Nelson T. Abbott proposes the following substitute bill:

1

Commitment Revisions

2025 GENERAL SESSION STATE OF UTAH

Chief Sponsor: Nelson T. Abbott

Senate Sponsor: Evan J. Vickers

2

9

15

1617

18

19

20

21

22

23

24

25

26

LONG TITLE

4 General Description:

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

7 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;
 - provides that if a right of a patient of a local mental health authority is limited or denied, including for the welfare of the patient or caretakers, the nature, extent, and reason for that limitation or denial shall be entered in the patient's treatment record;
 - 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

- 29 commitment;
- provides that when there is a conflict in the opinions of forensic evaluators, if a party
- 31 seeks an additional competency evaluation then the party is responsible for selecting the
- evaluator and paying the cost of the evaluator;
- amends provisions regarding the release of a defendant determined to be incompetent to
- 34 proceed from a secured setting; and
- makes technical and conforming changes.
- 36 Money Appropriated in this Bill:
- None
- 38 Other Special Clauses:
- 39 None
- 40 Utah Code Sections Affected:
- 41 AMENDS:
- 42 **26B-2-121**, as renumbered and amended by Laws of Utah 2023, Chapter 305
- 43 **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
- 45 **26B-5-310**, as renumbered and amended by Laws of Utah 2023, Chapter 308
- 26B-5-322, as last amended by Laws of Utah 2023, Chapter 184 and renumbered and
- amended by Laws of Utah 2023, Chapter 308
- 48 **26B-5-332**, as last amended by Laws of Utah 2024, Chapters 287, 299 and 314
- 49 **26B-5-362**, as renumbered and amended by Laws of Utah 2023, Chapter 308
- 50 **26B-5-371**, as last amended by Laws of Utah 2023, Chapter 184 and renumbered and
- amended by Laws of Utah 2023, Chapter 308
- 52 **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
- **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
- 56 **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
- 58 **77-15-2**, as last amended by Laws of Utah 2023, Chapter 171
- 59 **77-15-5**, as last amended by Laws of Utah 2023, Chapters 171, 417 and last amended by
- 60 Coordination Clause, Laws of Utah 2023, Chapter 417
- 61 **77-15-6**, as last amended by Laws of Utah 2024, Chapter 174
- 62 **77-19-203**, as enacted by Laws of Utah 2004, Chapter 137

	77-29-3, as enacted by Laws of Utah 1980, Chapter 15
	Be it enacted by the Legislature of the state of Utah:
	Section 1. Section 26B-2-121 is amended to read:
	26B-2-121 . Access to abuse and neglect information.
((1) As used in this section:
	(a) "Direct service worker" means the same as that term is defined in Section 26B-6-401.
	(b) "Personal care attendant" means the same as that term is defined in Section [
	26B-6-401] <u>26B-6-101</u> .
((2) With respect to a licensee, a direct service worker, or a personal care attendant, the
	department may access only the Licensing Information System of the Division of Child
	and Family Services created by Section 80-2-1002 and juvenile court records under
	Subsection 80-3-404(4), for the purpose of:
	(a)(i) determining whether a person associated with a licensee, with direct access to
	children:
	(A) is listed in the Licensing Information System; or
	(B) has a substantiated finding by a juvenile court of a severe type of child abuse
	or neglect under Subsections 80-3-404(1) and (2); and
	(ii) informing a licensee that a person associated with the licensee:
	(A) is listed in the Licensing Information System; or
	(B) has a substantiated finding by a juvenile court of a severe type of child abuse
	or neglect under Subsections 80-3-404(1) and (2);
	(b)(i) determining whether a direct service worker:
	(A) is listed in the Licensing Information System; or
	(B) has a substantiated finding by a juvenile court of a severe type of child abuse
	or neglect under Subsections 80-3-404(1) and (2); and
	(ii) informing a direct service worker or the direct service worker's employer that the
	direct service worker:
	(A) is listed in the Licensing Information System; or
	(B) has a substantiated finding by a juvenile court of a severe type of child abuse
	or neglect under Subsections 80-3-404(1) and (2); or
	(c)(i) determining whether a personal care attendant:
	(A) is listed in the Licensing Information System; or
	(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	∠ 0D-5-301	. Definitions.

- 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.

206

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
 - (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
 211 Title 75, Utah Uniform Probate Code, or in the opinion of two physicians, a person's
 212 ability to receive and evaluate information effectively or communicate decisions is
 213 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.
- (15) "Lay person" means an individual identified and authorized by a patient to participate
 in activities related to the patient's commitment, including court appearances, discharge
 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.
- [(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 [(18)] (19) "Mental illness" means:
- 232 (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, subject to the requirement in Subsection (2)
275	that the reason, nature, and extent of any limitation or denial of a patient's right shall be
276	entered in the patient's treatment record, and except to the extent that the director or [his]
277	the director's designee determines that it is necessary for the welfare of the patient or the
278	patient's caretakers to impose restrictions, every patient is entitled to:
279	(a)(i) communicate, by sealed mail or otherwise, with persons, including official
280	agencies, inside or outside the [facility] responsible mental health authority, local
281	substance abuse authority, or approved treatment facility or program;
282	(ii) be provided with letter-writing materials, including postage; and
283	(iii) have staff of the responsible mental health authority, local substance abuse
284	authority, or approved treatment facility or program assist the patient if the patient
285	is unable to write, prepare, or mail correspondence;
286	(b) <u>have frequent and consistent opportunities to receive visitors[; and] at reasonable</u>
287	times that do not interfere with clinical activities;
288	(c) speak or visit with the patient's attorney or clergy member within a reasonable period
289	of time;
290	(d) exercise all civil rights, including the right to dispose of property, execute
291	instruments, make purchases, enter contractual relationships, and vote, unless the
292	patient has been adjudicated to be incompetent and has not been restored to legal
293	capacity[-];
294	(e) have access to adequate water and food, and to have the patient's nutritional needs
295	met in a manner that is consistent with recognized dietary practices;
296	(f) be treated fairly, with respect and recognition of the patient's dignity and
297	individuality;
298	(g) not be discriminated against on the basis of a characteristic identified in Subsection
299	<u>57-21-5(1):</u>
300	(h) within 72 husiness hours after the natient's request, see and receive the services of a

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

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

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

435

436

403 involuntary commitment pending examination and hearing; or 404 (b) the proposed patient refuses to submit to an interview with a mental health 405 professional as directed by the court or to go to a treatment facility voluntarily. 406 (4)(a) The court shall provide notice of commencement of proceedings for involuntary 407 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, 408 409 or upon, placement of the proposed patient in the custody of a local mental health 410 authority or, with respect to any proposed patient presently in the custody of a local 411 mental health authority whose status is being changed from voluntary to involuntary, 412 upon the filing of an application for that purpose with the court. 413 (b) The place of detention shall maintain a copy of the order of detention. 414 (5)(a) The court shall provide notice of commencement of proceedings for involuntary 415 commitment as soon as practicable to the applicant, any legal guardian, any 416 immediate adult family members, legal counsel for the parties involved, the local 417 mental health authority or the local mental health authority's designee, and any other 418 persons whom the proposed patient or the court designates. 419 (b) Except as provided in Subsection (5)(c), the notice under Subsection (5)(a) shall 420 advise the persons that a hearing may be held within the time provided by law. 421 (c) If the proposed patient refuses to permit release of information necessary for 422 provisions of notice under this subsection, the court shall determine the extent of 423 notice. 424 (6) Proceedings for commitment of an individual under 18 years old to a local mental health 425 authority may be commenced in accordance with Part 4, Commitment of Persons Under 426 Age 18. 427 (7)(a) The court may, in the court's discretion, transfer the case to any other district court 428 within this state, if the transfer will not be adverse to the interest of the proposed 429 patient. 430 (b) If a case is transferred under Subsection (7)(a), the parties to the case may be 431 transferred and the local mental health authority may be substituted in accordance 432 with Utah Rules of Civil Procedure, Rule 25. 433 (8) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance of a 434 judicial order, or after commitment of a proposed patient to a local mental health

or examination, the court shall appoint two designated examiners:

authority or the local mental health authority's designee under court order for detention

437	(a) who did not sign the civil commitment application nor the civil commitment
438	certification under Subsection (1);
439	(b) one of whom is:
440	(i) a licensed physician; or
441	(ii) a psychiatric mental health nurse practitioner or a psychiatric mental health
442	clinical nurse specialist who:
443	(A) is nationally certified;
444	(B) is doctorally trained; and
445	(C) has at least two years of inpatient mental health experience, regardless of the
446	license the individual held at the time of that experience; and
447	(c) one of whom may be designated by the proposed patient or the proposed patient's
448	counsel, if that designated examiner is reasonably available.
449	(9) The court shall schedule a hearing to be held within 10 calendar days after the day on
450	which the designated examiners are appointed.
451	(10)(a) The designated examiners shall[:]
452	[(i)] _conduct the examinations separately[;] .
453	[(ii)] (b) [conduct the examinations at the home of the proposed patient, at a hospital or
454	other medical facility, or at any other suitable place, including] The designated
455	examiners shall conduct the examinations:
456	(i) through telehealth[,] <u>unless the designated examiner determines that:</u>
457	(A) a telehealth examination would not be sufficient to properly assess the
458	proposed patient;
459	(B) a telehealth examination would have a harmful effect on the proposed patient's
460	health; or
461	(C) an in-person examination can be conducted as effectively, conveniently, and
462	timely as an examination through telehealth; and
463	(ii) if the designated examiner determines, pursuant to Subsection (10)(b)(i), that the
464	examination should be conducted in person, at the home of the proposed patient,
465	at a hospital or other medical facility, or at any other suitable place that is not
466	likely to have a harmful effect on the proposed patient's health[;] .
467	[(iii)] (c) The designated examiners shall inform the proposed patient, if not represented
468	by an attorney:
469	[(A)] (i) that the proposed patient does not have to say anything;
470	[(B)] (ii) of the nature and reasons for the examination;

1 71	[(C)] <u>(iii)</u> that the examination was ordered by the court;
172	[(D)] (iv) that any information volunteered could form part of the basis for the
173	proposed patient's involuntary commitment;
174	[(E)] (v) that findings resulting from the examination will be made available to the
175	court; and
176	[(F)] (vi) that the designated examiner may, under court order, obtain the proposed
177	patient's mental health records[; and] .
178	[(iv)] (d) [within] Within 24 hours of examining the proposed patient, a designated
179	examiner shall report to the court, orally or in writing, whether the proposed patient
180	is mentally ill, has agreed to voluntary commitment, as described in Section
181	26B-5-360, or has acceptable programs available to the proposed patient without
182	court proceedings.
183	[(b)] (e) If a designated examiner reports or ally under Subsection $[(10)(a)]$ (10)(d), the
184	designated examiner shall immediately send a written report to the clerk of the court.
185	(11) If a designated examiner is unable to complete an examination on the first attempt
186	because the proposed patient refuses to submit to the examination, the court shall fix a
187	reasonable compensation to be paid to the examiner.
188	(12) If the local mental health authority, the local mental health authority's designee, or a
189	medical examiner determines before the court hearing that the conditions justifying the
190	findings leading to a commitment hearing no longer exist, the local mental health
191	authority, the local mental health authority's designee, or the medical examiner shall
192	immediately report the determination to the court.
193	(13)(a) The court shall terminate the proceedings and dismiss the application before the
194	hearing if both designated examiners inform the court that the proposed patient does
195	not meet the criteria in Subsection (16).
196	(b) The court may terminate the proceedings and dismiss the application at any time,
197	including before the hearing, if the designated examiners or the local mental health
198	authority or the local mental health authority's designee informs the court that the
199	proposed patient:
500	[(a) does not meet the criteria in Subsection (16);]
501	[(b)] (i) has agreed to voluntary commitment, as described in Section 26B-5-360;
502	[(c)] (ii) has acceptable options for treatment programs that are available without
503	court proceedings; or
504	[(d)] (iii) meets the criteria for assisted outpatient treatment described in Section

505	26B-5-351.
506	(14)(a) Before the hearing, the court shall provide the proposed patient an opportunity to
507	be represented by counsel, and if neither the proposed patient nor others provide
508	counsel, the court shall appoint counsel and allow counsel sufficient time to consult
509	with the proposed patient before the hearing.
510	(b) In the case of an indigent proposed patient, the county in which the proposed patient
511	resides or is found shall make payment of reasonable attorney fees for counsel, as
512	determined by the court.
513	(15)(a)(i) The court shall afford the proposed patient, the applicant, and any other
514	person to whom notice is required to be given an opportunity to appear at the
515	hearing, to testify, and to present and cross-examine witnesses.
516	(ii) The court may, in the court's discretion, receive the testimony of any other person
517	(iii) The court may allow a waiver of the proposed patient's right to appear for good
518	cause, which cause shall be set forth in the record, or an informed waiver by the
519	patient, which shall be included in the record.
520	(b) The court is authorized to exclude any person not necessary for the conduct of the
521	proceedings and may, upon motion of counsel, require the testimony of each
522	designated examiner to be given out of the presence of any other designated
523	examiners.
524	(c) The court shall:
525	(i) conduct the hearing in as informal a manner as may be consistent with orderly
526	procedure[, and] <u>; and</u>
527	(ii) while preserving the due process rights of the proposed patient:
528	(A) conduct the hearing remotely, in accordance with Utah Rules of Civil
529	Procedure, Rule 87, unless the court finds good cause under Rule 87 not to
530	conduct the hearing remotely; or
531	(B) if the court finds good cause under Rule 87 not to conduct the hearing
532	remotely, conduct the hearing in a physical setting that is not likely to have a
533	harmful effect on the mental health of the proposed patient[, while preserving
534	the due process rights of the proposed patient].
535	(d) The court shall consider any relevant historical and material information that is
536	offered, subject to the rules of evidence, including reliable hearsay under Utah Rules
537	of Evidence, Rule 1102.
538	(e)(i) A local mental health authority or the local mental health authority's designee

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

0/3	(C) the proposed patient has a mental illness;
574	(D) the proposed patient has a persistent unawareness of their mental illness and
575	the negative consequences of that illness, or within the preceding six months
576	has been requested or ordered to undergo mental health treatment but has
577	unreasonably refused to undergo that treatment;
578	(E) there is no appropriate less-restrictive alternative to a court order of
579	commitment; and
580	(F) the local mental health authority can provide the proposed patient with
581	treatment that is adequate and appropriate to the proposed patient's condition
582	and needs.
583	(b)(i) If, at the hearing, the court determines that the proposed patient has a mental
584	illness but does not meet the other criteria described in Subsection (16)(a), the
585	court may consider whether the proposed patient meets the criteria for assisted
586	outpatient treatment under Section 26B-5-351.
587	(ii) The court may order the proposed patient to receive assisted outpatient treatment
588	in accordance with Section 26B-5-351 if, at the hearing, the court finds the
589	proposed patient meets the criteria for assisted outpatient treatment under Section
590	26B-5-351.
591	(iii) If the court determines that neither the criteria for commitment under Subsection
592	(16)(a) nor the criteria for assisted outpatient treatment under Section 26B-5-351
593	are met, the court shall dismiss the proceedings after the hearing.
594	(17)(a)(i) The order of commitment shall designate the period for which the patient
595	shall be treated.
596	(ii) If the patient is not under an order of commitment at the time of the hearing, the
597	patient's treatment period may not exceed six months without a review hearing.
598	(iii) Upon a review hearing, to be commenced before the expiration of the previous
599	order of commitment, an order for commitment may be for an indeterminate
500	period, if the court finds by clear and convincing evidence that the criteria
501	described in Subsection (16) will last for an indeterminate period.
502	(b)(i) The court shall maintain a current list of all patients under the court's order of
503	commitment and review the list to determine those patients who have been under
504	an order of commitment for the court designated period.
505	(ii) At least two weeks before the expiration of the designated period of any order of
506	commitment still in effect, the court that entered the original order of commitmen

636

637

638

639

640

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

541	(v) Upon receiving a request under Subsection (17)(c)(iv), the court shall
542	immediately appoint two designated examiners and proceed under Subsections (8)
543	through (14).
544	(18)(a) Any patient committed as a result of an original hearing or a patient's legally
545	designated representative who is aggrieved by the findings, conclusions, and order of
546	the court entered in the original hearing has the right to a new hearing upon filing a
547	petition [filed-] with the court within 30 days after the day on which the court entered
548	the order[is entered].
549	(b) The petition shall allege error or mistake in the findings, in which case the court shall
550	appoint three impartial designated examiners previously unrelated to the case to
551	conduct an additional examination of the patient.
552	(c) Except as provided in Subsection (18)(b), the court shall, in all other respects,
553	conduct the new hearing in the manner otherwise permitted.
554	(19) The county in which the proposed patient resides or is found shall pay the costs of all
555	proceedings under this section.
656	(20)(a) A local mental health authority shall provide discharge instructions to each
557	individual committed under this section at or before the time the individual is
558	discharged from the local mental health authority's custody, regardless of the
559	circumstances under which the individual is discharged.
660	(b) Discharge instructions provided under Subsection (20)(a) shall include:
561	(i) a summary of why the individual was committed to the local mental health
562	authority;
563	(ii) detailed information about why the individual is being discharged from the local
564	mental health authority's custody;
565	(iii) a safety plan for the individual based on the individual's mental illness or mental
566	or emotional state;
567	(iv) notification to the individual's primary care provider, if applicable;
568	(v) if the individual is discharged without food, housing, or economic security, a
569	referral to appropriate services, if such services exist in the individual's
570	community;
571	(vi) the phone number to call or text for a crisis services hotline, and information
572	about the availability of peer support services;
573	(vii) a copy of any psychiatric advance directive presented to the local mental health
574	authority, if applicable:

675	(viii) information about how to establish a psychiatric advance directive if one was
676	not presented to the local mental health authority;
677	(ix) as applicable, information about medications that were changed or discontinued
678	during the commitment;
679	(x) a list of any screening or diagnostic tests conducted during the commitment;
680	(xi) a summary of therapeutic treatments provided during the commitment;
681	(xii) any laboratory work, including blood samples or imaging, that was completed or
682	attempted during the commitment; and
683	(xiii) information about how to contact the local mental health authority if needed.
684	(c) If an individual's medications were changed, or if an individual was prescribed new
685	medications while committed under this section, discharge instructions provided
686	under Subsection (20)(a) shall include a clinically appropriate supply of medications,
687	as determined by a licensed health care provider, to allow the individual time to
688	access another health care provider or follow-up appointment.
689	(d) If an individual refuses to accept discharge instructions, the local mental health
690	authority shall document the refusal in the individual's medical record.
691	(e) If an individual's discharge instructions include referrals to services under Subsection
692	(20)(b)(v), the local mental health authority shall document those referrals in the
693	individual's medical record.
694	(f) The local mental health authority shall attempt to follow up with a discharged
695	individual at least 48 hours after discharge, and may use peer support professionals
696	when performing follow-up care or developing a continuing care plan.
697	(21) If any provision of Subsection (16)(a)(ii) or the application of any provision of
698	Subsection (16)(a)(ii) to any person or circumstance is held invalid by a court with
699	jurisdiction, the remainder of Subsection (16)(a)(ii) shall be given effect without the
700	invalid provision or application. The provisions of Subsection (16)(a)(ii) are severable.
701	Section 7. Section 26B-5-362 is amended to read:
702	26B-5-362. Commitment and care of criminally insane.
703	Nothing contained in this part may be construed to alter or change the method presently
704	employed for the commitment and care of the criminally insane as provided in [Title 77,
705	Chapter 15, Inquiry into Sanity of Defendant] Title 77, Chapter 15, Defendant's Competency to
706	Proceed.
707	Section 8. Section 26B-5-371 is amended to read:
708	26B-5-371 . Utah Forensic Mental Health Facility Design and operation

709 **Security.**

714

715

716

717

718

719

720

721

722

723

724

725

726

727

728

729

730

731

732

733

734

735

740

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

743	(4) Pursuant to Subsection 26B-5-303(3) the executive director shall designate individuals
744	to perform security functions for the state hospital.
745	Section 9. Section 26B-6-401 is amended to read:
746	26B-6-401 . Definitions.
747	As used in this part:
748	(1) "Approved provider" means a person approved by the division to provide home-and
749	community-based services.
750	(2) "Board" means the Utah State Developmental Center Board created under Section
751	26B-1-429.
752	(3)(a) "Brain injury" means an acquired injury to the brain that is neurological in nature,
753	including a cerebral vascular accident.
754	(b) "Brain injury" does not include a deteriorating disease.
755	(4) "Designated intellectual disability professional" means:
756	(a) a psychologist licensed under Title 58, Chapter 61, Psychologist Licensing Act, who:
757	(i)(A) has at least one year of specialized training in working with persons with an
758	intellectual disability; or
759	(B) has at least one year of clinical experience with persons with an intellectual
760	disability; and
761	(ii) is designated by the division as specially qualified, by training and experience, in
762	the treatment of an intellectual disability; or
763	(b) a clinical social worker, certified social worker, marriage and family therapist, or
764	professional counselor, licensed under Title 58, Chapter 60, Mental Health
765	Professional Practice Act, who:
766	(i) has at least two years of clinical experience with persons with an intellectual
767	disability; and
768	(ii) is designated by the division as specially qualified, by training and experience, in
769	the treatment of an intellectual disability.
770	(5) "Deteriorating disease" includes:
771	(a) multiple sclerosis;
772	(b) muscular dystrophy;
773	(c) Huntington's chorea;
774	(d) Alzheimer's disease;
775	(e) ataxia; or
776	(f) cancer.

777	(6) "Developmental center" means the Utah State Developmental Center, established in
778	accordance with Part 5, Utah State Developmental Center.
779	(7) "Director" means the director of the Division of Services for People with Disabilities.
780	(8) "Direct service worker" means a person who provides services to a person with a
781	disability:
782	(a) when the services are rendered in:
783	(i) the physical presence of the person with a disability; or
784	(ii) a location where the person rendering the services has access to the physical
785	presence of the person with a disability; and
786	(b)(i) under a contract with the division;
787	(ii) under a grant agreement with the division; or
788	(iii) as an employee of the division.
789	(9)(a) "Disability" means a severe, chronic disability that:
790	(i) is attributable to:
791	(A) an intellectual disability;
792	(B) a condition that qualifies a person as a person with a related condition, as
793	defined in 42 C.F.R. Sec. 435.1010;
794	(C) a physical disability; or
795	(D) a brain injury;
796	(ii) is likely to continue indefinitely;
797	(iii)(A) for a condition described in Subsection (9)(a)(i)(A), (B), or (C), results in
798	a substantial functional limitation in three or more of the following areas of
799	major life activity:
800	(I) self-care;
801	(II) receptive and expressive language;
802	(III) learning;
803	(IV) mobility;
804	(V) self-direction;
805	(VI) capacity for independent living; or
806	(VII) economic self-sufficiency; or
807	(B) for a condition described in Subsection (9)(a)(i)(D), results in a substantial
808	limitation in three or more of the following areas:
809	(I) memory or cognition;
810	(II) activities of daily life;

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

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

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

913	committed].
914	(2) If the individual in need of commitment is not placed in the custody of the director or
915	the director's designee by the person submitting the [application, the director's]
916	certification, the director or the director's designee may certify, either in writing or orally
917	that the individual is in need of immediate commitment to prevent [injury] posing
918	substantial danger to self or others.
919	(3) Upon receipt of the [application] certification required by Subsection [(1)(a) and the
920	certifications required by Subsections (1)(b) and (2)] (2), a peace officer [may take the
921	individual named in the application and certificates into custody, and]may transport the
922	individual to a [designated intermediate care facility for people with an intellectual
923	disability] placement designated by the division.
924	(4)(a) An individual committed under this section may be held for a maximum of [72
925	hours, excluding Saturdays, Sundays, and legal holidays. At the expiration of that
926	time,] 10 days, after which the individual shall be released unless proceedings for
927	involuntary commitment have been commenced under Section 26B-6-608.
928	(b) [After] If proceedings for involuntary commitment have been commenced[-the
929	individual shall be released unless an order of detention is issued in accordance with
930	Section 26B-6-608], an emergency order under this section remains in effect until:
931	(i) the division determines that the conditions justifying commitment no longer exists
932	<u>or</u>
933	(ii) a court order is issued pursuant to Section 26B-6-608.
934	(5)(a) If an individual is committed to the division under this section[-on the application
935	of any person other than the individual's legal guardian, spouse, parent, or next of kin],
936	the director or [his] the director's designee shall immediately give notice of the
937	commitment to the individual's legal guardian[, spouse, parent, or next of kin], if
938	known.
939	(b)(i) Immediately after an individual is committed to the division under this section,
940	the division shall inform the individual, orally and in writing, of the individual's
941	right to communicate with an attorney.
942	(ii) If the individual desires to communicate with an attorney, the division shall take
943	immediate steps to assist the individual in contacting and communicating with an
944	attorney.
945	(6)(a) The division or an intermediate care facility shall provide discharge instructions to
946	each individual committed under this section at or before the time the individual is

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

981 the individual's medical record. 982 (f) The division shall attempt to follow up with a discharged individual at least 48 hours 983 after discharge, and may use peer support professionals when performing follow-up 984 care or developing a continuing care plan. 985 Section 12. Section **26B-6-608** is amended to read: 986 26B-6-608. Involuntary commitment -- Procedures -- Necessary findings --987 Periodic review. 988 [(1) Any responsible person who has reason to know that an individual is in need of 989 commitment, who has a belief that the individual has an intellectual disability, and who 990 has personal knowledge of the conditions and circumstances supporting that belief, may 991 commence proceedings for involuntary commitment by filing a written petition with the 992 district court, or if the subject of the petition is less than 18 years old with the juvenile 993 court, of the county in which the individual to be committed is physically located at the 994 time the petition is filed. The application shall be accompanied by: 995 (a) a certificate of a licensed physician or a designated intellectual disability 996 professional, stating that within a seven-day period immediately preceding the 997 certification, the physician or designated intellectual disability professional examined 998 the individual and believes that the individual has an intellectual disability and is in 999 need of involuntary commitment; or 1000 [(b) a written statement by the petitioner that:] 1001 (i) states that the individual was requested to, but refused to, submit to an 1002 examination for an intellectual disability by a licensed physician or designated 1003 intellectual disability professional, and that the individual refuses to voluntarily go 1004 to the division or an intermediate care facility for people with an intellectual 1005 disability recommended by the division for treatment; 1006 [(ii) is under oath; and] 1007 (iii) sets forth the facts on which the statement is based. 1008 [(2) Before issuing a detention order, the court may require the petitioner to consult with 1009 personnel at the division or at an intermediate care facility for people with an intellectual 1010 disability and may direct a designated intellectual disability professional to interview the 1011 petitioner and the individual to be committed, to determine the existing facts, and to 1012 report them to the court. 1013 (3) The court may issue a detention order and may direct a peace officer to immediately 1014 take the individual to an intermediate care facility for people with an intellectual

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

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

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

1117	individual's counsel, the court shall appoint a reasonably available, qualified person
1118	designated by counsel to be one of the examining designated intellectual disability
1119	professionals. The examinations shall be conducted:]
1120	[(i) separately;]
1121	[(ii) at the home of the individual to be committed, a hospital, an intermediate care
1122	facility for people with an intellectual disability, or any other suitable place not
1123	likely to have a harmful effect on the individual; and]
1124	[(iii) within a reasonable period of time after appointment of the examiners by the
1125	court.]
1126	[(b) The court shall set a time for a hearing to be held within 10 court days of the
1127	appointment of the examiners. However, the court may immediately terminate the
1128	proceedings and dismiss the application if, prior to the hearing date, the examiners,
1129	the director, or his designee informs the court that:]
1130	[(i) the individual does not have an intellectual disability; or]
1131	[(ii) treatment programs are available and will be used by the individual without court
1132	proceedings.]
1133	[(10)] (6)(a)(i) Each individual has the right to be represented by counsel at the
1134	commitment hearing and in all preliminary proceedings.
1135	(ii) If neither the individual nor others provide counsel, [-]the court shall appoint
1136	counsel and allow sufficient time for counsel to consult with the individual prior
1137	to any hearing.
1138	(b) If the individual is indigent, the county in which the individual was physically
1139	located when taken into custody shall pay reasonable attorney fees as determined by
1140	the court.
1141	[(11)] (7) [The division or a designated intellectual disability professional in charge of the
1142	individual's care] Upon order of the court, the division or the division's designee shall
1143	provide all [documented information on] relevant documentation on the individual to be
1144	committed [and-]to the court [at the time of the hearing. The] and the individual's
1145	attorney[-shall have access to all documented information on the individual at the time
1146	of and prior to the hearing].
1147	[(12)] (8)(a) The court shall provide an opportunity to the individual, the petitioner, and
1148	all other persons to whom notice is required to be given to appear at the hearing, to
1149	testify, and to present and cross-examine witnesses.
1150	(b) The court may, in its discretion:

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

1185	appropriate to the individual's condition and needs.
1186	[(14)] (10) In the absence of any of the required findings by the court, described in
1187	Subsection $[(13)]$ (9) , the court shall dismiss the proceedings.
1188	[(15)] (11)(a) The order of commitment shall designate the period for which the
1189	individual will be committed.
1190	(b) An initial commitment may not exceed six months.[-Before the end of the initial
1191	commitment period, the administrator of the intermediate care facility for people with
1192	an intellectual disability shall commence a review hearing on behalf of the individual.
1193	[(b) At the conclusion of the review hearing, the court may issue an order of
1194	commitment for up to a one-year period.]
1195	[(16)] (12)(a) An individual committed under this part has the right to a rehearing[, upon
1196	filing a petition with the court within 30 days after entry of the court's order. If the
1197	petition for rehearing alleges error or mistake in the court's findings, the] if, within 15
1198	days after the court enters the order of commitment, the individual files a petition
1199	with the court alleging error or mistake in the court's findings.
1200	(b) Upon a request for rehearing filed in accordance with Subsection (12)(a), the court
1201	shall <u>:</u>
1202	(i) appoint[-one impartial licensed physician and] two impartial designated
1203	intellectual disability professionals who have not previously been involved in the
1204	case to examine the individual[] ; and
1205	(ii) schedule a rehearing to be held within 30 days after the court entered the order of
1206	commitment.
1207	(c) [The] In all other respects, the rehearing shall[, in all other respects,] be conducted in
1208	accordance with this part.
1209	[(17)] (13) (a) (i) The court shall maintain a current list of all individuals under its
1210	orders of commitment.
1211	(ii) [That list shall be reviewed in order] The court shall review the list described in
1212	Subsection (13)(a)(i) to determine those patients who have been under an order of
1213	commitment for the designated period.
1214	(b) At least two weeks prior to the expiration of the designated period of any
1215	commitment order still in effect, the court that entered the original order shall [inform
1216	the director of the division of the impending expiration of the designated
1217	commitment period] commence and send notice to all parties of a review hearing for
1218	the committed individual.

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

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

1320

1287	(e) If an individual's discharge instructions include referrals to services under Subsection [
1288	(19)(b)(v)] $(15)(b)(v)$, the division or intermediate care facility shall document those
1289	referrals in the individual's medical record.
1290	(f) The division shall attempt to follow up with a discharged individual at least 48 hours
1291	after discharge, and may use peer support professionals when performing follow-up
1292	care or developing a continuing care plan.
1293	Section 13. Section 26B-6-613 is amended to read:
1294	26B-6-613. Involuntary treatment with medication Committee Findings.
1295	(1) If, after commitment, a resident elects to refuse treatment with medication, the director,
1296	the administrator of the intermediate care facility for people with an intellectual
1297	disability, or a designee, shall submit documentation regarding the resident's proposed
1298	treatment to a committee composed of:
1299	(a) a licensed physician experienced in treating persons with an intellectual disability,
1300	who is not directly involved in the resident's treatment or diagnosis, and who is not
1301	biased toward any one facility;
1302	(b) a psychologist who is a designated intellectual disability professional who is not
1303	directly involved in the resident's treatment or diagnosis; and
1304	(c) another designated intellectual disability professional of the facility for persons with
1305	an intellectual disability, or a designee.
1306	(2) Based upon the court's finding, under Subsection [26B-6-608(13)] 26B-6-608(9), that
1307	the resident lacks the ability to engage in a rational decision-making process regarding
1308	the need for habilitation, rehabilitation, care, or treatment, as demonstrated by evidence
1309	of inability to weigh the possible costs and benefits of treatment, the committee may
1310	authorize involuntary treatment with medication if it determines that:
1311	(a) the proposed treatment is in the medical best interest of the resident, taking into
1312	account the possible side effects as well as the potential benefits of the medication;
1313	and
1314	(b) the proposed treatment is in accordance with prevailing standards of accepted
1315	medical practice.
1316	(3) In making the determination described in Subsection (2), the committee shall consider
1317	the resident's general history and present condition, the specific need for medication and
1318	its possible side effects, and any previous reaction to the same or comparable medication.

(4) Any authorization of involuntary treatment under this section shall be periodically

reviewed in accordance with rules promulgated by the division.

1321		Section 14. Section 68-3-12.5 is amended to read:
1322		68-3-12.5 . Definitions for Utah Code.
1323	(1)	The definitions listed in this section apply to the Utah Code, unless:
1324		(a) the definition is inconsistent with the manifest intent of the Legislature or repugnant
1325		to the context of the statute; or
1326		(b) a different definition is expressly provided for the respective title, chapter, part,
1327		section, or subsection.
1328	(2)	"Adjudicative proceeding" means:
1329		(a) an action by a board, commission, department, officer, or other administrative unit of
1330		the state that determines the legal rights, duties, privileges, immunities, or other legal
1331		interests of one or more identifiable persons, including an action to grant, deny,
1332		revoke, suspend, modify, annul, withdraw, or amend an authority, right, or license;
1333		and
1334		(b) judicial review of an action described in Subsection (2)(a).
1335	(3)	"Administrator" includes "executor" when the subject matter justifies the use.
1336	(4)	"Advisory board," "advisory commission," and "advisory council" mean a board,
1337		commission, committee, or council that:
1338		(a) is created by, and whose duties are provided by, statute or executive order;
1339		(b) performs its duties only under the supervision of another person as provided by
1340		statute; and
1341		(c) provides advice and makes recommendations to another person that makes policy for
1342		the benefit of the general public.
1343	(5)	"Armed forces" means the United States Army, Navy, Air Force, Marine Corps, Space
1344		Force, and Coast Guard.
1345	(6)	"County executive" means:
1346		(a) the county commission, in the county commission or expanded county commission
1347		form of government established under Title 17, Chapter 52a, Changing Forms of
1348		County Government;
1349		(b) the county executive, in the county executive-council optional form of government
1350		authorized by Section 17-52a-203; or
1351		(c) the county manager, in the council-manager optional form of government authorized
1352		by Section 17-52a-204.
1353	(7)	"County legislative body" means:
1354		(a) the county commission, in the county commission or expanded county commission

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

1389 (16) "Intermediate care facility for people with an intellectual disability" means an [1390 intermediate care facility for the mentally retarded, as defined in Title XIX of the Social 1391 Security Act institution or distinct part thereof for people with an intellectual disability or related conditions, if the institution or distinct part thereof meets the requirements 1392 described in 42 U.S.C. Secs. 1396d(d)(1) through (3). 1393 1394 (17) "Land" includes: 1395 (a) land; 1396 (b) a tenement; 1397 (c) a hereditament; 1398 (d) a water right; 1399 (e) a possessory right; and 1400 (f) a claim. 1401 (18) "Male" means the characteristic of an individual whose biological reproductive system 1402 is of the general type that functions to fertilize the ova of a female. 1403 (19) "Man" means an adult human male. 1404 (20) "Month" means a calendar month, unless otherwise expressed. 1405 (21) "Mother" means a parent who is of the female sex. 1406 (22) "Oath" includes "affirmation." 1407 (23) "Person" means: 1408 (a) an individual; 1409 (b) an association; 1410 (c) an institution; 1411 (d) a corporation; 1412 (e) a company; 1413 (f) a trust: 1414 (g) a limited liability company; 1415 (h) a partnership; 1416 (i) a political subdivision; 1417 (j) a government office, department, division, bureau, or other body of government; and 1418 (k) any other organization or entity. 1419 (24) "Personal property" includes: 1420 (a) money; 1421 (b) goods; 1422 (c) chattels;

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

1457 (b) is created by, and whose duties are provided by, statute; and 1458 (c) performs its duties according to its own rules without supervision other than under 1459 the general control of another person as provided by statute. (32) "Road" includes: 1460 1461 (a) a public bridge; 1462 (b) a county way; 1463 (c) a county road; 1464 (d) a common road; and 1465 (e) a state road. 1466 (33) "Sex" means, in relation to an individual, the individual's biological sex, either male or 1467 female, at birth, according to distinct reproductive roles as manifested by: 1468 (a) sex and reproductive organ anatomy; 1469 (b) chromosomal makeup; and 1470 (c) endogenous hormone profiles. 1471 (34) "Signature" includes a name, mark, or sign written with the intent to authenticate an 1472 instrument or writing. 1473 (35) "State," when applied to the different parts of the United States, includes a state, 1474 district, or territory of the United States. 1475 (36) "Swear" includes "affirm." 1476 (37) "Testify" means to make an oral statement under oath or affirmation. 1477 (38) "Uniformed services" means: 1478 (a) the armed forces: 1479 (b) the commissioned corps of the National Oceanic and Atmospheric Administration; 1480 and 1481 (c) the commissioned corps of the United States Public Health Service. 1482 (39) "United States" includes each state, district, and territory of the United States of 1483 America. 1484 (40) "Utah Code" means the 1953 recodification of the Utah Code, as amended, unless the 1485 text expressly references a portion of the 1953 recodification of the Utah Code as it 1486 existed: (a) on the day on which the 1953 recodification of the Utah Code was enacted; or 1487 1488 (b)(i) after the day described in Subsection (40)(a); and 1489 (ii) before the most recent amendment to the referenced portion of the 1953

recodification of the Utah Code.

1491 (41) "Vessel," when used with reference to shipping, includes a steamboat, canal boat, and 1492 every structure adapted to be navigated from place to place. 1493 (42)(a) "Veteran" means an individual who: 1494 (i) has served in the United States Armed Forces for at least 180 days: 1495 (A) on active duty; or 1496 (B) in a reserve component, to include the National Guard; or 1497 (ii) has incurred an actual service-related injury or disability while in the United 1498 States Armed Forces regardless of whether the individual completed 180 days; and 1499 (iii) was separated or retired under conditions characterized as honorable or general. 1500 (b) This definition is not intended to confer eligibility for benefits. 1501 (43) "Will" includes a codicil. 1502 (44) "Woman" means an adult human female. 1503 (45) "Writ" means an order or precept in writing, issued in the name of: 1504 (a) the state; 1505 (b) a court; or 1506 (c) a judicial officer. (46) "Writing" includes: 1507 1508 (a) printing; 1509 (b) handwriting; and 1510 (c) information stored in an electronic or other medium if the information is retrievable 1511 in a perceivable format. 1512 Section 15. Section 77-15-2 is amended to read: 1513 **77-15-2** . Definitions. 1514 As used in this chapter: 1515 (1) "Competency evaluation" means an evaluation conducted by a forensic evaluator to 1516 determine if an individual is competent to stand trial. 1517 (2) "Competent to stand trial" means that a defendant has: 1518 (a) a rational and factual understanding of the criminal proceedings against the 1519 defendant and of the punishment specified for the offense charged; and 1520 (b) the ability to consult with the defendant's legal counsel with a reasonable degree of 1521 rational understanding in order to assist in the defense. 1522 (3) "Department" means the Department of Health and Human Services. 1523 (4) "Forensic evaluator" means a licensed mental health professional who: 1524 (a) is not involved in the defendant's treatment;

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

1559	(1) A court in which criminal proceedings are pending shall stay all criminal proceedings, if:
1560	(a) a petition is filed under Section 77-15-3 or 77-15-3.5; or
1561	(b) the court raises the issue of the defendant's competency under Section 77-15-4.
1562	(2) The court in which the petition described in Subsection (1)(a) is filed:
1563	(a) shall inform the court in which criminal proceedings are pending of the petition, if
1564	the petition is not filed in the court in which criminal proceedings are pending;
1565	(b) shall review the allegations of incompetency;
1566	(c) may hold a limited hearing solely for the purpose of determining the sufficiency of
1567	the petition, if the court finds the petition is not clearly sufficient on its face;
1568	(d) shall hold a hearing, if the petition is opposed by either party; and
1569	(e) may not order an examination of the defendant or order a hearing on the mental
1570	condition of the defendant unless the court finds that the allegations in the petition
1571	raise a bona fide doubt as to the defendant's competency to stand trial.
1572	(3)(a) If the court finds that there is a bona fide doubt as to the defendant's competency
1573	to stand trial, the court shall order the department to have one or two forensic
1574	evaluators complete a competency evaluation for the defendant in accordance with
1575	Subsection (3)(b) and provide a report to the court regarding the competency of the
1576	defendant to stand trial.
1577	(b) The court shall order the department to have the defendant evaluated by one forensic
1578	evaluator unless:
1579	(i) the defendant is charged with a capital felony; or
1580	(ii) the defendant is charged with a felony that is not a capital felony, and the court
1581	determines, based on the allegations in the petition, that good cause exists to order
1582	two competency evaluations.
1583	(c)(i) This section does not prohibit a party from seeking an additional forensic
1584	evaluator to conduct a competency evaluation of the defendant.
1585	(ii) If a party seeks an additional competency evaluation under this Subsection (3)(c),
1586	the party shall:
1587	(A) select the additional forensic evaluator; and
1588	(B) pay the costs of the additional forensic evaluator.
1589	(d) The stipulation by parties to a bona fide doubt as to the defendant's competency to
1590	stand trial alone may not take the place of a competency evaluation ordered under
1591	this Subsection (3).
1592	(e) In accordance with state licensing laws, the court may only order the department to

1593	provide an initial evaluation and progress toward competency evaluation for a
1594	defendant who is located within the state.
1595	(4)(a) If the petition or other information sufficiently raises concerns that the defendant
1596	may have an intellectual disability, at least one forensic evaluator who is experienced
1597	in assessments of intellectual disabilities shall conduct a competency evaluation.
1598	(b) The petitioner or other party, as directed by the court or requested by the department,
1599	shall provide to the forensic evaluator nonmedical information and materials relevant
1600	to a determination of the defendant's competency, including the charging document,
1601	arrest or incident reports pertaining to the charged offense, known criminal history
1602	information, and known prior mental health evaluations and treatments.
1603	(c) For purposes of a competency evaluation, a custodian of mental health records
1604	pertaining to the defendant, including the defendant's prior mental health evaluations
1605	or records relating to the defendant's substance use disorder, may provide the records
1606	to:
1607	(i) with the defendant's consent, a forensic evaluator or the department on the
1608	department's request; or
1609	(ii) a forensic evaluator by court order.
1610	(d) A court order under Subsection (4)(c) shall include a protective order that expires
1611	180 days after the day on which:
1612	(i) the defendant is found guilty;
1613	(ii) the defendant enters a guilty plea;
1614	(iii) the court sentences the defendant; or
1615	(iv) if the case is appealed, the day on which the final appeal is resolved.
1616	(e)(i) Except as otherwise provided by law and in Subsections (4)(e)(ii) and (4)(f),
1617	the court shall order the forensic evaluator to destroy all records subject to the
1618	protective order within the 180 day period described in Subsection (4)(d).
1619	(ii) A forensic evaluator is not required to destroy the records subject to the
1620	protective order if destroying the records is a violation of ethical standards to
1621	which the forensic evaluator is subject for occupational licensing.
1622	(f) The court may extend the protective order described in Subsection (4)(d) if:
1623	(i) the court finds the defendant incompetent to proceed without a substantial
1624	probability that the defendant will become competent in the foreseeable future;
1625	(ii) the prosecutor or another individual indicates to the court that the prosecutor or
1626	other individual will seek civil commitment of the defendant under Section

1627	77-15-6; and
1628	(iii) the court orders the records be maintained and used only for the purposes of
1629	examining the defendant in connection with the petition for civil commitment.
1630	(g) An order for a competency evaluation may not contain an order for any other inquiry
1631	into the mental state of the defendant that is not described in this Subsection (4).
1632	(5) Pending a competency evaluation, unless the court or the department directs otherwise,
1633	the defendant shall be retained in the same custody or status that the defendant was in at
1634	the time the examination was ordered.
1635	(6) In the conduct of a competency evaluation and in a report to the court, a forensic
1636	evaluator shall consider and address, in addition to any other factors determined to be
1637	relevant by the forensic evaluator:
1638	(a)[(i)] the impact of the defendant's mental illness or intellectual disability on the
1639	defendant's present ability to:
1640	[(A)] (i) rationally and factually understand the criminal proceedings against the
1641	defendant; and
1642	[(B)] (ii) consult with the defendant's legal counsel with a reasonable degree of
1643	rational understanding in order to assist in the defense;
1644	(b) in making the determinations described in Subsection (6)(a), the forensic evaluator
1645	shall consider, as applicable[+]
1646	[(i)] _the defendant's present ability to:
1647	[(A)] (i) understand the charges or allegations against the defendant;
1648	[(B)] (ii) communicate facts, events, and states of mind;
1649	[(C)] (iii) understand the range of possible penalties associated with the charges or
1650	allegations against the defendant;
1651	[(D)] (iv) engage in reasoned choice of legal strategies and options;
1652	[(E)] (v) understand the adversarial nature of the proceedings against the defendant;
1653	[(F)] (vi) manifest behavior sufficient to allow the court to proceed; and
1654	[(G)] (vii) testify relevantly, if applicable; and
1655	(c) whether the defendant is exhibiting false or exaggerated physical or psychological
1656	symptoms relevant to the defendant's capacity to stand trial.
1657	(7) Upon a determination that the defendant is incompetent to proceed, the forensic
1658	evaluator shall indicate in the report to the court:
1659	(a) the factors that contribute to the defendant's incompetency, including the nature of
1660	the defendant's mental illness or intellectual disability, if any, and its relationship to

1661	the factors contributing to the defendant's incompetency;
1662	(b) whether there is a substantial probability that:
1663	(i) restoration treatment may bring the defendant to competency to stand trial in the
1664	foreseeable future; or
1665	(ii) the defendant cannot become competent to stand trial in the foreseeable future;
1666	(c) whether the defendant would benefit from restoration treatment; and
1667	(d) if the forensic evaluator makes the determination under Subsection (7)(b)(i) or (7)(c),
1668	an explanation of the reason for the determination and a summary of the treatment
1669	provided to the defendant in the past.
1670	(8)(a) A forensic evaluator shall provide an initial report to the court and the prosecuting
1671	and defense attorneys within 30 days of the receipt of the court's order. The report
1672	shall inform the court of the examiner's opinion concerning the competency of the
1673	defendant to stand trial.
1674	(b)(i) If the forensic evaluator is unable to complete the report in the time specified in
1675	Subsection (8)(a), the forensic evaluator shall give written notice to the court.
1676	(ii) A forensic evaluator who provides the notice described in Subsection (8)(b)(i)
1677	shall receive a 15-day extension, giving the forensic evaluator a total of 45 days
1678	after the day on which the forensic evaluator received the court's order to conduct
1679	a competency evaluation and file a report.
1680	(iii) The court may further extend the deadline for completion of the evaluation and
1681	report if the court determines that there is good cause for the extension.
1682	(iv) Upon receipt of an extension described in Subsection (8)(b)(iii), the forensic
1683	evaluator shall file the report as soon as reasonably possible.
1684	(9) Any written report submitted by a forensic evaluator shall:
1685	(a) identify the case ordered for evaluation by the case number;
1686	(b) describe the procedures, techniques, and tests used in the examination and the
1687	purpose or purposes for each, the time spent by the forensic evaluator with the
1688	defendant for purposes of the examination, and the compensation to be paid to the
1689	evaluator for the report;
1690	(c) state the forensic evaluator's clinical observations, findings, and opinions on each
1691	factor described in Subsection (6); and
1692	(d) identify the sources of information used by the forensic evaluator and present the
1693	basis for the forensic evaluator's clinical findings and opinions.
1694	(10)(a) Any statement made by the defendant in the course of any competency

1728

1695	examination, whether the examination is with or without the consent of the
1696	defendant, any testimony by a forensic evaluator based upon the statement, and any
1697	other fruits of the statement may not be admitted in evidence against the defendant in
1698	any criminal proceeding except on an issue respecting mental condition on which the
1699	defendant has introduced evidence, unless the evidence is relevant to a determination
1700	of the defendant's competency.
1701	(b) Before examining the defendant, the forensic evaluator shall specifically advise the
1702	defendant of the limits of confidentiality as provided under Subsection (10)(a).
1703	(11)(a) Upon receipt of the forensic evaluators' reports, the court shall set a date for a
1704	competency hearing. The hearing shall be held not less than five and not more than
1705	15 days after the day on which the court received the forensic evaluators' reports,
1706	unless for good cause the court sets a later date.
1707	(b) Any person directed by the department to conduct the competency evaluation may be
1708	subpoenaed to testify at the hearing.
1709	(c) The court may call any forensic evaluator to testify at the hearing who is not called
1710	by the parties. [-]If the court calls a forensic evaluator, counsel for the parties may
1711	cross-examine the forensic evaluator.
1712	(d)(i) If the forensic evaluators are in conflict as to the competency of the defendant,
1713	all forensic evaluators should be called to testify at the hearing if reasonably
1714	available.
1715	(ii) A conflict in the opinions of the forensic evaluators does not require the
1716	appointment of an additional forensic evaluator unless the court finds good cause
1717	for the appointment.
1718	(iii) If a party seeks an additional competency evaluation under this Subsection (11),
1719	that party shall:
1720	(A) select the additional forensic evaluator; and
1721	(B) pay the costs of the additional forensic evaluator.
1722	(12)(a)(i) A defendant shall be presumed competent to stand trial unless the court, by
1723	a preponderance of the evidence, finds the defendant incompetent to proceed.
1724	(ii) The burden of proof is upon the proponent of incompetency at the hearing.
1725	(b) An adjudication of incompetent to proceed does not operate as an adjudication of
1726	incompetency to give informed consent for medical treatment or for any other

(13) In determining the defendant's competency to stand trial, the court shall consider the

purpose, unless specifically set forth in the court order.

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

Section 17. Section **77-15-6** is amended to read:

1763	77-15-6. Commitment on finding of incompetency to stand trial Subsequent
1764	hearings Notice to prosecuting attorneys.
1765	(1)(a) Except as provided in Subsection (5), if after a hearing a court finds a defendant to
1766	be incompetent to proceed, the court shall order the defendant committed to the
1767	department for restoration treatment.
1768	(b)(i) Except as provided in Subsection (1)(b)(ii), the court may recommend but may
1769	not order placement of a defendant who is found incompetent to proceed.
1770	(ii) The court may order that the defendant be placed in a secure setting rather than a
1771	nonsecure setting.
1772	(c) Following restoration screening, the department's designee shall designate and
1773	inform the court of the specific placement and restoration treatment program for the
1774	defendant.
1775	(d) Restoration treatment shall be of sufficient scope and duration to:
1776	(i) restore the defendant to competency; or
1777	(ii) determine whether the defendant can be restored to competency in the foreseeable
1778	future.
1779	(e) A defendant who a court determines is incompetent to proceed may not be held for
1780	restoration treatment longer than:
1781	(i) the time reasonably necessary to determine that the defendant cannot become
1782	competent to stand trial in the foreseeable future; and
1783	(ii) the maximum period of incarceration that the defendant could receive if the
1784	defendant were convicted of the most severe offense of the offenses charged.
1785	(2)(a) A defendant who is receiving restoration treatment shall receive a progress toward
1786	competency evaluation, by:
1787	(i) a forensic evaluator, designated by the department; and
1788	(ii) an additional forensic evaluator, if requested by a party and paid for by the
1789	requesting party.
1790	(b) A forensic evaluator shall complete a progress toward competency evaluation and
1791	submit a report within 90 days after the day on which the forensic evaluator receives
1792	the commitment order from the department.
1793	(c) The report shall:
1794	(i) assess whether the defendant is exhibiting false or exaggerated physical or
1795	psychological symptoms;
1796	(ii) describe any diagnostic instruments, methods, and observations used by the

1/9/	evaluator to make the determination;
1798	(iii) describe the defendant's current mental illness or intellectual disability, if any;
1799	(iv) state the forensic evaluator's opinion as to the effect of any false or exaggerated
1800	symptoms on the defendant's competency to stand trial;
1801	(v) assess the facility's or program's capacity to provide appropriate restoration
1802	treatment for the defendant;
1803	(vi) assess the nature of restoration treatment provided to the defendant;
1804	(vii) assess what progress the defendant has made toward competency restoration,
1805	with respect to the factors identified by the court in its initial order;
1806	(viii) assess whether the defendant can reasonably be restored to competency in the
1807	foreseeable future given the restoration treatment currently being provided and the
1808	facility's or program's capacity to provide appropriate restoration treatment for the
1809	defendant;
1810	(ix) assess the likelihood of restoration to competency, the amount of time estimated
1811	to achieve competency, or the amount of time estimated to determine whether
1812	restoration to competency may be achieved; and
1813	(x) include a statement by the facility's treating physician regarding:
1814	(A) whether the defendant is taking any antipsychotic medication as prescribed;
1815	(B) whether ongoing administration of antipsychotic medication is necessary to
1816	maintain the defendant's competency to stand trial;
1817	(C) whether antipsychotic medication is substantially likely to maintain the
1818	defendant's competency to stand trial;
1819	(D) whether antipsychotic medication is substantially unlikely to produce side
1820	effects which would significantly interfere with the defendant's ability to assis
1821	in the defendant's defense;
1822	(E) that no less intrusive means are available, and whether any of those means
1823	have been attempted to render the defendant competent; and
1824	(F) whether antipsychotic medication is medically appropriate and in the
1825	defendant's best medical interest in light of the defendant's medical condition.
1826	(3)(a) The court on its own motion or upon motion by either party or the department
1827	may appoint an additional forensic evaluator to conduct a progress toward
1828	competency evaluation.
1829	(b) If the court appoints an additional forensic evaluator upon motion of a party, that
1830	party shall pay the costs of the additional forensic evaluator

1831	(4)(a) Within 15 days after the day on which the court receives the forensic evaluator's
1832	report of the progress toward competency evaluation, the court shall hold a hearing to
1833	review the defendant's competency.
1834	(b) At the hearing, the burden of proving that the defendant is competent to stand trial is
1835	on the proponent of competency.
1836	(c) Following the hearing, the court shall determine by a preponderance of evidence
1837	whether the defendant:
1838	(i) is competent to stand trial;
1839	(ii) is competent, but requires the ongoing administration of antipsychotic medication
1840	in order to maintain the defendant's competency to stand trial;
1841	(iii) is incompetent to proceed, with a substantial probability that the defendant may
1842	become competent in the foreseeable future; or
1843	(iv) is incompetent to proceed, without a substantial probability that the defendant
1844	may become competent in the foreseeable future.
1845	(5)(a) If at any time the court determines that the defendant is competent to stand trial,
1846	the court shall:
1847	(i) proceed with the trial or other procedures as may be necessary to adjudicate the
1848	charges;
1849	(ii) order that the defendant be returned to the placement and status that the defendant
1850	was in at the time when the petition for the adjudication of competency was filed
1851	or raised by the court, unless the court determines that placement of the defendant
1852	in a less restrictive environment is more appropriate;
1853	(iii) order the ongoing administration of antipsychotic medication to the defendant for
1854	the purpose of maintaining the defendant's competency to stand trial, if the court
1855	finds that the administration of antipsychotic medication is necessary to maintain
1856	the defendant's competency to stand trial under Subsection (4)(c)(ii); and
1857	(iv) require the agency, jail, or prison with custody over the defendant to report to the
1858	court any noncompliance with the court's orders under this Subsection (5) within
1859	48 hours of the noncompliance.
1860	(b) If the court determines that the defendant is incompetent to proceed with a
1861	substantial probability that the defendant may become competent in the foreseeable
1862	future, the court may order that the defendant remain committed to the department or
1863	the department's designee for the purpose of restoration treatment.
1864	(c)(i) If the court determines that the defendant is incompetent to proceed without a

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

1899	(b) The court shall set the matter for a hearing if the notification under Subsection (6)(a)
1900	establishes good cause to review the matter.
1901	(7) If a court, under Subsection (5)(b), extends a defendant's commitment, the court shall
1902	schedule a competency review hearing for the earlier of:
1903	(a) the department's best estimate of when the defendant may be restored to competency;
1904	or
1905	(b) three months after the day on which the court determined under Subsection (5)(b) to
1906	extend the defendant's commitment.
1907	(8) Unless the defendant is charged with a crime listed in Subsection (9), if a defendant is
1908	incompetent to proceed by the day of the competency review hearing that follows the
1909	extension of a defendant's commitment, the court shall:
1910	(a) order the defendant be:
1911	(i) released or temporarily detained pending civil commitment proceedings as
1912	described in Subsection (5)(c); and
1913	(ii) terminate the defendant's commitment to the department for restoration treatment;
1914	or
1915	(b) if the forensic evaluator reports to the court that there is a substantial probability that
1916	restoration treatment will bring the defendant to competency to stand trial in the
1917	foreseeable future, extend the defendant's commitment for restoration treatment up to
1918	45 additional days.
1919	(9) If the defendant is charged with aggravated murder, murder, attempted murder,
1920	manslaughter, or a first degree felony and the court determines that the defendant is
1921	making reasonable progress towards restoration of competency at the time of the hearing
1922	held pursuant to Subsection (7), the court may extend the commitment for a period not
1923	to exceed nine months for the purpose of restoration treatment, with a mandatory review
1924	hearing at the end of the nine-month period.
1925	(10) Unless the defendant is charged with aggravated murder or murder, if, at the
1926	nine-month review hearing described in Subsection (9), the court determines that the
1927	defendant is incompetent to proceed, the court shall:
1928	(a)(i) order the defendant be released or temporarily detained pending civil
1929	commitment proceedings as provided in Subsection (5)(c); and
1930	(ii) terminate the defendant's commitment to the department for restoration treatment;
1931	or
1932	(b) if the forensic evaluator reports to the court that there is a substantial probability that

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

1967	or (13), or is not dismissal of the criminal charges.
1968	(17) In cases in which the treatment of the defendant is precluded by court order for a
1969	period of time, that time period may not be considered in computing time limitations
1970	under this section.
1971	(18)(a) If, at any time, the defendant becomes competent to stand trial while the
1972	defendant is committed to the department, the clinical director of the Utah State
1973	Hospital, the department, or the department's designee shall certify that fact to the
1974	court.
1975	(b) The court shall conduct a competency review hearing:
1976	(i) within 15 working days after the day on which the court receives the certification
1977	described in Subsection (18)(a); or
1978	(ii) within 30 working days after the day on which the court receives the certification
1979	described in Subsection (18)(a), if the court determines that more than 15 working
1980	days are necessary for good cause related to the defendant's competency.
1981	(19) The court may order a hearing at any time on the court's own motion or upon
1982	recommendations of the clinical director of the Utah State Hospital or other facility or
1983	the department.
1984	(20) Notice of a hearing on competency to stand trial shall be given to the prosecuting
1985	attorney and all counsel of record.
1986	Section 18. Section 77-19-203 is amended to read:
1987	77-19-203. Petition for inquiry as to competency to be executed Filing
1988	Contents Successive petitions.
1989	(1) If an inmate who has been sentenced to death is or becomes incompetent to be executed,
1990	a petition under Subsection (2) may be filed in the district court of the county where the
1991	inmate is confined.
1992	(2) The petition shall:
1993	(a) contain a certificate stating that it is filed in good faith and on reasonable grounds to
1994	believe the inmate is incompetent to be executed; and
1995	(b) contain a specific recital of the facts, observations, and conversations with the inmate
1996	that form the basis for the petition.
1997	(3) The petition may be based upon knowledge or information and belief and may be filed
1998	by the inmate alleged to be incompetent, legal counsel for the inmate, or by an attorney
1999	representing the state.

(4) Before ruling on a petition filed by an inmate or his counsel alleging that the inmate is

2001	incompetent to be executed, the court shall give the state and the Department of
2002	Corrections an opportunity to respond to the allegations of incompetency.
2003	(5) If a petition is filed after an inmate has previously been found competent under either
2004	this chapter or under [Title 77, Chapter 15, Inquiry into Sanity of Defendant] Chapter 15
2005	Defendant's Competency to Proceed, no further hearing on competency may be granted
2006	unless the successive petition:
2007	(a) alleges with specificity a substantial change of circumstances subsequent to the
2008	previous determination of competency; and
2009	(b) is sufficient to raise a significant question about the inmate's competency to be
2010	executed.
2011	Section 19. Section 77-29-3 is amended to read:
2012	77-29-3. Chapter inapplicable to incompetent persons.
2013	The provisions of this chapter shall not apply to any person while adjudged to be
2014	incompetent to proceed under [Chapter 15, Inquiry into Sanity of Defendant] Chapter 15,
2015	Defendant's Competency to Proceed.
2016	Section 20. Effective Date.
2017	This bill takes effect on May 7, 2025.