Nelson T. Abbott proposes the following substitute bill:

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Commitment Revisions

2025 GENERAL SESSION STATE OF UTAH

Chief Sponsor: Nelson T. Abbott

Senate Sponsor:

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LONG TITLE

General Description:

This bill addresses the commitment of individuals in relation to civil, criminal, and juvenile proceedings.

Highlighted Provisions:

- 8 This bill:
 - defines terms;
- 10 amends the definitions of "intellectual disability" and "intermediate care facility for people with an intellectual disability" as used in the Utah Code;
- amends provisions relating to the rights and privileges to which an individual is entitled
 when under commitment to the custody or to the treatment services of a local mental
 health authority;
 - requires a designated examiner to conduct an examination of a proposed patient by telehealth except in certain circumstances;
 - requires a court to hold a hearing on an application for involuntary commitment remotely unless the court finds good cause not to hold the hearing remotely;
 - amends standards and processes related to the involuntary civil commitment of an individual with an intellectual disability or related condition;
 - provides that a court may only order the Department of Health and Human Services (department) to provide an initial evaluation and progress toward competency evaluation for a defendant if the defendant is located within the state;
 - requires a court to dismiss a petition for involuntary civil commitment if both designated examiners determine that the proposed patient does not meet the criteria for involuntary commitment;
 - provides that when there is a conflict in the opinions of forensic evaluators, if a party seeks an additional competency evaluation then the party is responsible for selecting the

- 29 evaluator and paying the cost of the evaluator;
- amends provisions regarding the release of a defendant determined to be incompetent to
- 31 proceed from a secured setting;
- 32 addresses when the department is required to provide an updated juvenile competency
- evaluation after an attainment period; and
- makes technical and conforming changes.
- 35 Money Appropriated in this Bill:
- 36 None
- 37 Other Special Clauses:
- 38 None
- 39 Utah Code Sections Affected:
- 40 AMENDS:
- 41 **26B-2-121**, as renumbered and amended by Laws of Utah 2023, Chapter 305
- 42 **26B-2-122**, as last amended by Laws of Utah 2024, Chapter 240
- 26B-5-301, as renumbered and amended by Laws of Utah 2023, Chapter 308
- **26B-5-310**, as renumbered and amended by Laws of Utah 2023, Chapter 308
- 45 **26B-5-322**, as last amended by Laws of Utah 2023, Chapter 184 and renumbered and
- amended by Laws of Utah 2023, Chapter 308
- 47 **26B-5-332**, as last amended by Laws of Utah 2024, Chapters 287, 299 and 314
- 48 **26B-5-362**, as renumbered and amended by Laws of Utah 2023, Chapter 308
- 49 **26B-5-371**, as last amended by Laws of Utah 2023, Chapter 184 and renumbered and
- amended by Laws of Utah 2023, Chapter 308
- 51 **26B-6-401**, as last amended by Laws of Utah 2024, Chapter 240
- **26B-6-606**, as renumbered and amended by Laws of Utah 2023, Chapter 308
- 53 **26B-6-607**, as last amended by Laws of Utah 2024, Chapter 299
- **26B-6-608**, as last amended by Laws of Utah 2024, Chapter 299
- **26B-6-613**, as renumbered and amended by Laws of Utah 2023, Chapter 308
- **68-3-12.5**, as last amended by Laws of Utah 2024, Chapter 438
- 57 **77-15-2**, as last amended by Laws of Utah 2023, Chapter 171
- 58 77-15-5, as last amended by Laws of Utah 2023, Chapters 171, 417 and last amended by
- 59 Coordination Clause, Laws of Utah 2023, Chapter 417
- 60 **77-15-6**, as last amended by Laws of Utah 2024, Chapter 174
- 61 **77-19-203**, as enacted by Laws of Utah 2004, Chapter 137
- 62 **77-29-3**, as enacted by Laws of Utah 1980, Chapter 15

53	80-6-403, as last amended by Laws of Utah 2023, Chapter 330
54 55	Be it enacted by the Legislature of the state of Utah:
66	Section 1. Section 26B-2-121 is amended to read:
57	26B-2-121 . Access to abuse and neglect information.
58	(1) As used in this section:
59	(a) "Direct service worker" means the same as that term is defined in Section 26B-6-401.
70	(b) "Personal care attendant" means the same as that term is defined in Section [
71	26B-6-401] <u>26B-6-101</u> .
72	(2) With respect to a licensee, a direct service worker, or a personal care attendant, the
73	department may access only the Licensing Information System of the Division of Child
74	and Family Services created by Section 80-2-1002 and juvenile court records under
75	Subsection 80-3-404(4), for the purpose of:
76	(a)(i) determining whether a person associated with a licensee, with direct access to
77	children:
78	(A) is listed in the Licensing Information System; or
79	(B) has a substantiated finding by a juvenile court of a severe type of child abuse
30	or neglect under Subsections 80-3-404(1) and (2); and
31	(ii) informing a licensee that a person associated with the licensee:
32	(A) is listed in the Licensing Information System; or
33	(B) has a substantiated finding by a juvenile court of a severe type of child abuse
34	or neglect under Subsections 80-3-404(1) and (2);
35	(b)(i) determining whether a direct service worker:
36	(A) is listed in the Licensing Information System; or
37	(B) has a substantiated finding by a juvenile court of a severe type of child abuse
38	or neglect under Subsections 80-3-404(1) and (2); and
39	(ii) informing a direct service worker or the direct service worker's employer that the
90	direct service worker:
91	(A) is listed in the Licensing Information System; or
92	(B) has a substantiated finding by a juvenile court of a severe type of child abuse
93	or neglect under Subsections 80-3-404(1) and (2); or
94	(c)(i) determining whether a personal care attendant:
95	(A) is listed in the Licensing Information System; or
96	(B) has a substantiated finding by a juvenile court of a severe type of child abuse

97	or neglect under Subsections 80-3-404(1) and (2); and
98	(ii) informing a person described in Subsections 26B-6-101(9)(a)(i) through (iv) that
99	a personal care attendant:
100	(A) is listed in the Licensing Information System; or
101	(B) has a substantiated finding by a juvenile court of a severe type of child abuse
102	or neglect under Subsections 80-3-404(1) and (2).
103	(3) Notwithstanding Subsection (2), the department may access the Division of Child and
104	Family Services' Management Information System under Section 80-2-1001:
105	(a) for the purpose of licensing and monitoring foster parents;
106	(b) for the purposes described in Subsection 80-2-1001(5)(b)(iii); and
107	(c) for the purpose described in Section 26B-1-211.
108	(4) The department shall receive and process personal identifying information under
109	Subsection 26B-2-120(1) for the purposes described in Subsection (2).
110	(5) The department shall adopt rules under Title 63G, Chapter 3, Utah Administrative
111	Rulemaking Act, consistent with this part, defining the circumstances under which a
112	person may have direct access or provide services to children when:
113	(a) the person is listed in the Licensing Information System of the Division of Child and
114	Family Services created by Section 80-2-1002; or
115	(b) juvenile court records show that a court made a substantiated finding under Section
116	80-3-404, that the person committed a severe type of child abuse or neglect.
117	Section 2. Section 26B-2-122 is amended to read:
118	26B-2-122. Access to vulnerable adult abuse and neglect information.
119	(1) For purposes of this section:
120	(a) "Direct service worker" means the same as that term is defined in Section 26B-6-401.
121	(b) "Personal care attendant" means the same as that term is defined in Section [
122	26B-6-401] <u>26B-6-101</u> .
123	(2) With respect to a licensee, a direct service worker, or a personal care attendant, the
124	department may access the database created by Section 26B-6-210 for the purpose of:
125	(a)(i) determining whether a person associated with a licensee, with direct access to
126	vulnerable adults, has a supported or substantiated finding of:
127	(A) abuse;
128	(B) neglect; or
129	(C) exploitation; and
130	(ii) informing a licensee that a person associated with the licensee has a supported or

131	substantiated finding of:
132	(A) abuse;
133	(B) neglect; or
134	(C) exploitation;
135	(b)(i) determining whether a direct service worker has a supported or substantiated
136	finding of:
137	(A) abuse;
138	(B) neglect; or
139	(C) exploitation; and
140	(ii) informing a direct service worker or the direct service worker's employer that the
141	direct service worker has a supported or substantiated finding of:
142	(A) abuse;
143	(B) neglect; or
144	(C) exploitation; or
145	(c)(i) determining whether a personal care attendant has a supported or substantiated
146	finding of:
147	(A) abuse;
148	(B) neglect; or
149	(C) exploitation; and
150	(ii) informing a person described in Subsections 26B-6-401(9)(a)(i) through (iv) that
151	a personal care attendant has a supported or substantiated finding of:
152	(A) abuse;
153	(B) neglect; or
154	(C) exploitation.
155	(3) The department shall receive and process personal identifying information under
156	Subsection 26B-2-120(2) for the purposes described in Subsection (2).
157	(4) The department shall adopt rules under Title 63G, Chapter 3, Utah Administrative
158	Rulemaking Act, consistent with this part and Chapter 6, Part 2, Abuse, Neglect, or
159	Exploitation of a Vulnerable Adult, defining the circumstances under which a person
160	may have direct access or provide services to vulnerable adults when the person is listed
161	in the statewide database of the Division of Aging and Adult Services created by Section
162	26B-6-210 as having a supported or substantiated finding of abuse, neglect, or
163	exploitation.
164	Section 3. Section 26B-5-301 is amended to read:

165	26D 5 201	. Definitions.
165	20D-5-501	. Deminuons.

- As used in this part, Part 4, Commitment of Persons Under Age 18, and Part 5, Essential
- 167 Treatment and Intervention:
- 168 (1) "Adult" means an individual 18 years old or older.
- 169 (2) "Approved treatment facility or program" means a mental health or substance use
- treatment provider that meets the goals and measurements described in Subsection
- 171 26B-5-102(2)(j).
- 172 (3) "Assisted outpatient treatment" means involuntary outpatient mental health treatment
- ordered under Section 26B-5-351.
- 174 (4) "Attending physician" means a physician licensed to practice medicine in this state who
- has primary responsibility for the care and treatment of the declarant.
- 176 (5) "Attorney-in-fact" means an adult properly appointed under this part to make mental
- health treatment decisions for a declarant under a declaration for mental health treatment.
- 178 (6) "Commitment to the custody of a local mental health authority" means that an adult is
- committed to the custody of the local mental health authority that governs the mental
- health catchment area where the adult resides or is found.
- 181 (7) "Community mental health center" means an entity that provides treatment and services
- to a resident of a designated geographical area, that operates by or under contract with a
- local mental health authority, and that complies with state standards for community
- mental health centers.
- 185 (8) "Designated examiner" means:
- 186 (a) a licensed physician, preferably a psychiatrist, who is designated by the division as
- specially qualified by training or experience in the diagnosis of mental or related
- illness; or
- (b) a licensed mental health professional designated by the division as specially qualified
- by training and who has at least five years' continual experience in the treatment of
- mental illness.
- 192 (9) "Designee" means a physician who has responsibility for medical functions including
- admission and discharge, an employee of a local mental health authority, or an employee
- of a person that has contracted with a local mental health authority to provide mental
- health services under Section 17-43-304.
- 196 (10) "Essential treatment" and "essential treatment and intervention" mean court-ordered
- treatment at a local substance abuse authority or an approved treatment facility or
- program for the treatment of an adult's substance use disorder.

- 199 (11) "Harmful sexual conduct" means the following conduct upon an individual without the 200 individual's consent, including the nonconsensual circumstances described in
- 201 Subsections 76-5-406(2)(a) through (l):
- 202 (a) sexual intercourse;
- 203 (b) penetration, however slight, of the genital or anal opening of the individual;
- 204 (c) any sexual act involving the genitals or anus of the actor or the individual and the 205 mouth or anus of either individual, regardless of the gender of either participant; or
- 206 (d) any sexual act causing substantial emotional injury or bodily pain.
- 207 (12) "Informed waiver" means the patient was informed of a right and, after being informed 208 of that right and the patient's right to waive the right, expressly communicated his or her 209 intention to waive that right.
- 210 (13) "Incapable" means that, in the opinion of the court in a guardianship proceeding under
- Title 75, Utah Uniform Probate Code, or in the opinion of two physicians, a person's
- ability to receive and evaluate information effectively or communicate decisions is
- impaired to such an extent that the person currently lacks the capacity to make mental
- 214 health treatment decisions.
- 215 (14) "Institution" means a hospital or a health facility licensed under Section 26B-2-206.
- 216 (15) "Lay person" means an individual identified and authorized by a patient to participate
- 217 <u>in activities related to the patient's commitment, including court appearances, discharge</u>
- 218 planning, and grievances, except that a patient may revoke a lay person's authorization at
- any time.
- 220 (16) "Local substance abuse authority" means the same as that term is defined in Section
- 221 26B-5-101 and described in Section 17-43-201.
- [(16)] (17) "Mental health facility" means the Utah State Hospital or other facility that
- provides mental health services under contract with the division, a local mental health
- authority, a person that contracts with a local mental health authority, or a person that
- provides acute inpatient psychiatric services to a patient.
- 226 [(17)] (18) "Mental health officer" means an individual who is designated by a local mental
- health authority as qualified by training and experience in the recognition and
- identification of mental illness, to:
- (a) apply for and provide certification for a temporary commitment; or
- 230 (b) assist in the arrangement of transportation to a designated mental health facility.
- 231 $\left[\frac{(18)}{(19)}\right]$ "Mental illness" means:
- (a) a psychiatric disorder that substantially impairs an individual's mental, emotional,

233	behavioral, or related functioning; or
234	(b) the same as that term is defined in:
235	(i) the current edition of the Diagnostic and Statistical Manual of Mental Disorders
236	published by the American Psychiatric Association; or
237	(ii) the current edition of the International Statistical Classification of Diseases and
238	Related Health Problems.
239	[(19)] (20) "Mental health treatment" means convulsive treatment, treatment with
240	psychoactive medication, or admission to and retention in a facility for a period not to
241	exceed 17 days.
242	[(20)] (21) "Patient" means an individual who is:
243	(a) under commitment to the custody or to the treatment services of a local mental health
244	authority; or
245	(b) undergoing essential treatment and intervention.
246	[(21)] (22) "Physician" means an individual who is:
247	(a) licensed as a physician under Title 58, Chapter 67, Utah Medical Practice Act; or
248	(b) licensed as a physician under Title 58, Chapter 68, Utah Osteopathic Medical
249	Practice Act.
250	[(22)] (23) "Serious bodily injury" means bodily injury that involves a substantial risk of
251	death, unconsciousness, extreme physical pain, protracted and obvious disfigurement, or
252	protracted loss or impairment of the function of a bodily member, organ, or mental
253	faculty.
254	[(23)] (24) "State hospital" means the Utah State Hospital established in Section 26B-5-302.
255	[(24)] (25) "Substantial danger" means that due to mental illness, an individual is at serious
256	risk of:
257	(a) suicide;
258	(b) serious bodily self-injury;
259	(c) serious bodily injury because the individual is incapable of providing the basic
260	necessities of life, including food, clothing, or shelter;
261	(d) causing or attempting to cause serious bodily injury to another individual;
262	(e) engaging in harmful sexual conduct; or
263	(f) if not treated, suffering severe and abnormal mental, emotional, or physical distress
264	that:
265	(i) is associated with significant impairment of judgment, reason, or behavior; and
266	(ii) causes a substantial deterioration of the individual's previous ability to function

267	independently.
268	[(25)] (26) "Treatment" means psychotherapy, medication, including the administration of
269	psychotropic medication, or other medical treatments that are generally accepted
270	medical or psychosocial interventions for the purpose of restoring the patient to an
271	optimal level of functioning in the least restrictive environment.
272	Section 4. Section 26B-5-310 is amended to read:
273	26B-5-310 . Restrictions and limitations Rights and privileges.
274	(1) Subject to the general rules of the division, and except to the extent that the director or [
275	his] the director's designee determines that it is necessary for the welfare of the patient to
276	impose restrictions, every patient is entitled to:
277	(a)(i) communicate, by sealed mail or otherwise, with persons, including official
278	agencies, inside or outside the [facility] responsible mental health authority, local
279	substance abuse authority, or approved treatment facility or program;
280	(ii) be provided with letter-writing materials, including postage; and
281	(iii) have staff of the responsible mental health authority, local substance abuse
282	authority, or approved treatment facility or program assist the patient if the patient
283	is unable to write, prepare, or mail correspondence;
284	(b) have frequent and consistent opportunities to receive visitors at reasonable times that
285	do not interfere with clinical activities;[-and]
286	(c) speak or visit with the patient's attorney or clergy member within a reasonable period
287	of time;
288	(d) exercise all civil rights, including the right to dispose of property, execute
289	instruments, make purchases, enter contractual relationships, and vote, unless the
290	patient has been adjudicated to be incompetent and has not been restored to legal
291	capacity[-];
292	(e) have access to adequate water and food, and to have the patient's nutritional needs
293	met in a manner that is consistent with recognized dietary practices;
294	(f) be treated fairly, with respect and recognition of the patient's dignity and
295	individuality;
296	(g) not be discriminated against on the basis of a characteristic identified in Subsection
297	57-21-5(1);
298	(h) within 72 business hours after the patient's request, see and receive the services of a
299	patient representative, including a peer specialist or patient advocate, who is not
300	involved in the direct clinical care of the patient:

301	(i) have the patient's behavioral health orders for scope of treatment, declaration for
302	mental health treatment, or other psychiatric advance directive reviewed and
303	considered as the preferred treatment option for involuntary administration of
304	medications by the responsible local mental health authority, local substance abuse
305	authority, or approved treatment facility or program, unless by clear and convincing
306	evidence the patient's directive does not qualify as effective participation in
307	behavioral health decision-making;
308	(j) with the patient's consent, have the patient's information or records disclosed to an
309	adult family member, the patient's lay person, or, in accordance with state and federal
310	law, to a protection and advocacy system designated pursuant to 42 U.S.C. Sec.
311	<u>10801 et seq.</u> ;
312	(k)(i) access to a telephone to make and receive private calls, unless determined a
313	clinical or safety risk; and
314	(ii) staff assistance to be able to communicate with others, if the patient does not have
315	a contact list;
316	(1) wear the patient's own clothes, keep and use the patient's own possessions, and keep
317	and be allowed to spend a reasonable amount of the patient's own money, unless
318	deemed a clinical or safety risk; and
319	(m) be told:
320	(i) the reason for the patient's detainment and the limitation of the patient's
321	detainment, including a description of the patient's right to refuse medication
322	unless the patient requires emergency medications; and
323	(ii) that the patient's commitment does not mean all treatment during commitment is
324	mandatory.
325	(2)(a) When any right of a patient is limited or denied, the nature, extent, and reason for
326	that limitation or denial shall be entered in the patient's treatment record.
327	(b) Information pertaining to a denial of any right of a patient shall be made available,
328	upon request, to the patient, the patient's attorney, and the patient's lay person.
329	(c) Any continuing denial or limitation of any right of a patient shall be reviewed every
330	30 days and shall also be entered in [that] the patient's treatment record.
331	(d) Notice of [that] a continuing denial of any right of a patient in excess of 30 days shall
332	be sent to the division, the [appropriate] responsible local mental health authority, the
333	appropriate local substance abuse authority, or an approved treatment facility or
334	program[, whichever is most applicable to the patient].

335	[(3) Notwithstanding any limitations authorized under this section on the right of
336	communication, each patient is entitled to communicate by sealed mail with the
337	appropriate local mental health authority, the appropriate local substance abuse
338	authority, an approved treatment facility or program, the division, the patient's attorney,
339	and the court, if any, that ordered the patient's commitment or essential treatment. In no
340	case may the patient be denied a visit with the legal counsel or clergy of the patient's
341	choice.]
342	[(4)] (3) Local mental health authorities, local substance abuse authorities, and approved
343	treatment facilities or programs shall provide reasonable means and arrangements for
344	informing involuntary patients of their right to release as provided in this chapter, and
345	for assisting them in making and presenting requests for release.
346	[(5)] (4) [Mental] Local mental health facilities, local substance abuse authorities, and
347	approved treatment facilities or programs shall post a statement, created by the division,
348	describing a patient's rights under Utah law.
349	[(6)] (5) A local mental health authority, local substance abuse authority, or approved
350	treatment facility or program may not intentionally retaliate or discriminate against a
351	detained patient or employee for contacting or providing information to any official or to
352	an employee of any state protection and advocacy agency or for initiating, participating
353	in, or testifying in a grievance procedure or in an action for any remedy authorized
354	pursuant to this section.
355	(6) Notwithstanding Section 53B-17-303, an individual committed under this chapter has
356	the right to determine the final disposition of that individual's body after death.
357	Section 5. Section 26B-5-322 is amended to read:
358	26B-5-322 . Criminal's escape Penalty.
359	Any person committed to the state hospital under the provisions of [Title 77, Chapter 15,
360	Inquiry into Sanity of Defendant] Title 77, Chapter 15, Defendant's Competency to Proceed, or
361	Chapter 16a, Commitment and Treatment of Individuals with a Mental Condition, who escapes
362	or leaves the state hospital without proper legal authority is guilty of a class A misdemeanor.
363	Section 6. Section 26B-5-332 is amended to read:
364	26B-5-332 . Involuntary commitment under court order Examination
365	Hearing Power of court Findings required Costs.
366	(1) A responsible individual who has credible knowledge of an adult's mental illness and
367	the condition or circumstances that have led to the adult's need to be involuntarily
368	committed may initiate an involuntary commitment court proceeding by filing, in the

369	court in the county where the proposed patient resides or is found, a written application
370	that includes:
371	(a) unless the court finds that the information is not reasonably available, the proposed
372	patient's:
373	(i) name;
374	(ii) date of birth; and
375	(iii) social security number;
376	(b)(i) a certificate of a licensed physician or a designated examiner stating that within
377	the seven-day period immediately preceding the certification, the physician or
378	designated examiner examined the proposed patient and is of the opinion that the
379	proposed patient has a mental illness and should be involuntarily committed; or
380	(ii) a written statement by the applicant that:
381	(A) the proposed patient has been requested to, but has refused to, submit to an
382	examination of mental condition by a licensed physician or designated
383	examiner;
384	(B) is sworn to under oath; and
385	(C) states the facts upon which the application is based; and
386	(c) a statement whether the proposed patient has previously been under an assisted
387	outpatient treatment order, if known by the applicant.
388	(2) Before issuing a judicial order, the court:
389	(a) shall require the applicant to consult with the appropriate local mental health
390	authority at or before the hearing; and
391	(b) may direct a mental health professional from the local mental health authority to
392	interview the applicant and the proposed patient to determine the existing facts and
393	report the existing facts to the court.
394	(3) The court may issue an order, directed to a mental health officer or peace officer, to
395	immediately place a proposed patient in the custody of a local mental health authority or
396	in a temporary emergency facility, as described in Section 26B-5-334, to be detained for
397	the purpose of examination if:
398	(a) the court finds from the application, any other statements under oath, or any reports
399	from a mental health professional that there is a reasonable basis to believe that the
400	proposed patient has a mental illness that poses a danger to self or others and require
401	involuntary commitment pending examination and hearing; or
402	(b) the proposed patient refuses to submit to an interview with a mental health

professional as directed by the court or to go to a treatment facility voluntarily.

- (4)(a) The court shall provide notice of commencement of proceedings for involuntary commitment, setting forth the allegations of the application and any reported facts, together with a copy of any official order of detention, to a proposed patient before, or upon, placement of the proposed patient in the custody of a local mental health authority or, with respect to any proposed patient presently in the custody of a local mental health authority whose status is being changed from voluntary to involuntary, upon the filing of an application for that purpose with the court.
 - (b) The place of detention shall maintain a copy of the order of detention.
- (5)(a) The court shall provide notice of commencement of proceedings for involuntary commitment as soon as practicable to the applicant, any legal guardian, any immediate adult family members, legal counsel for the parties involved, the local mental health authority or the local mental health authority's designee, and any other persons whom the proposed patient or the court designates.
 - (b) Except as provided in Subsection (5)(c), the notice under Subsection (5)(a) shall advise the persons that a hearing may be held within the time provided by law.
 - (c) If the proposed patient refuses to permit release of information necessary for provisions of notice under this subsection, the court shall determine the extent of notice.
- (6) Proceedings for commitment of an individual under 18 years old to a local mental health authority may be commenced in accordance with Part 4, Commitment of Persons Under Age 18.
- (7)(a) The court may, in the court's discretion, transfer the case to any other district court within this state, if the transfer will not be adverse to the interest of the proposed patient.
 - (b) If a case is transferred under Subsection (7)(a), the parties to the case may be transferred and the local mental health authority may be substituted in accordance with Utah Rules of Civil Procedure, Rule 25.
- (8) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance of a judicial order, or after commitment of a proposed patient to a local mental health authority or the local mental health authority's designee under court order for detention or examination, the court shall appoint two designated examiners:
 - (a) who did not sign the civil commitment application nor the civil commitment certification under Subsection (1);

137	(b) one of whom is:
138	(i) a licensed physician; or
139	(ii) a psychiatric mental health nurse practitioner or a psychiatric mental health
140	clinical nurse specialist who:
141	(A) is nationally certified;
142	(B) is doctorally trained; and
143	(C) has at least two years of inpatient mental health experience, regardless of the
144	license the individual held at the time of that experience; and
145	(c) one of whom may be designated by the proposed patient or the proposed patient's
146	counsel, if that designated examiner is reasonably available.
147	(9) The court shall schedule a hearing to be held within 10 calendar days after the day on
148	which the designated examiners are appointed.
149	(10)(a) The designated examiners shall[:]
450	[(i)] _conduct the examinations separately[;] .
451	[(ii)] (b) [conduct the examinations at the home of the proposed patient, at a hospital or
152	other medical facility, or at any other suitable place, including] The designated
4 53	examiners shall conduct the examinations:
154	(i) through telehealth[5] unless the designated examiner determines that:
155	(A) a telehealth examination would not be sufficient to properly assess the
156	proposed patient;
157	(B) a telehealth examination would have a harmful effect on the proposed patient's
158	health; or
159	(C) an in-person examination can be conducted as effectively, conveniently, and
160	timely as an examination through telehealth; and
461	(ii) if the designated examiner determines, pursuant to Subsection (10)(b)(i), that the
162	examination should be conducted in person, at the home of the proposed patient,
163	at a hospital or other medical facility, or at any other suitable place that is not
164	likely to have a harmful effect on the proposed patient's health[;] .
165	[(iii)] (c) The designated examiners shall inform the proposed patient, if not represented
166	by an attorney:
167	[(A)] (i) that the proposed patient does not have to say anything;
168	[(B)] (ii) of the nature and reasons for the examination;
169	[(C)] (iii) that the examination was ordered by the court;
170	[(D)] (iv) that any information volunteered could form part of the basis for the

1 /1	proposed patient's involuntary commitment;
172	[(E)] (v) that findings resulting from the examination will be made available to the
173	court; and
174	[(F)] (vi) that the designated examiner may, under court order, obtain the proposed
175	patient's mental health records[; and] .
176	[(iv)] (d) [within] Within 24 hours of examining the proposed patient, a designated
177	examiner shall report to the court, orally or in writing, whether the proposed patient
178	is mentally ill, has agreed to voluntary commitment, as described in Section
179	26B-5-360, or has acceptable programs available to the proposed patient without
180	court proceedings.
181	[(b)] (e) If a designated examiner reports or ally under Subsection [(10)(a)] (10)(d), the
182	designated examiner shall immediately send a written report to the clerk of the court.
183	(11) If a designated examiner is unable to complete an examination on the first attempt
184	because the proposed patient refuses to submit to the examination, the court shall fix a
185	reasonable compensation to be paid to the examiner.
186	(12) If the local mental health authority, the local mental health authority's designee, or a
187	medical examiner determines before the court hearing that the conditions justifying the
188	findings leading to a commitment hearing no longer exist, the local mental health
189	authority, the local mental health authority's designee, or the medical examiner shall
190	immediately report the determination to the court.
191	(13)(a) The court shall terminate the proceedings and dismiss the application before the
192	hearing if both designated examiners inform the court that the proposed patient does
193	not meet the criteria in Subsection (16).
194	(b) The court may terminate the proceedings and dismiss the application at any time,
195	including before the hearing, if the designated examiners or the local mental health
196	authority or the local mental health authority's designee informs the court that the
197	proposed patient:
198	[(a) does not meet the criteria in Subsection (16);]
199	[(b)] (i) has agreed to voluntary commitment, as described in Section 26B-5-360;
500	[(e)] (ii) has acceptable options for treatment programs that are available without
501	court proceedings; or
502	[(d)] (iii) meets the criteria for assisted outpatient treatment described in Section
503	26B-5-351.
504	(14)(a) Before the hearing, the court shall provide the proposed patient an opportunity to

505	be represented by counsel, and if neither the proposed patient nor others provide
506	counsel, the court shall appoint counsel and allow counsel sufficient time to consult
507	with the proposed patient before the hearing.
808	(b) In the case of an indigent proposed patient, the county in which the proposed patient
509	resides or is found shall make payment of reasonable attorney fees for counsel, as
510	determined by the court.
511	(15)(a)(i) The court shall afford the proposed patient, the applicant, and any other
512	person to whom notice is required to be given an opportunity to appear at the
513	hearing, to testify, and to present and cross-examine witnesses.
514	(ii) The court may, in the court's discretion, receive the testimony of any other person
515	(iii) The court may allow a waiver of the proposed patient's right to appear for good
516	cause, which cause shall be set forth in the record, or an informed waiver by the
517	patient, which shall be included in the record.
518	(b) The court is authorized to exclude any person not necessary for the conduct of the
519	proceedings and may, upon motion of counsel, require the testimony of each
520	designated examiner to be given out of the presence of any other designated
521	examiners.
522	(c) The court shall:
523	(i) conduct the hearing in as informal a manner as may be consistent with orderly
524	procedure[, and] ; and
525	(ii) while preserving the due process rights of the proposed patient:
526	(A) conduct the hearing remotely, in accordance with Utah Rules of Civil
527	Procedure, Rule 87, unless the court finds good cause under Rule 87 not to
528	conduct the hearing remotely; or
529	(B) if the court finds good cause under Rule 87 not to conduct the hearing
530	remotely, conduct the hearing in a physical setting that is not likely to have a
531	harmful effect on the mental health of the proposed patient[, while preserving
532	the due process rights of the proposed patient].
333	(d) The court shall consider any relevant historical and material information that is
534	offered, subject to the rules of evidence, including reliable hearsay under Utah Rules
35	of Evidence, Rule 1102.
36	(e)(i) A local mental health authority or the local mental health authority's designee
537	or the physician in charge of the proposed patient's care shall, at the time of the
38	hearing, provide the court with the following information:

539	(A) the detention order;
540	(B) admission notes;
541	(C) the diagnosis;
542	(D) any doctors' orders;
543	(E) progress notes;
544	(F) nursing notes;
545	(G) medication records pertaining to the current commitment; and
546	(H) whether the proposed patient has previously been civilly committed or under
547	an order for assisted outpatient treatment.
548	(ii) The local mental health authority or the local mental health authority's designee
549	or the physician in charge of the proposed patient's care shall also supply the
550	information described in Subsection (15)(e)(i) [shall also be supplied]to the
551	proposed patient's counsel at the time of the hearing, and at any time prior to the
552	hearing upon request by the proposed patient's counsel.
553	(16)(a) The court shall order commitment of an adult proposed patient to a local mental
554	health authority if, upon completion of the hearing and consideration of the
555	information presented, the court finds by clear and convincing evidence that:
556	(i)(A) the proposed patient has a mental illness;
557	(B) because of the proposed patient's mental illness the proposed patient poses a
558	substantial danger to self or others;
559	(C) the proposed patient lacks the ability to engage in a rational decision-making
560	process regarding the acceptance of mental treatment as demonstrated by
561	evidence of inability to weigh the possible risks of accepting or rejecting
562	treatment;
563	(D) there is no appropriate less-restrictive alternative to a court order of
564	commitment; and
565	(E) the local mental health authority can provide the proposed patient with
566	treatment that is adequate and appropriate to the proposed patient's conditions
567	and needs; or
568	(ii)(A) the proposed patient has been charged with a criminal offense;
569	(B) with respect to the charged offense, the proposed patient is found incompetent
570	to proceed as a result of a mental illness;
571	(C) the proposed patient has a mental illness;
572	(D) the proposed patient has a persistent unawareness of their mental illness and

573	the negative consequences of that illness, or within the preceding six months
574	has been requested or ordered to undergo mental health treatment but has
575	unreasonably refused to undergo that treatment;
576	(E) there is no appropriate less-restrictive alternative to a court order of
577	commitment; and
578	(F) the local mental health authority can provide the proposed patient with
579	treatment that is adequate and appropriate to the proposed patient's conditions
580	and needs.
581	(b)(i) If, at the hearing, the court determines that the proposed patient has a mental
582	illness but does not meet the other criteria described in Subsection (16)(a), the
583	court may consider whether the proposed patient meets the criteria for assisted
584	outpatient treatment under Section 26B-5-351.
585	(ii) The court may order the proposed patient to receive assisted outpatient treatment
586	in accordance with Section 26B-5-351 if, at the hearing, the court finds the
587	proposed patient meets the criteria for assisted outpatient treatment under Section
588	26B-5-351.
589	(iii) If the court determines that neither the criteria for commitment under Subsection
590	(16)(a) nor the criteria for assisted outpatient treatment under Section 26B-5-351
591	are met, the court shall dismiss the proceedings after the hearing.
592	(17)(a)(i) The order of commitment shall designate the period for which the patient
593	shall be treated.
594	(ii) If the patient is not under an order of commitment at the time of the hearing, the
595	patient's treatment period may not exceed six months without a review hearing.
596	(iii) Upon a review hearing, to be commenced before the expiration of the previous
597	order of commitment, an order for commitment may be for an indeterminate
598	period, if the court finds by clear and convincing evidence that the criteria
599	described in Subsection (16) will last for an indeterminate period.
600	(b)(i) The court shall maintain a current list of all patients under the court's order of
601	commitment and review the list to determine those patients who have been under
602	an order of commitment for the court designated period.
603	(ii) At least two weeks before the expiration of the designated period of any order of
604	commitment still in effect, the court that entered the original order of commitment
605	shall inform the appropriate local mental health authority or the local mental
606	health authority's designee of the expiration.

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607 (iii) Upon receipt of the information described in Subsection (17)(b)(ii), the local 608 mental health authority or the local mental health authority's designee shall 609 immediately reexamine the reasons upon which the order of commitment was 610 based. 611 (iv) If, after reexamination under Subsection (17)(b)(iii), the local mental health 612 authority or the local mental health authority's designee determines that the 613 conditions justifying commitment no longer exist, the local mental health 614 authority or the local mental health authority's designee shall discharge the patient 615 from involuntary commitment and immediately report the discharge to the court. 616 (v) If, after reexamination under Subsection (17)(b)(iii), the local mental health 617 authority or the local mental health authority's designee determines that the 618 conditions justifying commitment continue to exist, the court shall immediately 619 appoint two designated examiners and proceed under Subsections (8) through (14). 620 (c)(i) The local mental health authority or the local mental health authority's designee 621 responsible for the care of a patient under an order of commitment for an 622 indeterminate period shall, at six-month intervals, reexamine the reasons upon 623 which the order of indeterminate commitment was based. 624 (ii) If the local mental health authority or the local mental health authority's designee 625 determines that the conditions justifying commitment no longer exist, the local mental health authority or the local mental health authority's designee shall 626 627 discharge the patient from the local mental health authority's or the local mental 628 health authority designee's custody and immediately report the discharge to the 629 court. 630 (iii) If the local mental health authority or the local mental health authority's designee 631 determines that the conditions justifying commitment continue to exist, the local 632 mental health authority or the local mental health authority's designee shall send a 633 written report of the findings to the court. 634 (iv) [A] The local mental health authority or the local mental health authority's 635 designee shall notify the patient and the patient's counsel of record [shall be 636 notified |in writing that the involuntary commitment will be continued under 637 Subsection (17)(c)(iii), the reasons for the decision to continue, and that the

(v) Upon receiving a request under Subsection (17)(c)(iv), the court shall

patient has the right to a review hearing by making a request to the court.

immediately appoint two designated examiners and proceed under Subsections (8)

641	through (14).
642	(18)(a) Any patient committed as a result of an original hearing or a patient's legally
643	designated representative who is aggrieved by the findings, conclusions, and order of
644	the court entered in the original hearing has the right to a new hearing upon filing a
645	petition [filed-] with the court within 30 days after the day on which the court entered
646	the order[is entered].
647	(b) The petition shall allege error or mistake in the findings, in which case the court shall
648	appoint three impartial designated examiners previously unrelated to the case to
649	conduct an additional examination of the patient.
650	(c) Except as provided in Subsection (18)(b), the court shall, in all other respects,
651	conduct the new hearing in the manner otherwise permitted.
652	(19) The county in which the proposed patient resides or is found shall pay the costs of all
653	proceedings under this section.
654	(20)(a) A local mental health authority shall provide discharge instructions to each
655	individual committed under this section at or before the time the individual is
656	discharged from the local mental health authority's custody, regardless of the
657	circumstances under which the individual is discharged.
658	(b) Discharge instructions provided under Subsection (20)(a) shall include:
659	(i) a summary of why the individual was committed to the local mental health
660	authority;
661	(ii) detailed information about why the individual is being discharged from the local
662	mental health authority's custody;
663	(iii) a safety plan for the individual based on the individual's mental illness or mental
664	or emotional state;
665	(iv) notification to the individual's primary care provider, if applicable;
666	(v) if the individual is discharged without food, housing, or economic security, a
667	referral to appropriate services, if such services exist in the individual's
668	community;
669	(vi) the phone number to call or text for a crisis services hotline, and information
670	about the availability of peer support services;
671	(vii) a copy of any psychiatric advance directive presented to the local mental health
672	authority, if applicable;
673	(viii) information about how to establish a psychiatric advance directive if one was
674	not presented to the local mental health authority;

675	(ix) as applicable, information about medications that were changed or discontinued
676	during the commitment;
677	(x) a list of any screening or diagnostic tests conducted during the commitment;
678	(xi) a summary of therapeutic treatments provided during the commitment;
679	(xii) any laboratory work, including blood samples or imaging, that was completed or
680	attempted during the commitment; and
681	(xiii) information about how to contact the local mental health authority if needed.
682	(c) If an individual's medications were changed, or if an individual was prescribed new
683	medications while committed under this section, discharge instructions provided
684	under Subsection (20)(a) shall include a clinically appropriate supply of medications,
685	as determined by a licensed health care provider, to allow the individual time to
686	access another health care provider or follow-up appointment.
687	(d) If an individual refuses to accept discharge instructions, the local mental health
688	authority shall document the refusal in the individual's medical record.
689	(e) If an individual's discharge instructions include referrals to services under Subsection
690	(20)(b)(v), the local mental health authority shall document those referrals in the
691	individual's medical record.
692	(f) The local mental health authority shall attempt to follow up with a discharged
693	individual at least 48 hours after discharge, and may use peer support professionals
694	when performing follow-up care or developing a continuing care plan.
695	(21) If any provision of Subsection (16)(a)(ii) or the application of any provision of
696	Subsection (16)(a)(ii) to any person or circumstance is held invalid by a court with
697	jurisdiction, the remainder of Subsection (16)(a)(ii) shall be given effect without the
698	invalid provision or application. The provisions of Subsection (16)(a)(ii) are severable.
699	Section 7. Section 26B-5-362 is amended to read:
700	26B-5-362. Commitment and care of criminally insane.
701	Nothing contained in this part may be construed to alter or change the method presently
702	employed for the commitment and care of the criminally insane as provided in [Title 77,
703	Chapter 15, Inquiry into Sanity of Defendant] Title 77, Chapter 15, Defendant's Competency to
704	Proceed.
705	Section 8. Section 26B-5-371 is amended to read:
706	26B-5-371 . Utah Forensic Mental Health Facility Design and operation
707	Security.

(1) The forensic mental health facility is a secure treatment facility.

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709 (2)(a) The forensic mental health facility accommodates the following populations: 710 (i) prison inmates displaying mental illness necessitating treatment in a secure mental 711 health facility; 712 (ii) criminally adjudicated persons found guilty with a mental illness or guilty with a 713 mental condition at the time of the offense undergoing evaluation for a mental 714 condition under Title 77, Chapter 16a, Commitment and Treatment of Individuals 715 with a Mental Condition; 716 (iii) criminally adjudicated persons undergoing evaluation for competency or found 717 guilty with a mental condition or guilty with a mental condition at the time of the 718 offense under Title 77, Chapter 16a, Commitment and Treatment of Individuals 719 with a Mental Condition, who also have an intellectual disability; 720 (iv) persons undergoing evaluation for competency or found by a court to be 721 incompetent to proceed in accordance with [Title 77, Chapter 15, Inquiry into 722 Sanity of Defendant Title 77, Chapter 15, Defendant's Competency to Proceed, or 723 not guilty by reason of insanity under Title 77, Chapter 14, Defenses; 724 (v) persons who are civilly committed to the custody of a local mental health 725 authority in accordance with this part, and who may not be properly supervised by 726 the Utah State Hospital because of a lack of necessary security, as determined by 727 the superintendent or the superintendent's designee; and 728 (vi) persons ordered to commit themselves to the custody of the division for 729 treatment at the Utah State Hospital as a condition of probation or stay of sentence 730 pursuant to Title 77, Chapter 18, The Judgment. 731 (b) Placement of an offender in the forensic mental health facility under any category 732 described in Subsection (2)(a)(ii), (iii), (iv), or (vi) shall be made on the basis of the 733 offender's status as established by the court at the time of adjudication. 734 (c) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the 735 department shall make rules providing for the allocation of beds to the categories 736 described in Subsection (2)(a). 737 (3) The department shall: 738 (a) own and operate the forensic mental health facility; 739 (b) provide and supervise administrative and clinical staff; and 740 (c) provide security staff who are trained as psychiatric technicians.

(4) Pursuant to Subsection 26B-5-303(3) the executive director shall designate individuals

to perform security functions for the state hospital.

743	Section 9. Section 26B-6-401 is amended to read:
744	26B-6-401 . Definitions.
745	As used in this part:
746	(1) "Approved provider" means a person approved by the division to provide home-and
747	community-based services.
748	(2) "Board" means the Utah State Developmental Center Board created under Section
749	26B-1-429.
750	(3)(a) "Brain injury" means an acquired injury to the brain that is neurological in nature,
751	including a cerebral vascular accident.
752	(b) "Brain injury" does not include a deteriorating disease.
753	(4) "Designated intellectual disability professional" means:
754	(a) a psychologist licensed under Title 58, Chapter 61, Psychologist Licensing Act, who:
755	(i)(A) has at least one year of specialized training in working with persons with an
756	intellectual disability; or
757	(B) has at least one year of clinical experience with persons with an intellectual
758	disability; and
759	(ii) is designated by the division as specially qualified, by training and experience, in
760	the treatment of an intellectual disability; or
761	(b) a clinical social worker, certified social worker, marriage and family therapist, or
762	professional counselor, licensed under Title 58, Chapter 60, Mental Health
763	Professional Practice Act, who:
764	(i) has at least two years of clinical experience with persons with an intellectual
765	disability; and
766	(ii) is designated by the division as specially qualified, by training and experience, in
767	the treatment of an intellectual disability.
768	(5) "Deteriorating disease" includes:
769	(a) multiple sclerosis;
770	(b) muscular dystrophy;
771	(c) Huntington's chorea;
772	(d) Alzheimer's disease;
773	(e) ataxia; or
774	(f) cancer.
775	(6) "Developmental center" means the Utah State Developmental Center, established in

accordance with Part 5, Utah State Developmental Center.

777	(7) "Director" means the director of the Division of Services for People with Disabilities.
778	(8) "Direct service worker" means a person who provides services to a person with a
779	disability:
780	(a) when the services are rendered in:
781	(i) the physical presence of the person with a disability; or
782	(ii) a location where the person rendering the services has access to the physical
783	presence of the person with a disability; and
784	(b)(i) under a contract with the division;
785	(ii) under a grant agreement with the division; or
786	(iii) as an employee of the division.
787	(9)(a) "Disability" means a severe, chronic disability that:
788	(i) is attributable to:
789	(A) an intellectual disability;
790	(B) a condition that qualifies a person as a person with a related condition, as
791	defined in 42 C.F.R. Sec. 435.1010;
792	(C) a physical disability; or
793	(D) a brain injury;
794	(ii) is likely to continue indefinitely;
795	(iii)(A) for a condition described in Subsection (9)(a)(i)(A), (B), or (C), results in
796	a substantial functional limitation in three or more of the following areas of
797	major life activity:
798	(I) self-care;
799	(II) receptive and expressive language;
800	(III) learning;
801	(IV) mobility;
802	(V) self-direction;
803	(VI) capacity for independent living; or
804	(VII) economic self-sufficiency; or
805	(B) for a condition described in Subsection (9)(a)(i)(D), results in a substantial
806	limitation in three or more of the following areas:
807	(I) memory or cognition;
808	(II) activities of daily life;
809	(III) judgment and self-protection;
810	(IV) control of emotions;

811	(V) communication;
812	(VI) physical health; or
813	(VII) employment; and
814	(iv) requires a combination or sequence of special interdisciplinary or generic care
815	treatment, or other services that:
816	(A) may continue throughout life; and
817	(B) must be individually planned and coordinated.
818	(b) "Disability" does not include a condition due solely to:
819	(i) mental illness;
820	(ii) personality disorder;
821	(iii) deafness or being hard of hearing;
822	(iv) visual impairment;
823	(v) learning disability;
824	(vi) behavior disorder;
825	(vii) substance abuse; or
826	(viii) the aging process.
827	(10) "Division" means the Division of Services for People with Disabilities.
828	(11) "Eligible to receive division services" or "eligibility" means qualification, based on
829	criteria established by the division, to receive services that are administered by the
830	division.
831	(12) "Endorsed program" means a facility or program that:
832	(a) is operated:
833	(i) by the division; or
834	(ii) under contract with the division; or
835	(b) provides services to a person committed to the division under Part 6, Admission to
836	an Intermediate Care Facility for People with an Intellectual Disability.
837	(13) "Licensed physician" means:
838	(a) an individual licensed to practice medicine under:
839	(i) Title 58, Chapter 67, Utah Medical Practice Act; or
840	(ii) Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; or
841	(b) a medical officer of the United States Government while in this state in the
842	performance of official duties.
843	(14) "Limited support services" means services that are administered by the division to
844	individuals with a disability:

845	(a) under a waiver authorized under 42 U.S.C. Sec. 1396n(c) by the Centers for
846	Medicare and Medicaid Services that permits the division to limit services to an
847	individual who is eligible to receive division services; and
848	(b) through a program that:
849	(i) was not operated by the division on or before January 1, 2020; and
850	(ii)(A) limits the kinds of services that an individual may receive; or
851	(B) sets a maximum total dollar amount for program services provided to each
852	individual.
853	(15) "Physical disability" means a medically determinable physical impairment that has
854	resulted in the functional loss of two or more of a person's limbs.
855	(16) "Public funds" means state or federal funds that are disbursed by the division.
856	(17)(a) "Related condition" means a severe, chronic condition that:
857	(i) manifests before the day on which an individual turns 22 years old;
858	(ii) is likely to continue indefinitely;
859	(iii) results in substantial functional limitations;
860	(iv) is closely related to an intellectual disability because the condition results in the
861	impairment of:
862	(A) general intellectual functioning, similar to that of an individual with an
863	intellectual disability; or
864	(B) adaptive behavior, similar to that of an individual with an intellectual
865	disability; and
866	(v) requires treatment or services similar to the treatment or services required for an
867	individual with an intellectual disability.
868	(b) "Related condition" does not include mental illness, as that term is defined in Section
869	26B-5-301.
870	[(17)] (18) "Resident" means an individual under observation, care, or treatment in an
871	intermediate care facility for people with an intellectual disability.
872	(19) "Substantial danger" means that because of an intellectual disability or related
873	condition, an individual is at risk of:
874	(a) suicide;
875	(b) serious bodily self-injury;
876	(c) serious bodily injury because the individual lacks capacity to provide the basic
877	necessities of life, such as food, clothing, or shelter;
878	(d) causing or attempting to cause serious hodily injury or serious emotional harm to

879	another individual;		
880	(e) engaging in deviant sexual conduct; or		
881	(f) suffering serious physical harm or serious emotional harm as a result of being		
882	exploited, abused, or neglected.		
883	[(18)] (20) "Sustainability fund" means the Utah State Developmental Center Long-Term		
884	Sustainability Fund created in Section 26B-1-331.		
885	Section 10. Section 26B-6-606 is amended to read:		
886	26B-6-606 . Involuntary commitment.		
887	An individual with an intellectual disability or related condition may not be involuntarily		
888	committed to [an intermediate care facility for people with an intellectual disability] the division		
889	except in accordance with Sections 26B-6-607 and 26B-6-608.		
890	Section 11. Section 26B-6-607 is amended to read:		
891	26B-6-607. Temporary emergency commitment Observation and evaluation.		
892	(1) [The director of the division or his designee may temporarily commit an individual to		
893	the division and therefore, as a matter of course, to an intermediate care facility for		
894	people with an intellectual disability for observation and evaluation] An individual with		
895	an intellectual disability or related condition may be committed to the division on an		
896	emergency basis upon[:]		
897	[(a) written application by a responsible person who has reason to know that the		
898	individual is in need of commitment, stating:]		
899	[(i) a belief that the individual has an intellectual disability and is likely to cause		
900	serious injury to self or others if not immediately committed;]		
901	[(ii) personal knowledge of the individual's condition; and]		
902	[(iii) the circumstances supporting that belief; or]		
903	[(b)] _certification by a [licensed physician or]designated intellectual disability		
904	professional stating that the [physician or]designated intellectual disability		
905	professional:		
906	[(i)] (a) has examined the individual within a three-day period, excluding Saturdays,		
907	Sundays, and state holidays, immediately preceding the certification; and		
908	[(ii)] (b) is of the opinion that the individual has an intellectual disability or related		
909	condition, and that because of the individual's intellectual disability [is likely to injure]		
910	or related condition is a substantial danger to self or others[if not immediately		
911	eommitted].		
912	(2) If the individual in need of commitment is not placed in the custody of the director or		

913	the director's designee by the person submitting the [application, the director's]
914	certification, the director or the director's designee may certify, either in writing or orally
915	that the individual is in need of immediate commitment to prevent [injury] posing
916	substantial danger to self or others.
917	(3) Upon receipt of the [application] certification required by Subsection [(1)(a) and the
918	certifications required by Subsections (1)(b) and (2)] (2), a peace officer [may take the
919	individual named in the application and certificates into custody, and]may transport the
920	individual to a [designated intermediate care facility for people with an intellectual
921	disability] placement designated by the division.
922	(4)(a) An individual committed under this section may be held for a maximum of [72]
923	hours, excluding Saturdays, Sundays, and legal holidays. At the expiration of that
924	time,] 10 days, after which the individual shall be released unless proceedings for
925	involuntary commitment have been commenced under Section 26B-6-608.
926	(b) [After] If proceedings for involuntary commitment have been commenced[the
927	individual shall be released unless an order of detention is issued in accordance with
928	Section 26B-6-608], an emergency order under this section remains in effect until:
929	(i) the division determines that the conditions justifying commitment no longer exist
930	<u>or</u>
931	(ii) a court order is issued pursuant to Section 26B-6-608.
932	(5)(a) If an individual is committed to the division under this section[-on the application
933	of any person other than the individual's legal guardian, spouse, parent, or next of kin],
934	the director or [his] the director's designee shall immediately give notice of the
935	commitment to the individual's legal guardian[, spouse, parent, or next of kin], if
936	known.
937	(b)(i) Immediately after an individual is committed to the division under this section,
938	the division shall inform the individual, orally and in writing, of the individual's
939	right to communicate with an attorney.
940	(ii) If the individual desires to communicate with an attorney, the division shall take
941	immediate steps to assist the individual in contacting and communicating with an
942	attorney.
943	(6)(a) The division or an intermediate care facility shall provide discharge instructions to
944	each individual committed under this section at or before the time the individual is
945	discharged from the custody of the division or intermediate care facility, regardless of

whether the individual is discharged by being released or under other circumstances.

947	(b)	Discharge instructions provided under Subsection (6)(a) shall include:
948		(i) a summary of why the individual was committed;
949		(ii) detailed information about why the individual is being discharged;
950		(iii) a safety plan for the individual based on the individual's intellectual disability
951		and condition;
952		(iv) notification to the individual's primary care provider, if applicable;
953		(v) if the individual is discharged without food, housing, or economic security, a
954		referral to appropriate services, if such services exist in the individual's
955		community;
956		(vi) the phone number to call or text for a crisis services hotline, and information
957		about the availability of peer support services;
958		(vii) a copy of any advance directive presented to the local mental health authority, if
959		applicable;
960		(viii) information about how to establish an advance directive if one was not
961		presented to the division or intermediate care facility;
962		(ix) as applicable, information about medications that were changed or discontinued
963		during the commitment;
964		(x) a list of any screening or diagnostic tests conducted during the commitment;
965		(xi) a summary of therapeutic treatments provided during the commitment;
966		(xii) any laboratory work, including blood samples or imaging, that was completed or
967		attempted during the commitment; and
968		(xiii) information about how to contact the division or intermediate care facility if
969		needed.
970	(c)	If an individual's medications were changed, or if an individual was prescribed new
971		medications while committed under this section, discharge instructions provided
972		under Subsection (6)(a) shall include a clinically appropriate supply of medications,
973		as determined by a licensed health care provider, to allow the individual time to
974		access another health care provider or follow-up appointment.
975	(d)	If an individual refuses to accept discharge instructions, the division or intermediate
976		care facility shall document the refusal in the individual's medical record.
977	(e)	If an individual's discharge instructions include referrals to services under Subsection
978		(6)(b)(v), the division or intermediate care facility shall document those referrals in
979		the individual's medical record.
980	(f)	The division shall attempt to follow up with a discharged individual at least 48 hours

981	after discharge, and may use peer support professionals when performing follow-up
982	care or developing a continuing care plan.
983	Section 12. Section 26B-6-608 is amended to read:
984	26B-6-608 . Involuntary commitment Procedures Necessary findings
985	Periodic review.
986	[(1) Any responsible person who has reason to know that an individual is in need of
987	commitment, who has a belief that the individual has an intellectual disability, and who
988	has personal knowledge of the conditions and circumstances supporting that belief, may
989	commence proceedings for involuntary commitment by filing a written petition with the
990	district court, or if the subject of the petition is less than 18 years old with the juvenile
991	court, of the county in which the individual to be committed is physically located at the
992	time the petition is filed. The application shall be accompanied by:]
993	[(a) a certificate of a licensed physician or a designated intellectual disability
994	professional, stating that within a seven-day period immediately preceding the
995	certification, the physician or designated intellectual disability professional examined
996	the individual and believes that the individual has an intellectual disability and is in
997	need of involuntary commitment; or]
998	[(b) a written statement by the petitioner that:]
999	[(i) states that the individual was requested to, but refused to, submit to an
1000	examination for an intellectual disability by a licensed physician or designated
1001	intellectual disability professional, and that the individual refuses to voluntarily go
1002	to the division or an intermediate care facility for people with an intellectual
1003	disability recommended by the division for treatment;]
1004	[(ii) is under oath; and]
1005	[(iii) sets forth the facts on which the statement is based.]
1006	[(2) Before issuing a detention order, the court may require the petitioner to consult with
1007	personnel at the division or at an intermediate care facility for people with an intellectual
1008	disability and may direct a designated intellectual disability professional to interview the
1009	petitioner and the individual to be committed, to determine the existing facts, and to
1010	report them to the court.]
1011	[(3) The court may issue a detention order and may direct a peace officer to immediately
1012	take the individual to an intermediate care facility for people with an intellectual
1013	disability to be detained for purposes of an examination if the court finds from the
1014	petition, from other statements under oath, or from reports of physicians or designated

1015	intellectual disability professionals that there is a reasonable basis to believe that the
1016	individual to be committed:]
1017	[(a) poses an immediate danger of physical injury to self or others;]
1018	[(b) requires involuntary commitment pending examination and hearing;]
1019	[(c) the individual was requested but refused to submit to an examination by a licensed
1020	physician or designated intellectual disability professional; or]
1021	[(d) the individual refused to voluntarily go to the division or to an intermediate care
1022	facility for people with an intellectual disability recommended by the division.]
1023	[(4)(a) If the court issues a detention order based on an application that did not include
1024	a certification by a designated intellectual disability professional or physician in
1025	accordance with Subsection (1)(a), the director or his designee shall within 24 hours
1026	after issuance of the detention order, excluding Saturdays, Sundays, and legal
1027	holidays, examine the individual, report the results of the examination to the court
1028	and inform the court:]
1029	[(i) whether the director or his designee believes that the individual has an intellectual
1030	disability; and]
1031	[(ii) whether appropriate treatment programs are available and will be used by the
1032	individual without court proceedings.]
1033	[(b) If the report of the director or his designee is based on an oral report of the
1034	examiner, the examiner shall immediately send the results of the examination in
1035	writing to the clerk of the court.]
1036	[(5) Immediately after an individual is involuntarily committed under a detention order or
1037	under Section 26B-6-607, the director or his designee shall inform the individual, orally
1038	and in writing, of his right to communicate with an attorney. If an individual desires to
1039	communicate with an attorney, the director or his designee shall take immediate steps to
1040	assist the individual in contacting and communicating with an attorney.]
1041	(1)(a) Any responsible person who has reason to know that an individual is in need of
1042	commitment, who has a belief that the individual has an intellectual disability or
1043	related condition, and who has personal knowledge of the conditions and
1044	circumstances supporting that belief, may make a referral to the division to conduct
1045	an assessment to determine if the individual meets the criteria for involuntary
1046	commitment under this section.
1047	(b)(i) To conduct an assessment of an individual who may be in need of commitment
1048	under this section, the division shall have two designated intellectual disability

1049	professionals examine the individual.
1050	(ii) The examinations described in Subsection (1)(b)(i) shall be conducted separately
1051	and at a suitable location not likely to have a harmful effect on the individual
1052	being examined.
1053	(c) If the designated intellectual disability professionals who conduct the examinations
1054	described in Subsection (1)(b)(i) both believe the examined individual meets the
1055	criteria for involuntary commitment under this section, the division may file a written
1056	petition to commence involuntary commitment proceedings with the district court, or
1057	with the juvenile court if the subject of the petition is less than 18 years old, of the
1058	county in which the subject of the petition is physically located at the time the
1059	petition is filed.
1060	(d)(i) The division shall include with a petition described in Subsection (1)(c) a
1061	certification from each of the designated intellectual disability professionals who
1062	examined the subject of the petition.
1063	(ii) A designated intellectual disability professional's certification shall state that:
1064	(A) within a seven-day period immediately preceding the filing of the petition, the
1065	designated intellectual disability professional examined the subject of the
1066	petition separate from the other designated intellectual disability professional;
1067	<u>and</u>
1068	(B) it is the designated intellectual disability professional's belief that the subject
1069	of the petition has an intellectual disability or related condition and meets the
1070	criteria for involuntary commitment under this section.
1071	(2)(a) If, pursuant to Title 77, Chapter 15, Defendant's Competency to Proceed, or Title
1072	80, Chapter 6, Part 4, Competency, a prosecutor informs a court that commitment
1073	proceedings will be initiated, the prosecutor shall make a referral to the division
1074	pursuant to Subsection (1).
1075	(b) If a prosecutor makes a referral to the division pursuant to Subsection (1), the
1076	division shall complete an assessment as described in Subsection (1)(b) within seven
1077	days after the day on which the prosecutor makes the referral unless the court
1078	enlarges the time for good cause shown.
1079	(c) Upon completion of the assessment described in Subsection (2)(b), if the designated
1080	intellectual disability professionals who examine the individual who is the subject of
1081	the referral both certify that they believe the individual meets the criteria for
1082	involuntary commitment under this section, the division may file a petition to

1083	commence involuntary commitment proceedings in accordance with Subsections
1084	(1)(c) and (d).
1085	[(6)] (3)(a) Immediately after [commencement of proceedings] the division files a petition
1086	for involuntary commitment under this section, the court shall:
1087	(i) schedule a hearing on the petition for no later than 10 days after the day on which
1088	the division filed the petition; and
1089	(ii) give notice of commencement of the proceedings to:
1090	$[\underbrace{(i)}]$ (A) the individual to be committed;
1091	[(ii)] (B) the [applicant] referent under Subsection (1)(a) or (2)(a), if applicable;
1092	[(iii)] (C) any legal guardian of the individual;
1093	[(iv)] (D) adult members of the individual's immediate family;
1094	[(v)] (E) legal counsel of the individual to be committed, if any;
1095	[(vi)] (F) the division; and
1096	[(vii)] (G) any other person to whom the individual requests, or the court
1097	designates, notice to be given.
1098	(b) If an individual cannot or refuses to disclose the identity of persons to be notified,
1099	the extent of notice shall be determined by the court.
1100	[(7)] (4) [That notice] The notice described in Subsection (3) shall:
1101	(a) set forth the allegations of the petition and all supporting facts;
1102	(b) be accompanied by a copy of [any detention] an emergency order issued under [
1103	Subsection (3)] Section 26B-6-607, if applicable; and
1104	(c) state that a hearing will be held within the time provided by law, and give the time
1105	and place for that hearing.
1106	[(8)] (5) The court may transfer the case and the custody of the individual to be committed
1107	to any other district court within the state[, if:] if the individual resides in another
1108	jurisdiction within the state.
1109	[(a) there are no appropriate facilities for persons with an intellectual disability within
1110	the judicial district; and]
1111	[(b) the transfer will not be adverse to the interests of the individual.]
1112	[(9)(a) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, after any
1113	order or commitment under a detention order, the court shall appoint two designated
1114	intellectual disability professionals to examine the individual. If requested by the
1115	individual's counsel, the court shall appoint a reasonably available, qualified person
1116	designated by counsel to be one of the examining designated intellectual disability

111/	professionals. The examinations shall be conducted:
1118	[(i) separately;]
1119	[(ii) at the home of the individual to be committed, a hospital, an intermediate care
1120	facility for people with an intellectual disability, or any other suitable place not
1121	likely to have a harmful effect on the individual; and]
1122	[(iii) within a reasonable period of time after appointment of the examiners by the
1123	eourt.]
1124	[(b) The court shall set a time for a hearing to be held within 10 court days of the
1125	appointment of the examiners. However, the court may immediately terminate the
1126	proceedings and dismiss the application if, prior to the hearing date, the examiners,
1127	the director, or his designee informs the court that:]
1128	[(i) the individual does not have an intellectual disability; or]
1129	[(ii) treatment programs are available and will be used by the individual without court
1130	proceedings.]
1131	[(10)] (6)(a)(i) Each individual has the right to be represented by counsel at the
1132	commitment hearing and in all preliminary proceedings.
1133	(ii) If neither the individual nor others provide counsel, [-]the court shall appoint
1134	counsel and allow sufficient time for counsel to consult with the individual prior
1135	to any hearing.
1136	(b) If the individual is indigent, the county in which the individual was physically
1137	located when taken into custody shall pay reasonable attorney fees as determined by
1138	the court.
1139	[(11)] (7) [The division or a designated intellectual disability professional in charge of the
1140	individual's care] Upon order of the court, the division or the division's designee shall
1141	provide all [documented information on] relevant documentation on the individual to be
1142	committed [and]to the court [at the time of the hearing. The] and the individual's
1143	attorney[-shall have access to all documented information on the individual at the time
1144	of and prior to the hearing].
1145	[(12)] (8)(a) The court shall provide an opportunity to the individual, the petitioner, and
1146	all other persons to whom notice is required to be given to appear at the hearing, to
1147	testify, and to present and cross-examine witnesses.
1148	(b) The court may, in its discretion:
1149	(i) receive the testimony of any other person;
1150	(ii) allow a waiver of the right to appear only for good cause shown;

1151	(iii) exclude from the hearing all persons not necessary to conduct the proceedings;
1152	and
1153	(iv) upon motion of counsel, require the testimony of each examiner to be given out
1154	of the presence of any other examiner.
1155	(c)(i) The hearing shall be conducted in as informal a manner as may be consistent
1156	with orderly procedure, and in a physical setting that is not likely to have a
1157	harmful effect on the individual.
1158	(ii) The Utah Rules of Evidence apply, and the hearing shall be a matter of court
1159	record.
1160	(iii) A verbatim record of the proceedings shall be maintained.
1161	[(13)] (9) The court may order commitment if, upon completion of the hearing and
1162	consideration of the record, [it] the court finds by clear and convincing evidence that all
1163	of the following conditions are met:
1164	(a) the individual to be committed has an intellectual disability or a related condition;
1165	(b) because of the individual's intellectual disability or related condition, one or more of
1166	the following conditions exist:
1167	(i) the individual poses [an immediate danger of physical injury] substantial danger to
1168	self or others;
1169	(ii) the individual lacks the capacity to provide the basic necessities of life, such as
1170	food, clothing, or shelter;[-or]
1171	(iii) the individual is in immediate need of habilitation, rehabilitation, care, or
1172	treatment to minimize the effects of the condition which poses a [threat of serious
1173	physical or psychological injury] risk of substantial danger to [the individual, and
1174	self or others; or
1175	(iv) the individual lacks the capacity to engage in a rational decision-making process
1176	concerning the need for habilitation, rehabilitation, care, or treatment, as
1177	evidenced by an inability to weigh the possible costs and benefits of the care or
1178	treatment and the alternatives to it;
1179	(c) there is no appropriate, less restrictive alternative reasonably available; and
1180	(d) the division [or the intermediate care facility for people with an intellectual disability
1181	recommended by the division in which the individual is to be committed]can provide
1182	the individual with treatment, care, habilitation, or rehabilitation that is adequate and
1183	appropriate to the individual's condition and needs.
1184	[(14)] (10) In the absence of any of the required findings by the court, described in

1185	Subsection $[(13)]$ (9) , the court shall dismiss the proceedings.
1186	[(15)] (11)(a) The order of commitment shall designate the period for which the
1187	individual will be committed.
1188	(b) An initial commitment may not exceed six months.[-Before the end of the initial
1189	commitment period, the administrator of the intermediate care facility for people with
1190	an intellectual disability shall commence a review hearing on behalf of the individual.
1191	[(b) At the conclusion of the review hearing, the court may issue an order of
1192	commitment for up to a one-year period.]
1193	[(16)] (12)(a) An individual committed under this part has the right to a rehearing[, upon
1194	filing a petition with the court within 30 days after entry of the court's order. If the
1195	petition for rehearing alleges error or mistake in the court's findings, the] if, within 15
1196	days after the court enters the order of commitment, the individual files a petition
1197	with the court alleging error or mistake in the court's findings.
1198	(b) Upon a request for rehearing filed in accordance with Subsection (12)(a), the court
1199	shall <u>:</u>
1200	(i) appoint[-one impartial licensed physician and] two impartial designated
1201	intellectual disability professionals who have not previously been involved in the
1202	case to examine the individual[] ; and
1203	(ii) schedule a rehearing to be held within 30 days after the court entered the order of
1204	commitment.
1205	(c) [The] In all other respects, the rehearing shall[, in all other respects,] be conducted in
1206	accordance with this part.
1207	[(17)] (13) (a)(i) The court shall maintain a current list of all individuals under its
1208	orders of commitment.
1209	(ii) [That list shall be reviewed in order] The court shall review the list described in
1210	Subsection (13)(a)(i) to determine those patients who have been under an order of
1211	commitment for the designated period.
1212	(b) At least two weeks prior to the expiration of the designated period of any
1213	commitment order still in effect, the court that entered the original order shall [inform
1214	the director of the division of the impending expiration of the designated
1215	commitment period] commence and send notice to all parties of a review hearing for
1216	the committed individual.
1217	(c) Prior to the review hearing, a division-designated intellectual disability professional
1218	shall reexamine the basis for the order of commitment and provide a report of that

1219	reexamination to the court.
1220	(d) At the conclusion of a review hearing, the court may:
1221	(i) issue an order of commitment for up to a one-year period; or
1222	(ii) discharge the individual from involuntary commitment if the conditions justifying
1223	commitment no longer exist.
1224	[(c) The staff of the division shall immediately:]
1225	[(i) reexamine the reasons upon which the order of commitment was based and report
1226	the results of the examination to the court;]
1227	[(ii) discharge the resident from involuntary commitment if the conditions justifying
1228	commitment no longer exist; and]
1229	[(iii) immediately inform the court of any discharge.]
1230	[(d)] (e) [If the director of the division reports to the court that the conditions justifying
1231	commitment no longer exist, and the administrator of the intermediate care facility
1232	for people with an intellectual disability does not discharge the individual at the end
1233	of the designated period, the court shall order the immediate discharge of the
1234	individual, unless involuntary commitment proceedings are again commenced in
1235	accordance with this section] If at any time during the commitment period the director
1236	or the director's designee determines that the conditions justifying commitment no
1237	longer exist, the division shall immediately discharge the individual from the
1238	commitment and notify the court.
1239	(f) If the division does not discharge an individual at the end of the designated period of
1240	a commitment order, the court shall order the immediate discharge of the individual
1241	unless involuntary commitment proceedings are commenced again in accordance
1242	with this section.
1243	[(e) If the director of the division, or the director's designee reports to the court that the
1244	conditions designated in Subsection (13) still exist, the court may extend the
1245	commitment order for up to one year. At the end of any extension, the individual
1246	must be reexamined in accordance with this section, or discharged.]
1247	[(18)] (14) When a resident is discharged under this [subsection] section, the division shall [
1248	provide any further support services available and] continue to provide division services
1249	for which the individual is eligible and as required to meet the resident's needs.
1250	[(19)] (15)(a) The division or an intermediate care facility shall provide discharge
1251	instructions to each individual committed under this section at or before the time the
1252	individual is discharged from the custody of the division or intermediate care facility,

1253	regardless of whether the individual is discharged by being released or under other
1254	circumstances.
1255	(b) Discharge instructions provided under Subsection [(19)(a)] (15)(a) shall include:
1256	(i) a summary of why the individual was committed;
1257	(ii) detailed information about why the individual is being discharged;
1258	(iii) a safety plan for the individual based on the individual's intellectual disability
1259	and condition;
1260	(iv) notification to the individual's primary care provider, if applicable;
1261	(v) if the individual is discharged without food, housing, or economic security, a
1262	referral to appropriate services, if such services exist in the individual's
1263	community;
1264	(vi) the phone number to call or text for a crisis services hotline, and information
1265	about the availability of peer support services;
1266	(vii) a copy of any advance directive presented to the local mental health authority, if
1267	applicable;
1268	(viii) information about how to establish an advance directive if one was not
1269	presented to the division or intermediate care facility;
1270	(ix) as applicable, information about medications that were changed or discontinued
1271	during the commitment;
1272	(x) a list of any screening or diagnostic tests conducted during the commitment;
1273	(xi) a summary of therapeutic treatments provided during the commitment;
1274	(xii) any laboratory work, including blood samples or imaging, that was completed or
1275	attempted during the commitment; and
1276	(xiii) information about how to contact the division or intermediate care facility if
1277	needed.
1278	(c) If an individual's medications were changed, or if an individual was prescribed new
1279	medications while committed under this section, discharge instructions provided
1280	under Subsection [(19)(a)] (15)(a) shall include a clinically appropriate supply of
1281	medications, as determined by a licensed health care provider, to allow the individual
1282	time to access another health care provider or follow-up appointment.
1283	(d) If an individual refuses to accept discharge instructions, the division or intermediate
1284	care facility shall document the refusal in the individual's medical record.
1285	(e) If an individual's discharge instructions include referrals to services under Subsection
1286	$\frac{(19)(b)(v)}{(15)(b)(v)}$, the division or intermediate care facility shall document those

1287	referrals in the individual's medical record.
1288	(f) The division shall attempt to follow up with a discharged individual at least 48 hours
1289	after discharge, and may use peer support professionals when performing follow-up
1290	care or developing a continuing care plan.
1291	Section 13. Section 26B-6-613 is amended to read:
1292	26B-6-613 . Involuntary treatment with medication Committee Findings.
1293	(1) If, after commitment, a resident elects to refuse treatment with medication, the director,
1294	the administrator of the intermediate care facility for people with an intellectual
1295	disability, or a designee, shall submit documentation regarding the resident's proposed
1296	treatment to a committee composed of:
1297	(a) a licensed physician experienced in treating persons with an intellectual disability,
1298	who is not directly involved in the resident's treatment or diagnosis, and who is not
1299	biased toward any one facility;
1300	(b) a psychologist who is a designated intellectual disability professional who is not
1301	directly involved in the resident's treatment or diagnosis; and
1302	(c) another designated intellectual disability professional of the facility for persons with
1303	an intellectual disability, or a designee.
1304	(2) Based upon the court's finding, under Subsection [26B-6-608(13)] 26B-6-608(9), that
1305	the resident lacks the ability to engage in a rational decision-making process regarding
1306	the need for habilitation, rehabilitation, care, or treatment, as demonstrated by evidence
1307	of inability to weigh the possible costs and benefits of treatment, the committee may
1308	authorize involuntary treatment with medication if it determines that:
1309	(a) the proposed treatment is in the medical best interest of the resident, taking into
1310	account the possible side effects as well as the potential benefits of the medication;
1311	and
1312	(b) the proposed treatment is in accordance with prevailing standards of accepted
1313	medical practice.
1314	(3) In making the determination described in Subsection (2), the committee shall consider
1315	the resident's general history and present condition, the specific need for medication and
1316	its possible side effects, and any previous reaction to the same or comparable medication
1317	(4) Any authorization of involuntary treatment under this section shall be periodically
1318	reviewed in accordance with rules promulgated by the division.
1319	Section 14. Section 68-3-12.5 is amended to read:

68-3-12.5. Definitions for Utah Code.

1321	(1) The definitions listed in this section apply to the Utah Code, unless:
1322	(a) the definition is inconsistent with the manifest intent of the Legislature or repugnant
1323	to the context of the statute; or
1324	(b) a different definition is expressly provided for the respective title, chapter, part,
1325	section, or subsection.
1326	(2) "Adjudicative proceeding" means:
1327	(a) an action by a board, commission, department, officer, or other administrative unit of
1328	the state that determines the legal rights, duties, privileges, immunities, or other legal
1329	interests of one or more identifiable persons, including an action to grant, deny,
1330	revoke, suspend, modify, annul, withdraw, or amend an authority, right, or license;
1331	and
1332	(b) judicial review of an action described in Subsection (2)(a).
1333	(3) "Administrator" includes "executor" when the subject matter justifies the use.
1334	(4) "Advisory board," "advisory commission," and "advisory council" mean a board,
1335	commission, committee, or council that:
1336	(a) is created by, and whose duties are provided by, statute or executive order;
1337	(b) performs its duties only under the supervision of another person as provided by
1338	statute; and
1339	(c) provides advice and makes recommendations to another person that makes policy for
1340	the benefit of the general public.
1341	(5) "Armed forces" means the United States Army, Navy, Air Force, Marine Corps, Space
1342	Force, and Coast Guard.
1343	(6) "County executive" means:
1344	(a) the county commission, in the county commission or expanded county commission
1345	form of government established under Title 17, Chapter 52a, Changing Forms of
1346	County Government;
1347	(b) the county executive, in the county executive-council optional form of government
1348	authorized by Section 17-52a-203; or
1349	(c) the county manager, in the council-manager optional form of government authorized
1350	by Section 17-52a-204.
1351	(7) "County legislative body" means:
1352	(a) the county commission, in the county commission or expanded county commission
1353	form of government established under Title 17, Chapter 52a, Changing Forms of
1354	County Government;

1355	(b) the county council, in the county executive-council optional form of government
1356	authorized by Section 17-52a-203; and
1357	(c) the county council, in the council-manager optional form of government authorized
1358	by Section 17-52a-204.
1359	(8) "Depose" means to make a written statement made under oath or affirmation.
1360	(9)(a) "Equal" means, with respect to biological sex, of the same value.
1361	(b) "Equal" does not mean, with respect to biological sex:
1362	(i) a characteristic of being the same or identical; or
1363	(ii) a requirement that biological sexes be ignored or co-mingled in every
1364	circumstance.
1365	(10) "Executor" includes "administrator" when the subject matter justifies the use.
1366	(11) "Father" means a parent who is of the male sex.
1367	(12) "Female" means the characteristic of an individual whose biological reproductive
1368	system is of the general type that functions in a way that could produce ova.
1369	(13) "Guardian" includes a person who:
1370	(a) qualifies as a guardian of a minor or incapacitated person pursuant to testamentary or
1371	court appointment; or
1372	(b) is appointed by a court to manage the estate of a minor or incapacitated person.
1373	(14) "Highway" includes:
1374	(a) a public bridge;
1375	(b) a county way;
1376	(c) a county road;
1377	(d) a common road; and
1378	(e) a state road.
1379	(15) "Intellectual disability" [means a significant, subaverage general intellectual
1380	functioning that:] means the same as that term is defined in the most recent edition of the
1381	Diagnostic and Statistical Manual of Mental Disorders published by the American
1382	Psychiatric Association.
1383	[(a) exists concurrently with deficits in adaptive behavior; and]
1384	[(b) is manifested during the developmental period as defined in the current edition of
1385	the Diagnostic and Statistical Manual of Mental Disorders, published by the
1386	American Psychiatric Association.]
1387	(16) "Intermediate care facility for people with an intellectual disability" means an [
1388	intermediate care facility for the mentally retarded, as defined in Title XIX of the Social

1389 Security Act institution or distinct part thereof for people with an intellectual disability 1390 or related conditions, if the institution or distinct part thereof meets the requirements described in 42 U.S.C. Secs. 1396d(d)(1) through (3). 1391 (17) "Land" includes: 1392 1393 (a) land; 1394 (b) a tenement; 1395 (c) a hereditament; 1396 (d) a water right; 1397 (e) a possessory right; and 1398 (f) a claim. 1399 (18) "Male" means the characteristic of an individual whose biological reproductive system 1400 is of the general type that functions to fertilize the ova of a female. 1401 (19) "Man" means an adult human male. 1402 (20) "Month" means a calendar month, unless otherwise expressed. 1403 (21) "Mother" means a parent who is of the female sex. 1404 (22) "Oath" includes "affirmation." 1405 (23) "Person" means: 1406 (a) an individual; 1407 (b) an association; 1408 (c) an institution; 1409 (d) a corporation; 1410 (e) a company; 1411 (f) a trust; 1412 (g) a limited liability company; 1413 (h) a partnership; 1414 (i) a political subdivision; 1415 (j) a government office, department, division, bureau, or other body of government; and 1416 (k) any other organization or entity. 1417 (24) "Personal property" includes: 1418 (a) money; 1419 (b) goods; 1420 (c) chattels; 1421 (d) effects; 1422 (e) evidences of a right in action;

1423 (f) a written instrument by which a pecuniary obligation, right, or title to property is 1424 created, acknowledged, transferred, increased, defeated, discharged, or diminished; 1425 and 1426 (g) a right or interest in an item described in Subsections (24)(a) through (f). 1427 (25) "Personal representative," "executor," and "administrator" include: 1428 (a) an executor; 1429 (b) an administrator; 1430 (c) a successor personal representative; 1431 (d) a special administrator; and 1432 (e) a person who performs substantially the same function as a person described in 1433 Subsections (25)(a) through (d) under the law governing the person's status. 1434 (26) "Policy board," "policy commission," or "policy council" means a board, commission, 1435 or council that: 1436 (a) is authorized to make policy for the benefit of the general public; 1437 (b) is created by, and whose duties are provided by, the constitution or statute; and 1438 (c) performs its duties according to its own rules without supervision other than under 1439 the general control of another person as provided by statute. 1440 (27) "Population" is shown by the most recent state or national census, unless expressly 1441 provided otherwise. (28) "Process" means a writ or summons issued in the course of a judicial proceeding. 1442 1443 (29) "Property" includes both real and personal property. 1444 (30) "Real estate" or "real property" includes: 1445 (a) land; 1446 (b) a tenement; 1447 (c) a hereditament: 1448 (d) a water right; 1449 (e) a possessory right; and 1450 (f) a claim. 1451 (31) "Review board," "review commission," and "review council" mean a board, 1452 commission, committee, or council that: 1453 (a) is authorized to approve policy made for the benefit of the general public by another 1454 body or person; 1455 (b) is created by, and whose duties are provided by, statute; and 1456 (c) performs its duties according to its own rules without supervision other than under

1457 the general control of another person as provided by statute. 1458 (32) "Road" includes: 1459 (a) a public bridge; 1460 (b) a county way; 1461 (c) a county road; 1462 (d) a common road; and 1463 (e) a state road. 1464 (33) "Sex" means, in relation to an individual, the individual's biological sex, either male or 1465 female, at birth, according to distinct reproductive roles as manifested by: 1466 (a) sex and reproductive organ anatomy; 1467 (b) chromosomal makeup; and 1468 (c) endogenous hormone profiles. 1469 (34) "Signature" includes a name, mark, or sign written with the intent to authenticate an 1470 instrument or writing. 1471 (35) "State," when applied to the different parts of the United States, includes a state, 1472 district, or territory of the United States. 1473 (36) "Swear" includes "affirm." 1474 (37) "Testify" means to make an oral statement under oath or affirmation. (38) "Uniformed services" means: 1475 1476 (a) the armed forces: 1477 (b) the commissioned corps of the National Oceanic and Atmospheric Administration; 1478 and 1479 (c) the commissioned corps of the United States Public Health Service. 1480 (39) "United States" includes each state, district, and territory of the United States of 1481 America. 1482 (40) "Utah Code" means the 1953 recodification of the Utah Code, as amended, unless the 1483 text expressly references a portion of the 1953 recodification of the Utah Code as it 1484 existed: 1485 (a) on the day on which the 1953 recodification of the Utah Code was enacted; or 1486 (b)(i) after the day described in Subsection (40)(a); and (ii) before the most recent amendment to the referenced portion of the 1953 1487 1488 recodification of the Utah Code. 1489 (41) "Vessel," when used with reference to shipping, includes a steamboat, canal boat, and 1490 every structure adapted to be navigated from place to place.

1491 (42)(a) "Veteran" means an individual who: 1492 (i) has served in the United States Armed Forces for at least 180 days: 1493 (A) on active duty; or 1494 (B) in a reserve component, to include the National Guard; or 1495 (ii) has incurred an actual service-related injury or disability while in the United 1496 States Armed Forces regardless of whether the individual completed 180 days; and 1497 (iii) was separated or retired under conditions characterized as honorable or general. 1498 (b) This definition is not intended to confer eligibility for benefits. 1499 (43) "Will" includes a codicil. 1500 (44) "Woman" means an adult human female. 1501 (45) "Writ" means an order or precept in writing, issued in the name of: 1502 (a) the state; 1503 (b) a court; or 1504 (c) a judicial officer. 1505 (46) "Writing" includes: 1506 (a) printing; 1507 (b) handwriting; and 1508 (c) information stored in an electronic or other medium if the information is retrievable 1509 in a perceivable format. 1510 Section 15. Section 77-15-2 is amended to read: 1511 **77-15-2** . Definitions. 1512 As used in this chapter: 1513 (1) "Competency evaluation" means an evaluation conducted by a forensic evaluator to 1514 determine if an individual is competent to stand trial. 1515 (2) "Competent to stand trial" means that a defendant has: 1516 (a) a rational and factual understanding of the criminal proceedings against the 1517 defendant and of the punishment specified for the offense charged; and 1518 (b) the ability to consult with the defendant's legal counsel with a reasonable degree of 1519 rational understanding in order to assist in the defense. 1520 (3) "Department" means the Department of Health and Human Services. 1521 (4) "Forensic evaluator" means a licensed mental health professional who: 1522 (a) is not involved in the defendant's treatment; 1523 (b) is trained and qualified by the department to conduct a competency evaluation, a 1524 restoration screening, and a progress toward competency evaluation, based on

1525	knowledge, experience, or education relating to:
1526	(i) intellectual functioning or psychopathology; and
1527	(ii) the legal system and the rights of a defendant in a criminal trial; and
1528	(c) if under contract with the department, demonstrates ongoing education and training
1529	relating to forensic mental health in accordance with rules established by the
1530	department in accordance with Title 63G, Chapter 3, Utah Administrative
1531	Rulemaking Act.
1532	(5) "Incompetent to proceed" means that a defendant is not competent to stand trial as a
1533	result of:
1534	(a) mental illness; or
1535	(b) intellectual disability.
1536	[(6) "Intellectual disability" means an intellectual disability as defined in the current edition
1537	of the Diagnostic and Statistical Manual of Mental Disorders published by the American
1538	Psychiatric Association.]
1539	[(7)] (6) "Mental illness" means the same as that term is defined in Section 26B-5-301.
1540	[(8)] (7) "Petition" means a petition to request a court to determine whether a defendant is
1541	competent to stand trial.
1542	[(9)] (8) "Progress toward competency evaluation" means an evaluation to determine
1543	whether an individual who is receiving restoration treatment is:
1544	(a) competent to stand trial;
1545	(b) incompetent to proceed but has a substantial probability of becoming competent to
1546	stand trial in the foreseeable future; or
1547	(c) incompetent to proceed and does not have a substantial probability of becoming
1548	competent to stand trial in the foreseeable future.
1549	[(10)] (9) "Restoration treatment" means training and treatment that is:
1550	(a) provided to an individual who is incompetent to proceed;
1551	(b) tailored to the individual's particular impairment to competency; and
1552	(c) limited to the purpose of restoring the individual to competency.
1553	Section 16. Section 77-15-5 is amended to read:
1554	CHAPTER 15. DEFENDANT'S COMPETENCY TO PROCEED
1555	77-15-5 . Order for hearing Stay of other proceedings Examinations of
1556	defendant Scope of examination and report.
1557	(1) A court in which criminal proceedings are pending shall stay all criminal proceedings, if:
1558	(a) a petition is filed under Section 77-15-3 or 77-15-3.5; or

1559	(b) the court raises the issue of the defendant's competency under Section 77-15-4.
1560	(2) The court in which the petition described in Subsection (1)(a) is filed:
1561	(a) shall inform the court in which criminal proceedings are pending of the petition, if
1562	the petition is not filed in the court in which criminal proceedings are pending;
1563	(b) shall review the allegations of incompetency;
1564	(c) may hold a limited hearing solely for the purpose of determining the sufficiency of
1565	the petition, if the court finds the petition is not clearly sufficient on its face;
1566	(d) shall hold a hearing, if the petition is opposed by either party; and
1567	(e) may not order an examination of the defendant or order a hearing on the mental
1568	condition of the defendant unless the court finds that the allegations in the petition
1569	raise a bona fide doubt as to the defendant's competency to stand trial.
1570	(3)(a) If the court finds that there is a bona fide doubt as to the defendant's competency
1571	to stand trial, the court shall order the department to have one or two forensic
1572	evaluators complete a competency evaluation for the defendant in accordance with
1573	Subsection (3)(b) and provide a report to the court regarding the competency of the
1574	defendant to stand trial.
1575	(b) The court shall order the department to have the defendant evaluated by one forensic
1576	evaluator unless:
1577	(i) the defendant is charged with a capital felony; or
1578	(ii) the defendant is charged with a felony that is not a capital felony, and the court
1579	determines, based on the allegations in the petition, that good cause exists to order
1580	two competency evaluations.
1581	(c)(i) This section does not prohibit a party from seeking an additional forensic
1582	evaluator to conduct a competency evaluation of the defendant.
1583	(ii) If a party seeks an additional competency evaluation under this Subsection (3)(c),
1584	the party shall:
1585	(A) select the additional forensic evaluator; and
1586	(B) pay the costs of the additional forensic evaluator.
1587	(d) The stipulation by parties to a bona fide doubt as to the defendant's competency to
1588	stand trial alone may not take the place of a competency evaluation ordered under
1589	this Subsection (3).
1590	(e) In accordance with state licensing laws, the court may only order the department to
1591	provide an initial evaluation and progress toward competency evaluation for a
1592	defendant who is located within the state.

1593	(4)(a) If the petition or other information sufficiently raises concerns that the defendant
1594	may have an intellectual disability, at least one forensic evaluator who is experienced
1595	in assessments of intellectual disabilities shall conduct a competency evaluation.
1596	(b) The petitioner or other party, as directed by the court or requested by the department,
1597	shall provide to the forensic evaluator nonmedical information and materials relevant
1598	to a determination of the defendant's competency, including the charging document,
1599	arrest or incident reports pertaining to the charged offense, known criminal history
1600	information, and known prior mental health evaluations and treatments.
1601	(c) For purposes of a competency evaluation, a custodian of mental health records
1602	pertaining to the defendant, including the defendant's prior mental health evaluations
1603	or records relating to the defendant's substance use disorder, may provide the records
1604	to:
1605	(i) with the defendant's consent, a forensic evaluator or the department on the
1606	department's request; or
1607	(ii) a forensic evaluator by court order.
1608	(d) A court order under Subsection (4)(c) shall include a protective order that expires
1609	180 days after the day on which:
1610	(i) the defendant is found guilty;
1611	(ii) the defendant enters a guilty plea;
1612	(iii) the court sentences the defendant; or
1613	(iv) if the case is appealed, the day on which the final appeal is resolved.
1614	(e)(i) Except as otherwise provided by law and in Subsections (4)(e)(ii) and (4)(f),
1615	the court shall order the forensic evaluator to destroy all records subject to the
1616	protective order within the 180 day period described in Subsection (4)(d).
1617	(ii) A forensic evaluator is not required to destroy the records subject to the
1618	protective order if destroying the records is a violation of ethical standards to
1619	which the forensic evaluator is subject for occupational licensing.
1620	(f) The court may extend the protective order described in Subsection (4)(d) if:
1621	(i) the court finds the defendant incompetent to proceed without a substantial
1622	probability that the defendant will become competent in the foreseeable future;
1623	(ii) the prosecutor or another individual indicates to the court that the prosecutor or
1624	other individual will seek civil commitment of the defendant under Section
1625	77-15-6; and

(iii) the court orders the records be maintained and used only for the purposes of

1627	examining the defendant in connection with the petition for civil commitment.
1628	(g) An order for a competency evaluation may not contain an order for any other inquiry
1629	into the mental state of the defendant that is not described in this Subsection (4).
1630	(5) Pending a competency evaluation, unless the court or the department directs otherwise,
1631	the defendant shall be retained in the same custody or status that the defendant was in at
1632	the time the examination was ordered.
1633	(6) In the conduct of a competency evaluation and in a report to the court, a forensic
1634	evaluator shall consider and address, in addition to any other factors determined to be
1635	relevant by the forensic evaluator:
1636	(a)[(i)] the impact of the defendant's mental illness or intellectual disability on the
1637	defendant's present ability to:
1638	[(A)] (i) rationally and factually understand the criminal proceedings against the
1639	defendant; and
1640	[(B)] (ii) consult with the defendant's legal counsel with a reasonable degree of
1641	rational understanding in order to assist in the defense;
1642	(b) in making the determinations described in Subsection (6)(a), the forensic evaluator
1643	shall consider, as applicable[:]
1644	[(i)] _the defendant's present ability to:
1645	[(A)] (i) understand the charges or allegations against the defendant;
1646	[(B)] (ii) communicate facts, events, and states of mind;
1647	[(C)] (iii) understand the range of possible penalties associated with the charges or
1648	allegations against the defendant;
1649	[(D)] (iv) engage in reasoned choice of legal strategies and options;
1650	$[(E)]$ $\underline{(v)}$ understand the adversarial nature of the proceedings against the defendant;
1651	[(F)] (vi) manifest behavior sufficient to allow the court to proceed; and
1652	[(G)] (vii) testify relevantly, if applicable; and
1653	(c) whether the defendant is exhibiting false or exaggerated physical or psychological
1654	symptoms relevant to the defendant's capacity to stand trial.
1655	(7) Upon a determination that the defendant is incompetent to proceed, the forensic
1656	evaluator shall indicate in the report to the court:
1657	(a) the factors that contribute to the defendant's incompetency, including the nature of
1658	the defendant's mental illness or intellectual disability, if any, and its relationship to
1659	the factors contributing to the defendant's incompetency;
1660	(b) whether there is a substantial probability that:

1661	(i) restoration treatment may bring the defendant to competency to stand trial in the
1662	foreseeable future; or
1663	(ii) the defendant cannot become competent to stand trial in the foreseeable future;
1664	(c) whether the defendant would benefit from restoration treatment; and
1665	(d) if the forensic evaluator makes the determination under Subsection (7)(b)(i) or (7)(c),
1666	an explanation of the reason for the determination and a summary of the treatment
1667	provided to the defendant in the past.
1668	(8)(a) A forensic evaluator shall provide an initial report to the court and the prosecuting
1669	and defense attorneys within 30 days of the receipt of the court's order. The report
1670	shall inform the court of the examiner's opinion concerning the competency of the
1671	defendant to stand trial.
1672	(b)(i) If the forensic evaluator is unable to complete the report in the time specified in
1673	Subsection (8)(a), the forensic evaluator shall give written notice to the court.
1674	(ii) A forensic evaluator who provides the notice described in Subsection (8)(b)(i)
1675	shall receive a 15-day extension, giving the forensic evaluator a total of 45 days
1676	after the day on which the forensic evaluator received the court's order to conduct
1677	a competency evaluation and file a report.
1678	(iii) The court may further extend the deadline for completion of the evaluation and
1679	report if the court determines that there is good cause for the extension.
1680	(iv) Upon receipt of an extension described in Subsection (8)(b)(iii), the forensic
1681	evaluator shall file the report as soon as reasonably possible.
1682	(9) Any written report submitted by a forensic evaluator shall:
1683	(a) identify the case ordered for evaluation by the case number;
1684	(b) describe the procedures, techniques, and tests used in the examination and the
1685	purpose or purposes for each, the time spent by the forensic evaluator with the
1686	defendant for purposes of the examination, and the compensation to be paid to the
1687	evaluator for the report;
1688	(c) state the forensic evaluator's clinical observations, findings, and opinions on each
1689	factor described in Subsection (6); and
1690	(d) identify the sources of information used by the forensic evaluator and present the
1691	basis for the forensic evaluator's clinical findings and opinions.
1692	(10)(a) Any statement made by the defendant in the course of any competency
1693	examination, whether the examination is with or without the consent of the
1694	defendant, any testimony by a forensic evaluator based upon the statement, and any

1695	other fruits of the statement may not be admitted in evidence against the defendant in
1696	any criminal proceeding except on an issue respecting mental condition on which the
1697	defendant has introduced evidence, unless the evidence is relevant to a determination
1698	of the defendant's competency.
1699	(b) Before examining the defendant, the forensic evaluator shall specifically advise the
1700	defendant of the limits of confidentiality as provided under Subsection (10)(a).
1701	(11)(a) Upon receipt of the forensic evaluators' reports, the court shall set a date for a
1702	competency hearing. The hearing shall be held not less than five and not more than
1703	15 days after the day on which the court received the forensic evaluators' reports,
1704	unless for good cause the court sets a later date.
1705	(b) Any person directed by the department to conduct the competency evaluation may be
1706	subpoenaed to testify at the hearing.
1707	(c) The court may call any forensic evaluator to testify at the hearing who is not called
1708	by the parties. [-]If the court calls a forensic evaluator, counsel for the parties may
1709	cross-examine the forensic evaluator.
1710	(d)(i) If the forensic evaluators are in conflict as to the competency of the defendant,
1711	all forensic evaluators should be called to testify at the hearing if reasonably
1712	available.
1713	(ii) A conflict in the opinions of the forensic evaluators does not require the
1714	appointment of an additional forensic evaluator unless the court finds good cause
1715	for the appointment.
1716	(iii) If a party seeks an additional competency evaluation under this Subsection (11),
1717	that party shall:
1718	(A) select the additional forensic evaluator; and
1719	(B) pay the costs of the additional forensic evaluator.
1720	(12)(a)(i) A defendant shall be presumed competent to stand trial unless the court, by
1721	a preponderance of the evidence, finds the defendant incompetent to proceed.
1722	(ii) The burden of proof is upon the proponent of incompetency at the hearing.
1723	(b) An adjudication of incompetent to proceed does not operate as an adjudication of
1724	incompetency to give informed consent for medical treatment or for any other
1725	purpose, unless specifically set forth in the court order.
1726	(13) In determining the defendant's competency to stand trial, the court shall consider the
1727	totality of the circumstances, including:
1728	(a) the petition;

1729	(b) the defendant's criminal and arrest history;
1730	(c) prior mental health evaluations and treatments provided to the court by the defendant;
1731	(d) subject to Subsection (15), whether the defendant was found incompetent to proceed
1732	in a criminal action unrelated to the charged offense for which the petition is filed;
1733	(e) the testimony of lay witnesses, if any;
1734	(f) the forensic evaluator's testimony and report;
1735	(g) the materials on which the forensic evaluator's report is based; and
1736	(h) any other relevant evidence or consideration bearing on the competency of the
1737	defendant.
1738	(14) If the court finds the defendant incompetent to proceed:
1739	(a) the court shall issue the order described in Subsection 77-15-6(1), which shall:
1740	(i) include findings addressing each of the factors in Subsection (6)(a);
1741	(ii) include a transportation order, if necessary;
1742	(iii) be accompanied by the forensic evaluators' reports, any psychiatric,
1743	psychological, or social work reports submitted to the court relative to the mental
1744	condition of the defendant, and any other documents made available to the court
1745	by either the defense or the prosecution, pertaining to the defendant's current or
1746	past mental condition; and
1747	(iv) be sent by the court to the department; and
1748	(b) the prosecuting attorney shall provide to the department:
1749	(i) the charging document and probable cause statement, if any;
1750	(ii) arrest or incident reports prepared by law enforcement and pertaining to the
1751	charged offense; and
1752	(iii) additional supporting documents.
1753	(15) The court may not find the defendant incompetent to proceed based solely on a court
1754	having ordered the release of the defendant under Section 77-15-3.5 or Section 77-15-6
1755	in an unrelated criminal action if the court in the unrelated criminal action ordered the
1756	release more than one year before the day on which the petition described in Subsection
1757	(13)(a) is filed.
1758	(16) The court may make any reasonable order to ensure compliance with this section.
1759	(17) Failure to comply with this section does not result in the dismissal of criminal charges.
1760	Section 17. Section 77-15-6 is amended to read:
1761	77-15-6. Commitment on finding of incompetency to stand trial Subsequent
1762	hearings Notice to prosecuting attorneys.

1763	(1)(a) Except as provided in Subsection (5), if after a hearing a court finds a defendant to
1764	be incompetent to proceed, the court shall order the defendant committed to the
1765	department for restoration treatment.
1766	(b)(i) Except as provided in Subsection (1)(b)(ii), the court may recommend but may
1767	not order placement of a defendant who is found incompetent to proceed.
1768	(ii) The court may order that the defendant be placed in a secure setting rather than a
1769	nonsecure setting.
1770	(c) Following restoration screening, the department's designee shall designate and
1771	inform the court of the specific placement and restoration treatment program for the
1772	defendant.
1773	(d) Restoration treatment shall be of sufficient scope and duration to:
1774	(i) restore the defendant to competency; or
1775	(ii) determine whether the defendant can be restored to competency in the foreseeable
1776	future.
1777	(e) A defendant who a court determines is incompetent to proceed may not be held for
1778	restoration treatment longer than:
1779	(i) the time reasonably necessary to determine that the defendant cannot become
1780	competent to stand trial in the foreseeable future; and
1781	(ii) the maximum period of incarceration that the defendant could receive if the
1782	defendant were convicted of the most severe offense of the offenses charged.
1783	(2)(a) A defendant who is receiving restoration treatment shall receive a progress toward
1784	competency evaluation, by:
1785	(i) a forensic evaluator, designated by the department; and
1786	(ii) an additional forensic evaluator, if requested by a party and paid for by the
1787	requesting party.
1788	(b) A forensic evaluator shall complete a progress toward competency evaluation and
1789	submit a report within 90 days after the day on which the forensic evaluator receives
1790	the commitment order from the department.
1791	(c) The report shall:
1792	(i) assess whether the defendant is exhibiting false or exaggerated physical or
1793	psychological symptoms;
1794	(ii) describe any diagnostic instruments, methods, and observations used by the
1795	evaluator to make the determination;
1796	(iii) describe the defendant's current mental illness or intellectual disability, if any;

1797	(iv) state the forensic evaluator's opinion as to the effect of any false or exaggerated
1798	symptoms on the defendant's competency to stand trial;
1799	(v) assess the facility's or program's capacity to provide appropriate restoration
1800	treatment for the defendant;
1801	(vi) assess the nature of restoration treatment provided to the defendant;
1802	(vii) assess what progress the defendant has made toward competency restoration,
1803	with respect to the factors identified by the court in its initial order;
1804	(viii) assess whether the defendant can reasonably be restored to competency in the
1805	foreseeable future given the restoration treatment currently being provided and the
1806	facility's or program's capacity to provide appropriate restoration treatment for the
1807	defendant;
1808	(ix) assess the likelihood of restoration to competency, the amount of time estimated
1809	to achieve competency, or the amount of time estimated to determine whether
1810	restoration to competency may be achieved; and
1811	(x) include a statement by the facility's treating physician regarding:
1812	(A) whether the defendant is taking any antipsychotic medication as prescribed;
1813	(B) whether ongoing administration of antipsychotic medication is necessary to
1814	maintain the defendant's competency to stand trial;
1815	(C) whether antipsychotic medication is substantially likely to maintain the
1816	defendant's competency to stand trial;
1817	(D) whether antipsychotic medication is substantially unlikely to produce side
1818	effects which would significantly interfere with the defendant's ability to assist
1819	in the defendant's defense;
1820	(E) that no less intrusive means are available, and whether any of those means
1821	have been attempted to render the defendant competent; and
1822	(F) whether antipsychotic medication is medically appropriate and in the
1823	defendant's best medical interest in light of the defendant's medical condition.
1824	(3)(a) The court on its own motion or upon motion by either party or the department
1825	may appoint an additional forensic evaluator to conduct a progress toward
1826	competency evaluation.
1827	(b) If the court appoints an additional forensic evaluator upon motion of a party, that
1828	party shall pay the costs of the additional forensic evaluator.
1829	(4)(a) Within 15 days after the day on which the court receives the forensic evaluator's
1830	report of the progress toward competency evaluation, the court shall hold a hearing to

1831	review the defendant's competency.
1832	(b) At the hearing, the burden of proving that the defendant is competent to stand trial is
1833	on the proponent of competency.
1834	(c) Following the hearing, the court shall determine by a preponderance of evidence
1835	whether the defendant:
1836	(i) is competent to stand trial;
1837	(ii) is competent, but requires the ongoing administration of antipsychotic medication
1838	in order to maintain the defendant's competency to stand trial;
1839	(iii) is incompetent to proceed, with a substantial probability that the defendant may
1840	become competent in the foreseeable future; or
1841	(iv) is incompetent to proceed, without a substantial probability that the defendant
1842	may become competent in the foreseeable future.
1843	(5)(a) If at any time the court determines that the defendant is competent to stand trial,
1844	the court shall:
1845	(i) proceed with the trial or other procedures as may be necessary to adjudicate the
1846	charges;
1847	(ii) order that the defendant be returned to the placement and status that the defendan
1848	was in at the time when the petition for the adjudication of competency was filed
1849	or raised by the court, unless the court determines that placement of the defendant
1850	in a less restrictive environment is more appropriate;
1851	(iii) order the ongoing administration of antipsychotic medication to the defendant fo
1852	the purpose of maintaining the defendant's competency to stand trial, if the court
1853	finds that the administration of antipsychotic medication is necessary to maintain
1854	the defendant's competency to stand trial under Subsection (4)(c)(ii); and
1855	(iv) require the agency, jail, or prison with custody over the defendant to report to the
1856	court any noncompliance with the court's orders under this Subsection (5) within
1857	48 hours of the noncompliance.
1858	(b) If the court determines that the defendant is incompetent to proceed with a
1859	substantial probability that the defendant may become competent in the foreseeable
1860	future, the court may order that the defendant remain committed to the department or
1861	the department's designee for the purpose of restoration treatment.
1862	(c)(i) If the court determines that the defendant is incompetent to proceed without a
1863	substantial probability that the defendant may become competent in the
1864	foreseeable future, the court shall order the defendant released from commitment

1865	to the department, unless the prosecutor or another individual informs the court
1866	that civil commitment proceedings pursuant to Title 26B, Chapter 5, Health Care -
1867	Substance Use and Mental Health, or Title 26B, Chapter 6, Part 4, Division of
1868	Services for People with Disabilities, will be initiated.
1869	(ii) The commitment proceedings must be initiated by a petition filed within seven
1870	days after the day on which the court makes the determination described in
1871	Subsection (4)(c)(iv), unless the court finds that there is good cause to delay the
1872	initiation of the civil commitment proceedings.
1873	(iii) The court may order the defendant to remain committed to the department until
1874	the civil commitment proceedings conclude.
1875	(iv) If the defendant is civilly committed and admitted to a secure setting, the
1876	department shall provide notice to the court that adjudicated the defendant
1877	incompetent to proceed and to the prosecution agency that prosecuted the case at
1878	least [60] 15 days before any proposed release of the committed individual from
1879	the secure setting.
1880	(v) If the prosecution agency that prosecuted the case intends to refile charges against
1881	the committed individual:
1882	(A) the prosecution agency shall provide written notice of that intent to the
1883	department within 15 days after the department provides the notice described
1884	in Subsection (5)(c)(iv); and
1885	(B) the department shall postpone release of the committed individual for at least
1886	30 days after the day on which the department receives the written notice of
1887	intent from the prosecution agency.
1888	(vi) If the prosecution agency that prosecuted the case refiles charges against the
1889	committed individual and the individual's competency is raised, the department
1890	shall postpone release of the individual until the competency proceedings
1891	conclude.
1892	(6)(a) At any time following the court's order under Subsection (5)(a)(iii), the defendant,
1893	the prosecuting attorney, the department, the treating physician, or the agency, jail, or
1894	prison with custody over the defendant, may notify the court of the need to review
1895	the medication order under Subsection (5)(a)(iii) for continued appropriateness and
1896	feasibility.
1897	(b) The court shall set the matter for a hearing if the notification under Subsection (6)(a)
1898	establishes good cause to review the matter.

1899	(7) If a court, under Subsection (5)(b), extends a defendant's commitment, the court shall
1900	schedule a competency review hearing for the earlier of:
1901	(a) the department's best estimate of when the defendant may be restored to competency;
1902	or
1903	(b) three months after the day on which the court determined under Subsection (5)(b) to
1904	extend the defendant's commitment.
1905	(8) Unless the defendant is charged with a crime listed in Subsection (9), if a defendant is
1906	incompetent to proceed by the day of the competency review hearing that follows the
1907	extension of a defendant's commitment, the court shall:
1908	(a) order the defendant be:
1909	(i) released or temporarily detained pending civil commitment proceedings as
1910	described in Subsection (5)(c); and
1911	(ii) terminate the defendant's commitment to the department for restoration treatment
1912	or
1913	(b) if the forensic evaluator reports to the court that there is a substantial probability that
1914	restoration treatment will bring the defendant to competency to stand trial in the
1915	foreseeable future, extend the defendant's commitment for restoration treatment up to
1916	45 additional days.
1917	(9) If the defendant is charged with aggravated murder, murder, attempted murder,
1918	manslaughter, or a first degree felony and the court determines that the defendant is
1919	making reasonable progress towards restoration of competency at the time of the hearing
1920	held pursuant to Subsection (7), the court may extend the commitment for a period not
1921	to exceed nine months for the purpose of restoration treatment, with a mandatory review
1922	hearing at the end of the nine-month period.
1923	(10) Unless the defendant is charged with aggravated murder or murder, if, at the
1924	nine-month review hearing described in Subsection (9), the court determines that the
1925	defendant is incompetent to proceed, the court shall:
1926	(a)(i) order the defendant be released or temporarily detained pending civil
1927	commitment proceedings as provided in Subsection (5)(c); and
1928	(ii) terminate the defendant's commitment to the department for restoration treatment
1929	or
1930	(b) if the forensic evaluator reports to the court that there is a substantial probability that
1931	restoration treatment will bring the defendant to competency to stand trial in the
1932	foreseeable future, extend the defendant's commitment for restoration treatment for

1933	up to 135 additional days.
1934	(11) If the defendant is charged with aggravated murder or murder and the court determines
1935	that the defendant is making reasonable progress towards restoration of competency at
1936	the time of the nine-month review hearing described in Subsection (9), the court may
1937	extend the commitment for a period not to exceed 24 months for the purpose of
1938	restoration treatment.
1939	(12) If the court extends the defendant's commitment term under Subsection (11), the court
1940	shall hold a hearing no less frequently than at 12-month intervals following the
1941	extension for the purpose of determining the defendant's competency status.
1942	(13) If, at the end of the 24-month commitment period described in Subsection (11), the
1943	court determines that the defendant is incompetent to proceed, the court shall:
1944	(a)(i) order the defendant be released or temporarily detained pending civil
1945	commitment proceedings as provided in Subsection (5)(c); and
1946	(ii) terminate the defendant's commitment to the department for restoration treatment
1947	or
1948	(b) if the forensic evaluator reports to the court that there is a substantial probability that
1949	restoration treatment will bring the defendant to competency to stand trial in the
1950	foreseeable future, extend the defendant's commitment for restoration treatment for
1951	up to 12 additional months.
1952	(14)(a) Neither release from a pretrial incompetency commitment under the provisions
1953	of this section nor civil commitment requires dismissal of criminal charges.
1954	(b) The court may retain jurisdiction over the criminal case and may order periodic
1955	reviews.
1956	(15) A defendant who is civilly committed pursuant to Title 26B, Chapter 5, Health Care -
1957	Substance Use and Mental Health, or Title 26B, Chapter 6, Part 4, Division of Services
1958	for People with Disabilities, may still be adjudicated competent to stand trial under this
1959	chapter.
1960	(16)(a) The remedy for a violation of the time periods specified in this section, other
1961	than those specified in Subsection (5)(c), (8), (10), or (13), shall be a motion to
1962	compel the hearing, or mandamus, but not release from detention or dismissal of the
1963	criminal charges.
1964	(b) The remedy for a violation of the time periods specified in Subsection (5)(c), (8), (9),
1965	or (13), or is not dismissal of the criminal charges.
1966	(17) In cases in which the treatment of the defendant is precluded by court order for a

1967	period of time, that time period may not be considered in computing time limitations
1968	under this section.
1969	(18)(a) If, at any time, the defendant becomes competent to stand trial while the
1970	defendant is committed to the department, the clinical director of the Utah State
1971	Hospital, the department, or the department's designee shall certify that fact to the
1972	court.
1973	(b) The court shall conduct a competency review hearing:
1974	(i) within 15 working days after the day on which the court receives the certification
1975	described in Subsection (18)(a); or
1976	(ii) within 30 working days after the day on which the court receives the certification
1977	described in Subsection (18)(a), if the court determines that more than 15 working
1978	days are necessary for good cause related to the defendant's competency.
1979	(19) The court may order a hearing at any time on the court's own motion or upon
1980	recommendations of the clinical director of the Utah State Hospital or other facility or
1981	the department.
1982	(20) Notice of a hearing on competency to stand trial shall be given to the prosecuting
1983	attorney and all counsel of record.
1984	Section 18. Section 77-19-203 is amended to read:
1985	77-19-203. Petition for inquiry as to competency to be executed Filing
1986	Contents Successive petitions.
1987	(1) If an inmate who has been sentenced to death is or becomes incompetent to be executed,
1988	a petition under Subsection (2) may be filed in the district court of the county where the
1989	inmate is confined.
1990	(2) The petition shall:
1991	(a) contain a certificate stating that it is filed in good faith and on reasonable grounds to
1992	believe the inmate is incompetent to be executed; and
1993	(b) contain a specific recital of the facts, observations, and conversations with the inmate
1994	that form the basis for the petition.
1995	(3) The petition may be based upon knowledge or information and belief and may be filed
1996	by the inmate alleged to be incompetent, legal counsel for the inmate, or by an attorney
1997	representing the state.
1998	(4) Before ruling on a petition filed by an inmate or his counsel alleging that the inmate is
1999	incompetent to be executed, the court shall give the state and the Department of
2000	Corrections an opportunity to respond to the allegations of incompetency.

2001	(5) If a petition is filed after an inmate has previously been found competent under either
2002	this chapter or under [Title 77, Chapter 15, Inquiry into Sanity of Defendant] Chapter 15,
2003	Defendant's Competency to Proceed, no further hearing on competency may be granted
2004	unless the successive petition:
2005	(a) alleges with specificity a substantial change of circumstances subsequent to the
2006	previous determination of competency; and
2007	(b) is sufficient to raise a significant question about the inmate's competency to be
2008	executed.
2009	Section 19. Section 77-29-3 is amended to read:
2010	77-29-3. Chapter inapplicable to incompetent persons.
2011	The provisions of this chapter shall not apply to any person while adjudged to be
2012	incompetent to proceed under [Chapter 15, Inquiry into Sanity of Defendant] Chapter 15,
2013	Defendant's Competency to Proceed.
2014	Section 20. Section 80-6-403 is amended to read:
2015	80-6-403 . Disposition on finding of not competent to proceed Subsequent
2016	hearings Notice to prosecuting attorneys.
2017	(1) If the juvenile court determines that the minor is not competent to proceed, and there is
2018	a substantial likelihood that the minor may attain competency in the foreseeable future,
2019	the juvenile court shall notify the department of the finding and allow the department 30
2020	days to develop an attainment plan for the minor.
2021	(2) The attainment plan shall include:
2022	(a) any services or treatment the minor has been or is currently receiving that are
2023	necessary to attain competency;
2024	(b) any additional services or treatment the minor may require to attain competency;
2025	(c) an assessment of the parent, custodian, or guardian's ability to access or provide any
2026	recommended treatment or services;
2027	(d) any special conditions or supervision that may be necessary for the safety of the
2028	minor or others during the attainment period; and
2029	(e) the likelihood that the minor will attain competency and the amount of time likely
2030	required for the minor to attain competency.
2031	(3) The department shall provide the attainment plan to the juvenile court, the prosecuting
2032	attorney, the defense attorney, and the attorney guardian ad litem at least three days
2033	before the competency disposition hearing.
2034	(4)(a) During the attainment period, the minor shall remain in the least restrictive

2035	appropriate setting.
2036	(b) A finding of not competent to proceed does not grant authority for a juvenile court to
2037	place a minor in the custody of a division of the department, or create eligibility for
2038	services from the Division of Services for People With Disabilities.
2039	(c) If the juvenile court orders the minor to be held in detention during the attainment
2040	period, the juvenile court shall make the following findings on the record:
2041	(i) the placement is the least restrictive appropriate setting;
2042	(ii) the placement is in the best interest of the minor;
2043	(iii) the minor will have access to the services and treatment required by the
2044	attainment plan in the placement; and
2045	(iv) the placement is necessary for the safety of the minor or others.
2046	(d) A juvenile court shall terminate an order of detention related to the pending
2047	proceeding for a minor who is not competent to proceed in that matter if:
2048	(i) the most severe allegation against the minor if committed by an adult is a class B
2049	misdemeanor;
2050	(ii) more than 60 days have passed after the day on which the juvenile court
2051	adjudicated the minor not competent to proceed; and
2052	(iii) the minor has not attained competency.
2053	(5)(a) At any time that the minor becomes competent to proceed during the attainment
2054	period, the department shall notify the juvenile court, the prosecuting attorney, the
2055	defense attorney, and the attorney guardian ad litem.
2056	(b) The juvenile court shall hold a hearing with 15 business days of notice from the
2057	department described in Subsection (5)(a).
2058	(6)(a) If at any time during the attainment period the juvenile court finds that there is not
2059	a substantial probability that the minor will attain competency in the foreseeable
2060	future, the juvenile court shall terminate the competency proceeding, dismiss the
2061	petition or information without prejudice, and release the minor from any custody
2062	order related to the pending proceeding, unless the prosecuting attorney or any other
2063	individual informs the juvenile court that commitment proceedings will be initiated in
2064	accordance with:
2065	(i) Title 26B, Chapter 6, Part 6, Admission to an Intermediate Care Facility for
2066	People with an Intellectual Disability;
2067	(ii) if the minor is 18 years old or older, Title 26B, Chapter 5, Part 3, Utah State
2068	Hospital and Other Mental Health Facilities; or

2069 (iii) if the minor is a child, Title 26B, Chapter 5, Part 4, Commitment of Persons 2070 Under Age 18. 2071 (b) The prosecuting attorney shall initiate the proceedings described in Subsection (6)(a) 2072 within seven days after the juvenile court's order, unless the juvenile court enlarges 2073 the time for good cause shown. 2074 (7) During the attainment period, the juvenile court may order a hearing or rehearing at 2075 anytime on the juvenile court's own motion or upon recommendation of any interested 2076 party or the department. 2077 (8)(a) Within three months of the juvenile court's approval of the attainment plan, the 2078 department shall provide a report on the minor's progress towards competence. 2079 (b) The report described in Subsection (8)(a) shall address the minor's: 2080 (i) compliance with the attainment plan; 2081 (ii) progress towards competency based on the issues identified in the original 2082 competency evaluation; and 2083 (iii) current mental illness, intellectual disability or related condition, or 2084 developmental immaturity, and need for treatment, if any, and whether there is 2085 substantial likelihood of the minor attaining competency within six months. 2086 (9)(a) Within 30 days of receipt of the report, the juvenile court shall hold a hearing to 2087 determine the minor's current status. 2088 (b) At the hearing, the burden of proving the minor is competent is on the proponent of 2089 competency. 2090 (c) The juvenile court shall determine by a preponderance of the evidence whether the 2091 minor is competent to proceed. 2092 (10) If the minor has not attained competency after the initial three month attainment period 2093 but is showing reasonable progress towards attainment of competency, the juvenile court 2094 may extend the attainment period up to an additional three months. 2095 (11) The department shall provide an updated juvenile competency evaluation at the 2096 conclusion of the [six month attainment period to advise the juvenile court on the 2097 minor's current competency status. 2098 (12) If the minor does not attain competency within six months after the juvenile court 2099 initially finds the minor not competent to proceed, the court shall terminate the 2100 competency proceedings and dismiss the petition or information filed without prejudice, 2101 unless good cause is shown that there is a substantial likelihood the minor will attain

competency within one year from the initial finding of not competent to proceed.

2103	(13) In the event a minor has an unauthorized leave lasting more than 24 hours, the
2104	attainment period shall toll until the minor returns.
2105	(14)(a) Regardless of whether a minor consents to attainment, any statement made by
2106	the minor in the course of attainment, any testimony by the forensic evaluator based
2107	upon any statement made by the minor in the course of attainment, and any other
2108	fruits of a statement made by the minor in the course of attainment:
2109	(i) may not be admitted in evidence against the minor in a proceeding under this
2110	chapter, except the statement may be admitted on an issue respecting the mental
2111	condition on which the minor has introduced evidence; and
2112	(ii) may be admitted where relevant to a determination of the minor's competency.
2113	(b) Before evaluating the minor during the attainment period, a forensic evaluator shall
2114	specifically advise the minor, and the minor's parent or guardian if reasonably
2115	available, of the limits of confidentiality provided in Subsection (14)(a).
2116	Section 21. Effective Date.
2117	This bill takes effect on May 7, 2025.