisted outpatient treatment" means the same as that term is defined in Section
34 26B-5-301.
- 35 (b) "Crisis worker" means the same as that term is defined in Section 26B-5-610.
- 36 (c) "Local mental health crisis line" means the same as that term is defined in Section
37 26B-5-610.
- 38 (d) "Mental health therapist" means the same as that term is defined in Section 58-60-102.
- 39 (e) "Public funds" means the same as that term is defined in Section 17-43-303.
- 40 (f) "Statewide mental health crisis line" means the same as that term is defined in
41 Section 26B-5-610.

42 (2)(a)(i) In each county operating under a county executive-council form of
43 government under Section 17-52a-203, the county legislative body is the local
44 mental health authority, provided however that any contract for plan services shall
45 be administered by the county executive.

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

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

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

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

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

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

- 62 (i) provide mental health prevention and treatment services; or

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

97 the local substance abuse authority created in Part 2, Local Substance Abuse Authorities,
98 and the local health department created in Title 26A, Chapter 1, Part 1, Local Health
99 Department Act, to create a united local health department under Section 26A-1-105.5.

100 A local mental health authority that joins with a united local health department shall
101 comply with this part.

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

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

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

113 (i) review and evaluate mental health needs and services, including mental health
114 needs and services for:

115 (A) an individual incarcerated in a county jail or other county correctional facility;
116 and

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

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

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

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

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

127 (vi) establish and require contract providers to establish administrative, clinical,
128 personnel, financial, procurement, and management policies regarding mental
129 health services and facilities, in accordance with the rules of the division, and state
130 and federal law;

- 131 (vii) establish mechanisms allowing for direct citizen input;
- 132 (viii) annually contract with the division to provide mental health programs and
 133 services in accordance with the provisions of Title 26B, Chapter 5, Health Care -
 134 Substance Use and Mental Health;
- 135 (ix) comply with all applicable state and federal statutes, policies, audit requirements,
 136 contract requirements, and any directives resulting from those audits and contract
 137 requirements;
- 138 (x) provide funding equal to at least 20% of the state funds that it receives to fund
 139 services described in the plan;
- 140 (xi) comply with the requirements and procedures of Title 11, Chapter 13, Interlocal
 141 Cooperation Act, Title 17B, Chapter 1, Part 6, Fiscal Procedures for Special
 142 Districts, and Title 51, Chapter 2a, Accounting Reports from Political
 143 Subdivisions, Interlocal Organizations, and Other Local Entities Act; and
- 144 (xii) take and retain physical custody of minors committed to the physical custody of
 145 local mental health authorities by a judicial proceeding under Title 26B, Chapter
 146 5, Part 4, Commitment of Persons Under Age 18.
- 147 (b) Each plan under Subsection (6)(a)(ii) shall include services for adults, youth, and
 148 children, which shall include:
- 149 (i) inpatient care and services;
- 150 (ii) residential care and services;
- 151 (iii) outpatient care and services;
- 152 (iv) 24-hour crisis care and services;
- 153 (v) psychotropic medication management;
- 154 (vi) psychosocial rehabilitation, including vocational training and skills development;
- 155 (vii) case management;
- 156 (viii) community supports, including in-home services, housing, family support
 157 services, and respite services;
- 158 (ix) consultation and education services, including:
- 159 (A) case consultation[~~;~~];
- 160 (B) collaboration with other county service agencies[~~;~~];
- 161 (C) public education[~~;~~ and];
- 162 (D) public information; and
- 163 (E) information concerning the process for seeking the appointment of an
 164 emergency guardian under Section 75-5-310, an emergency conservator under

165 Section 75-5-408, and alternative options for individuals experiencing mental
166 health crises; and

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

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

172 (i) collaborate with the statewide mental health crisis line described in Section
173 26B-5-610;

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

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

176 (B) meets the standards of care and practice established by the Division of

177 Integrated Healthcare, in accordance with Section 26B-5-610; and

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

184 (A) waiting on hold; or

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

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

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

194 (a) the entity's financial records and other records relevant to the entity's performance of
195 the services provided to the mental health authority shall be subject to examination
196 by:

197 (i) the division;

198 (ii) the local mental health authority director;

- 199 (iii)(A) the county treasurer and county or district attorney; or
 200 (B) if two or more counties jointly provide mental health services under an
 201 agreement under Subsection (3), the designated treasurer and the designated
 202 legal officer;
 203 (iv) the county legislative body; and
 204 (v) in a county with a county executive that is separate from the county legislative
 205 body, the county executive;
- 206 (b) the county auditor may examine and audit the entity's financial and other records
 207 relevant to the entity's performance of the services provided to the local mental health
 208 authority; and
 209 (c) the entity will comply with the provisions of Subsection (5)(b).
- 210 (9) A local mental health authority may receive property, grants, gifts, supplies, materials,
 211 contributions, and any benefit derived therefrom, for mental health services. If those
 212 gifts are conditioned upon their use for a specified service or program, they shall be so
 213 used.
- 214 (10) Public funds received for the provision of services pursuant to the local mental health
 215 plan may not be used for any other purpose except those authorized in the contract
 216 between the local mental health authority and the provider for the provision of plan
 217 services.
- 218 (11) A local mental health authority shall provide assisted outpatient treatment services to a
 219 resident of the county who has been ordered under Section 26B-5-351 to receive assisted
 220 outpatient treatment.

221 Section 2. Section **26B-5-339** is amended to read:

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

- 223 (1) The division shall create and maintain optional training programs designed to educate
 224 physicians, physician assistants, advanced practice registered nurses, law enforcement
 225 officers, and other stakeholders on the process and requirements for civil commitment,
 226 including:
- 227 (a) the purpose of civil commitment;
 228 (b) the civil commitment process; and
 229 (c) statutes governing civil commitment.
- 230 (2) A designated examiner shall consider a proposed patient's mental health history when
 231 evaluating a proposed patient.
- 232 [~~2~~] (3) A designated examiner may request a court order to obtain a proposed patient's

233 mental health records if a proposed patient refuses to share this information with the
234 designated examiner.

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

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

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

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

242 ~~[(4)]~~ (5) A designated examiner shall be allowed a reasonable fee by the county legislative
243 body of the county in which the proposed patient resides or is found, unless the
244 designated examiner is otherwise paid.

245 Section 3. Section **63C-18-203** is amended to read:

246 **63C-18-203 . Committee duties -- Reporting requirements.**

247 (1) Under the direction of the Utah Behavioral Health Commission created in Section
248 26B-5-702, the committee shall:

249 (a) identify a method to integrate existing local mental health crisis lines to ensure each
250 individual who accesses a local mental health crisis line is connected to a qualified
251 mental or behavioral health professional, regardless of the time, date, or number of
252 individuals trying to simultaneously access the local mental health crisis line;

253 (b) study how to establish and implement a statewide mental health crisis line and a
254 statewide warm line, including identifying:

255 (i) a statewide phone number or other means for an individual to easily access the
256 statewide mental health crisis line, including a short code for text messaging and a
257 three-digit number for calls;

258 (ii) a statewide phone number or other means for an individual to easily access the
259 statewide warm line, including a short code for text messaging and a three-digit
260 number for calls;

261 (iii) a supply of:

262 (A) qualified mental or behavioral health professionals to staff the statewide
263 mental health crisis line; and

264 (B) qualified mental or behavioral health professionals or certified peer support
265 specialists to staff the statewide warm line; and

266 (iv) a funding mechanism to operate and maintain the statewide mental health crisis

- 267 line and the statewide warm line;
- 268 (c) coordinate with local mental health authorities in fulfilling the committee's duties
269 described in Subsections (1)(a) and (b);
- 270 (d) recommend standards for the certifications described in Section 26B-5-610; and
- 271 (e) coordinate services provided by local mental health crisis lines and mobile crisis
272 outreach teams, as defined in Section 62A-15-1401.
- 273 (2) The committee shall study and make recommendations regarding:
- 274 (a) crisis line practices and needs, including:
- 275 (i) quality and timeliness of service;
- 276 (ii) service volume projections;
- 277 (iii) a statewide assessment of crisis line staffing needs, including required
278 certifications; and
- 279 (iv) a statewide assessment of technology needs;
- 280 (b) primary duties performed by crisis line workers;
- 281 (c) coordination or redistribution of secondary duties performed by crisis line workers,
282 including responding to non-emergency calls;
- 283 (d) operating the statewide 988 hotline:
- 284 (i) in accordance with federal law;
- 285 (ii) to ensure the efficient and effective routing of calls to an appropriate crisis center;
286 and
- 287 (iii) to directly respond to calls with trained personnel and the provision of acute
288 mental health, crisis outreach, and stabilization services;
- 289 (e) opportunities to increase operational and technological efficiencies and effectiveness
290 between 988 and 911, utilizing current technology;
- 291 (f) needs for interoperability partnerships and policies related to 911 call transfers and
292 public safety responses;
- 293 (g) standards for statewide mobile crisis outreach teams, including:
- 294 (i) current models and projected needs;
- 295 (ii) quality and timeliness of service;
- 296 (iii) hospital and jail diversions; and
- 297 (iv) staffing and certification;
- 298 (h) resource centers, including:
- 299 (i) current models and projected needs; and
- 300 (ii) quality and timeliness of service;

- 301 (i) policy considerations related to whether the state should:
302 (i) manage, operate, and pay for a complete behavioral health system; or
303 (ii) create partnerships with private industry; and
304 (j) sustainable funding source alternatives, including:
305 (i) charging a 988 fee, including a recommendation on the fee amount;
306 (ii) General Fund appropriations;
307 (iii) other government funding options;
308 (iv) private funding sources;
309 (v) grants;
310 (vi) insurance partnerships, including coverage for support and treatment after initial
311 call and triage; and
312 (vii) other funding resources.
- 313 (3) The committee may conduct other business related to the committee's duties described
314 in this section.
- 315 (4) The committee shall consult with the Office of Substance Use and Mental Health
316 regarding:
317 (a) the standards and operation of the statewide mental health crisis line and the
318 statewide warm line, in accordance with Section 26B-5-610; and
319 (b) the incorporation of the statewide mental health crisis line and the statewide warm
320 line into behavioral health systems throughout the state.
- 321 (5)(a) The committee shall establish a working group to review the interaction of
322 criminal justice systems and mental health systems.
- 323 (b)(i) Based on the review described in Subsection (5)(a), the working group shall
324 develop recommendations regarding the specific parameters of a study that could
325 be conducted to provide necessary data to guide the design of a pilot program
326 aimed at improving outcomes for individuals experiencing a mental health crisis,
327 as that term is defined in Section 26B-5-101.
- 328 (ii) On or before September 30, 2025, the working group shall provide a report that
329 includes the recommendations described in Subsection (5)(b)(i) to the Health and
330 Human Services Interim Committee and the Legislative Management Committee.
- 331 (c) If a study is undertaken based on the working group's recommendations described in
332 Subsection (5)(b), the working group shall review the results of the study and make
333 recommendations regarding the specific parameters of the pilot program described in
334 Subsection (5)(b)(i) to the Health and Human Services Interim Committee and the

335 Legislative Management Committee on or before December 31, 2026.
336 (d) The working group shall complete the requirements described in Subsections (5)(a)
337 through (c) in consultation with:
338 (i) the Utah Sheriffs' Association;
339 (ii) the Statewide Association of Prosecutors;
340 (iii) the Utah Association of Criminal Defense Lawyers;
341 (iv) the Utah Medical Association;
342 (v) the Disability Law Center; and
343 (vi) as appropriate, members of the Utah Behavioral Health Commission or other
344 committees under the direction of the Utah Behavioral Health Commission who
345 represent stakeholders having an interest in the interaction of criminal justice
346 systems and mental health systems.

347 **Section 4. Effective Date.**
348 This bill takes effect on May 7, 2025.