

**Justice Involved Mental Health Amendments**

2026 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Steve Eliason**

Senate Sponsor:

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**LONG TITLE****General Description:**

This bill addresses mental health for justice involved individuals.

**Highlighted Provisions:**

This bill:

▸ amends provisions related to licensing for behavioral health receiving centers to require communication with courts and law enforcement regarding an individual's participation in treatment programs;

▸ requires the Department of Health and Human Services (department) to:

- study mental health and substance use disorder screening tools used in jails;
- make recommendations for screening tools; and
- report to the Health and Human Services Interim Committee on the outcomes of recommended screening tools;

▸ requires the department to create a standard form for justice involved individuals to consent to disclosure of a mental health disorder or substance use disorder to certain persons, including health care providers, first responders, courts, local health authorities, and the Division of Adult Probation and Parole (division);

▸ requires the department to create a statewide list of mental health and substance use disorder treatment services where justice involved individuals may be referred by courts, first responders, jails, health care providers, or the division;

▸ amends provisions related to involuntary commitment and court ordered assisted outpatient treatment for mental illness;

▸ requires chief law enforcement officers or executive officers of each law enforcement agency to report to the State Commission on Criminal and Juvenile Justice on peace officers' compliance with training requirements related to crisis intervention responses;

▸ defines terms; and

▸ makes technical and conforming changes.

**Money Appropriated in this Bill:**

31 None

32 **Other Special Clauses:**

33 None

34 **Utah Code Sections Affected:**

35 AMENDS:

- 36 **26B-2-135**, as enacted by Laws of Utah 2025, Chapter 499
- 37 **26B-5-121**, as last amended by Laws of Utah 2025, First Special Session, Chapter 16
- 38 **26B-5-331**, as last amended by Laws of Utah 2025, Chapters 118, 277, 340, and 470
- 39 **26B-5-332**, as last amended by Laws of Utah 2025, Chapters 46, 118
- 40 **26B-5-351**, as renumbered and amended by Laws of Utah 2023, Chapter 308
- 41 **53-6-202**, as last amended by Laws of Utah 2024, Chapter 112

42 ENACTS:

- 43 **26B-4-1103**, Utah Code Annotated 1953
- 44 **26B-4-1104**, Utah Code Annotated 1953
- 45 **26B-5-122**, Utah Code Annotated 1953

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

48 Section 1. Section **26B-2-135** is amended to read:

49 **26B-2-135 . Licensing behavioral health receiving centers.**

50 (1) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, and  
51 Section 63J-1-504, the office:

52 [(1)] (a) shall adopt and enforce rules to establish the process for initial and renewal  
53 applications to operate a behavioral health receiving center;

54 [(2)] (b) may assess and collect application and renewal fees for behavioral health  
55 receiving center licenses; and

56 [(3)] (c) shall deposit any fees collected under Subsection [(2)] (1)(b) into the General  
57 Fund as a dedicated credit to be used solely to pay for or offset the office's costs  
58 incurred in performing the duties under this section.

59 (2)(a) As used in this Subsection (2):

60 (i) "Diversion" means referral to a licensed center by a law enforcement agency, a  
61 law enforcement officer, or by court order, including:

62 (A) under the terms of a diversion agreement described in Section 77-2-5;

63 (B) voluntary referral as described in Section 26B-5-121;

64 (C) as an alternative to penalties for a violation of probation or parole; or

- 65            (D) any other court ordered or law enforcement facilitated alternative to criminal  
 66            penalties.
- 67            (ii) "Diversion contact" means the prosecuting attorney that is a party to a diversion  
 68            agreement, the court that orders diversion, or the law enforcement agency or offer  
 69            that facilitates the diversion.
- 70            (iii) "Licensed center" means a behavioral health receiving center licensed under this  
 71            part.
- 72            (iv) "Responsible law enforcement agency" means the law enforcement agency that  
 73            employs a law enforcement officer that facilitates an individual's connection with  
 74            a licensed center as described in Section 26B-5-121.
- 75            (v) "Treatment program" means a licensed center's program for providing mental  
 76            health services to an individual experiencing a mental health crisis.
- 77            (b) Rules the office adopts in accordance with Subsection (1)(a) shall require a licensed  
 78            center, for an individual that enters the treatment program through diversion to:
- 79            (i) establish a process for identifying and communicating with a responsible law  
 80            enforcement agency and diversion contacts;
- 81            (ii) notify a responsible law enforcement agency or diversion contacts:
- 82            (A) if the individual is actively participating in the treatment program 60 days  
 83            after the day on which the individual entered the treatment program; or
- 84            (B) if the individual resists participation in the treatment program before 60 days  
 85            after the day on which the individual enters the treatment program;
- 86            (iii) notify diversion contacts if the individual violates a diversion agreement, court  
 87            order, or other terms of the diversion; and
- 88            (iv) notify the responsible law enforcement agency or diversion contacts no more  
 89            than 24 hours after the individual leaves the treatment program, if the individual  
 90            leaves before the individual is cleared by the licensed center to leave.

91            Section 2. Section **26B-4-1103** is enacted to read:

92            **26B-4-1103 . Mental health and substance use disorder screening -- Study --**

93            **Recommendations -- Report.**

94            (1) As used in this section:

- 95            (a) "Behavioral health receiving center" means the same as that term is defined in  
 96            Section 26B-2-101.
- 97            (b) "Commission" means the State Commission on Criminal and Juvenile Justice created  
 98            in Section 63M-7-201.

- 99 (c) "Recommended screening tool" means a screening tool the department recommends  
100 as described in Subsection (2)(c).
- 101 (d) "Screening tool" means the evidence-based screening tool to screen an inmate for  
102 substance use disorders described in Subsection 17-72-501(2)(e).
- 103 (2)(a) In collaboration with the commission, the department shall conduct a study on,  
104 and make recommendations for, screening tools.
- 105 (b) In conducting the study described in Subsection (2)(a), the department shall collect  
106 and analyze data on:
- 107 (i) the screening tools used as described in Subsection 17-72-501(2)(e);  
108 (ii) outcomes of the screening of inmates screened using the screening tools; and  
109 (iii) outcomes of treatment and programs provided to inmates based on the screening  
110 described in Subsection (2)(b)(ii).
- 111 (c)(i) No later than January 1, 2027, the department shall make recommendations for  
112 screening tools and make recommended screening tools available to persons  
113 conducting screenings required under Subsection 17-72-501(2)(e).
- 114 (ii) The department shall ensure that a recommended screening tool is  
115 evidence-based, standardized, and validated, and is able to screen for:
- 116 (A) substance use and mental health disorders;  
117 (B) an inmate's service needs; and  
118 (C) the appropriateness of treatment in the community, including at a behavioral  
119 health receiving center.
- 120 (d) By October 1, 2027, the department shall collect and analyze data on the use of the  
121 recommended screening tools, including data on:
- 122 (i) outcomes of the screening of inmates screened using the recommended screening  
123 tool; and
- 124 (ii) outcomes of treatment and programs, including treatment at a behavioral health  
125 receiving center, provided to inmates based on a screening described in  
126 Subsection (2)(d)(i).
- 127 (3) No later than November 1, 2027, the department shall submit a report to the Health and  
128 Human Services Interim Committee on the data collected and analyzed in accordance  
129 with Subsection (2)(d).
- 130 Section 3. Section **26B-4-1104** is enacted to read:
- 131 **26B-4-1104 . Mental health and substance use disorder disclosure -- Standard**  
132 **form --Consent -- Sharing.**

- 133 (1) As used in this section:
- 134 (a) "Commission" means the State Commission on Criminal and Juvenile Justice created  
135 in Section 63M-7-201.
- 136 (b) "Defendant" means an individual who has been charged with a criminal offense, or  
137 been convicted of, or entered into a plea disposition for, criminal conduct.
- 138 (c) "Division of Adult Probation and Parole" means the Division of Adult Probation and  
139 Parole created in Section 64-14-202.
- 140 (d) "First responder" means the same as that term is defined in Section 26B-5-121.
- 141 (e) "Health care provider" means the same as that term is defined in Section 78B-3-403.
- 142 (f) "HIPAA" means the Health Insurance Portability and Accountability Act of 1996,  
143 Pub. L. No. 104-191, 110 Stat. 1936, as amended.
- 144 (g) "Parolee" means an individual on parole under the supervision of the Division of  
145 Adult Probation and Parole.
- 146 (h) "Probationer" means an individual on probation under the supervision of the  
147 Division of Adult Probation and Parole.
- 148 (2) Before December 31, 2026, the department shall create a standard form that:
- 149 (a) is compliant with HIPAA and 42 C.F.R. Part 2; and
- 150 (b) a defendant, an inmate, a parolee, or a probationer may use to consent to the  
151 disclosure of the individual's mental health disorder or substance use disorder  
152 diagnosis to:
- 153 (i) health care providers;
- 154 (ii) first responders;
- 155 (iii) the courts;
- 156 (iv) the Division of Adult Probation and Parole;
- 157 (v) local mental health authorities; or
- 158 (vi) other persons the department, in consultation with the commission, identifies in  
159 rules made in accordance with Subsection (5).
- 160 (3) The form described in Subsection (2) shall:
- 161 (a) include fields for the inmate's name, date of birth, signature, and date of signature;
- 162 (b) identify each person described in Subsection (2)(b) to whom the individual's  
163 diagnosis information will be disclosed;
- 164 (c) describe the circumstances under which the individual's diagnosis information will  
165 be disclosed; and
- 166 (d) identify the duration of time that the consent to disclosure is valid.

- 167     (4) The department shall make the form available for use by health care providers, first  
 168     responders, courts, and the Division of Adult Probation and Parole.
- 169     (5) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the  
 170     department, in consultation with the commission, shall make rules to:
- 171     (a) define and restrict a person's access to the information disclosed in the form, which  
 172     shall be based on:
- 173         (i) the person's need to access the information to provide treatment or services to an  
 174         individual;
- 175         (ii) the person's contact with the individual;
- 176         (iii) the individual's consent; and
- 177         (iv) applicable law; and
- 178     (b) identify additional persons for inclusion on the disclosure form as described in  
 179     Subsection (2)(b)(vi).

180     Section 4. Section **26B-5-121** is amended to read:

181         **26B-5-121 . Voluntary referrals to substance use and mental health services by**  
 182     **first responders -- Immunity from liability -- Reporting -- Rulemaking.**

- 183     (1) As used in this section:
- 184         (a) "First responder" means:
- 185             (i) a law enforcement officer, as that term is defined in Section 53-13-103;
- 186             (ii) emergency medical service personnel, as that term is defined in Section 53-2d-101;
- 187             (iii) an emergency medical technician, as that term is defined in Section 53-2e-101;
- 188             (iv) an advanced emergency medical technician, as that term is defined in Section
- 189                 53-2e-101;
- 190             (v) a firefighter, as that term is defined in Section 53H-11-306; or
- 191             (vi) a dispatcher, as that term is defined in Section 53-6-102.
- 192         (b) "Local services list" means a comprehensive list of local substance use or mental
- 193             health services, as described in Subsections 17-77-201(5)(b)(iii) and 17-77-301(5)(c).
- 194         (c) "Statewide services list" means the comprehensive list of providers of mental health  
 195             and substance use services available to individuals in the state as described in Section  
 196             26B-5-122.
- 197     (2) As and when appropriate, a first responder is encouraged to offer a referral to substance
- 198         use or mental health services to an individual who experiences an intentional or
- 199         accidental overdose.
- 200     (3) If an individual expresses interest in substance use or mental health services, a first

- 201 responder may, as appropriate:
- 202 (a) facilitate a real-time connection with an appropriate local service provider;
- 203 (b) contact the statewide 988 crisis line for assistance; or
- 204 (c) if the individual does not wish to speak with a service provider at that time, provide
- 205 the individual with a physical copy of a local services list or the statewide services list.
- 206 (4)(a) This section does not create a duty for a first responder to offer or provide a
- 207 referral to substance use or mental health services.
- 208 (b) A first responder and an employer of a first responder are not liable under this
- 209 section for a first responder's action or failure to act in regards to offering or
- 210 providing a referral to substance use or mental health services as described in this
- 211 section.
- 212 (c) This section does not affect any privilege or immunity from liability, exemption from
- 213 law, ordinance, or rule, or any other benefit that applies to a first responder or an
- 214 employer of a first responder.
- 215 (5)(a) If a first responder offers a referral to substance use or mental health services as
- 216 described in this section, the first responder's employer shall report annually to the
- 217 division the total number of individuals who accepted a referral from all first
- 218 responders employed by the employer.
- 219 (b) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah
- 220 Administrative Rulemaking Act, specifying how the reports required by Subsection
- 221 (5)(a) shall be submitted.

222 Section 5. Section **26B-5-122** is enacted to read:

223 **26B-5-122 . Statewide services list.**

224 (1) As used in this section:

- 225 (a) "Behavioral health receiving center" means the same as that term is defined in
- 226 Section 26B-2-101.
- 227 (b) "First responder" means the same as that term is defined in Section 26B-5-121.
- 228 (c) "Health care provider" means the same as that term is defined in Section 78B-3-403.
- 229 (d) "Local services list" means the same as that term is defined in Section 26B-5-121.
- 230 (e)(i) "Provider" means a person that provides programs or facilities for mental health
- 231 and substance use treatment services.
- 232 (ii) "Provider" includes a behavioral health receiving center.

233 (2) The department shall annually prepare a comprehensive list of providers available to

234 individuals in the state.

- 235 (3) The list described in Subsection (2) shall:  
 236 (a) include services included in local services lists;  
 237 (b) be in a form and format easily usable by:  
 238 (i) first responders for the purpose of a referral described in Section 26B-5-121; and  
 239 (ii) courts and prosecuting attorneys for the purpose of diversion as described in  
 240 Section 77-2-5;  
 241 (c) list providers by name; and  
 242 (d) be organized by county.
- 243 (4) The department shall:  
 244 (a) publish the list on the department's website;  
 245 (b) ensure the list published on the department's website is searchable by, and accessible  
 246 to:  
 247 (i) first responders;  
 248 (ii) county sheriffs and other county jail employees as appropriate;  
 249 (iii) courts and prosecuting attorneys;  
 250 (iv) the Division of Adult Probation and Parole created in Section 64-14-202; and  
 251 (v) health care providers; and  
 252 (c) make the list available to first responders in print format for the purpose of providing  
 253 the list to an individual as described in Subsection 26B-5-121(3)(c).

254 Section 6. Section **26B-5-331** is amended to read:

255 **26B-5-331 . Temporary commitment -- Requirements and procedures -- Rights.**

- 256 (1) An adult shall be temporarily, involuntarily committed to a local mental health authority  
 257 upon:
- 258 (a) a written application that:
- 259 (i) is completed by a responsible individual who has reason to know, stating a belief  
 260 that the adult, due to mental illness, is likely to pose substantial danger to self or  
 261 others if not restrained and stating the personal knowledge of the adult's condition  
 262 or circumstances that lead to the individual's belief; and
- 263 (ii) includes a certification by a licensed physician, licensed physician assistant,  
 264 licensed nurse practitioner, or designated examiner stating that the physician,  
 265 physician assistant, nurse practitioner, or designated examiner has examined the  
 266 adult within a three-day period immediately preceding the certification, and that  
 267 the physician, physician assistant, nurse practitioner, or designated examiner is of  
 268 the opinion that, due to mental illness, the adult poses a substantial danger to self

- 269 or others; or
- 270 (b) a peace officer or a mental health officer:
- 271 (i) observing an adult's conduct that gives the peace officer or mental health officer
- 272 probable cause to believe that:
- 273 (A) the adult has a mental illness; and
- 274 (B) because of the adult's mental illness and conduct, the adult poses a substantial
- 275 danger to self or others; and
- 276 (ii) completing a temporary commitment application that:
- 277 (A) is on a form prescribed by the division;
- 278 (B) states the peace officer's or mental health officer's belief that the adult poses a
- 279 substantial danger to self or others;
- 280 (C) states the specific nature of the danger;
- 281 (D) provides a summary of the observations upon which the statement of danger is
- 282 based; and
- 283 (E) provides a statement of the facts that called the adult to the peace officer's or
- 284 mental health officer's attention.
- 285 (2) If at any time a patient committed under this section no longer meets the commitment
- 286 criteria described in Subsection (1), the local mental health authority's designee shall:
- 287 (a) document the change and release the patient; and
- 288 (b) if the patient was admitted under Subsection (1)(b), notify the local mental health
- 289 authority of the patient's release if deemed appropriate by a licensed health care
- 290 provider or if the patient consents to the information being shared.
- 291 (3) A patient committed under this section may be held for a maximum of 72 hours after
- 292 commitment, excluding Saturdays, Sundays, and state holidays, unless:
- 293 (a) as described in Section 26B-5-332, an application for involuntary commitment is
- 294 commenced, which may be accompanied by an order of detention described in
- 295 Subsection 26B-5-332(4); or
- 296 (b) the patient makes a voluntary application for admission.
- 297 (4) Upon a written application described in Subsection (1)(a) or the observation and belief
- 298 described in Subsection (1)(b)(i), the adult shall be:
- 299 (a) taken into a peace officer's protective custody, by reasonable means, if necessary for
- 300 public safety; and
- 301 (b) transported for temporary commitment to a facility designated by the local mental
- 302 health authority, by means of:

- 303 (i) an ambulance, if the adult meets any of the criteria described in Section 53-2d-405;  
304 (ii) an ambulance, if a peace officer is not necessary for public safety, and  
305 transportation arrangements are made by a physician, physician assistant, nurse  
306 practitioner, designated examiner, or mental health officer;  
307 (iii) the city, town, or municipal law enforcement authority with jurisdiction over the  
308 location where the adult is present, if the adult is not transported by ambulance;  
309 (iv) the county sheriff, if the designated facility is outside of the jurisdiction of the  
310 law enforcement authority described in Subsection (4)(b)(iii) and the adult is not  
311 transported by ambulance; or  
312 (v) nonemergency secured behavioral health transport as that term is defined in  
313 Section 53-2d-101.

314 (5) Notwithstanding Subsection (4):

- 315 (a) an individual shall be transported by ambulance to an appropriate medical facility for  
316 treatment if the individual requires physical medical attention;  
317 (b) if an officer has probable cause to believe, based on the officer's experience and  
318 de-escalation training that taking an individual into protective custody or transporting  
319 an individual for temporary commitment would increase the risk of substantial  
320 danger to the individual or others, a peace officer may exercise discretion to not take  
321 the individual into custody or transport the individual, as permitted by policies and  
322 procedures established by the officer's law enforcement agency and any applicable  
323 federal or state statute, or case law; and  
324 (c) if an officer exercises discretion under Subsection (4)(b) to not take an individual  
325 into protective custody or transport an individual, the officer shall document in the  
326 officer's report the details and circumstances that led to the officer's decision.

327 (6)(a) The local mental health authority or the local mental health authority's designee  
328 shall inform an adult patient committed under this section of the reason for  
329 commitment.

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

- 331 (i) within three hours after arrival at the local mental health authority, make a  
332 telephone call, at the expense of the local mental health authority, to an individual  
333 of the patient's choice; and  
334 (ii) see and communicate with an attorney.

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

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

- 337 (8)(a) A local mental health authority or the local mental health authority's designee  
338 shall provide discharge instructions to each individual committed under this section  
339 at or before the time the individual is discharged from the local mental health  
340 authority's custody, regardless of whether the individual is discharged by being  
341 released, taken into a peace officer's protective custody, transported to a medical  
342 facility or other facility, or other circumstances.
- 343 (b) Discharge instructions provided under Subsection (8)(a) shall include:
- 344 (i) a safety plan for the individual based on the individual's mental illness or mental  
345 or emotional state, if applicable;
  - 346 (ii) notification to the individual's primary care provider, if applicable;
  - 347 (iii) if the individual is discharged without food, housing, or economic security, a  
348 referral to appropriate services, if such services exist in the individual's  
349 community;
  - 350 (iv) the phone number to call or text for a crisis services hotline, and information  
351 about the availability of peer support services;
  - 352 (v) a copy of any psychiatric advance directive, if applicable;
  - 353 (vi) information about how to establish a psychiatric advance directive if one has not  
354 been completed;
  - 355 (vii) as applicable, information about medications that were changed or discontinued  
356 during the commitment;
  - 357 (viii) information about how to contact the local mental health authority if needed;  
358 and
  - 359 (ix) information about how to request a copy of the individual's medical record and  
360 how to access the electronic patient portal for the individual's medical record.
- 361 (c) If an individual's medications were changed, or if an individual was prescribed new  
362 medications while committed under this section, discharge instructions provided  
363 under Subsection (8)(a) shall include a clinically appropriate supply of medications,  
364 as determined by a licensed health care provider, to allow the individual time to  
365 access another health care provider or follow-up appointment.
- 366 (d) Discharge instructions shall be provided in paper or electronic format based on the  
367 individual's preference.
- 368 (e) If an individual refuses to accept discharge instructions, the local mental health  
369 authority or the local mental health authority's designee shall document the refusal in  
370 the individual's medical record.

- 371 (f) If an individual's discharge instructions include referrals to services under Subsection  
372 (8)(b)(iii), the local mental health authority or the local mental health authority's  
373 designee shall document those referrals in the individual's medical record.
- 374 (g) The local mental health authority shall attempt to follow up with a discharged  
375 individual at least 48 hours after discharge, when appropriate, and may use peer  
376 support professionals when performing follow-up care or developing a continuing  
377 care plan.

378 Section 7. Section **26B-5-332** is amended to read:

379 **26B-5-332 . Involuntary commitment under court order -- Examination --**  
380 **Hearing -- Power of court -- Findings required -- Costs.**

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

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

388 (i) name;

389 (ii) date of birth; and

390 (iii) social security number;

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

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

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

399 (B) is sworn to under oath; and

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

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

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

404 (a) shall require the applicant to consult with the appropriate local mental health

- 405 authority at or before the hearing; and
- 406 (b) may direct a mental health professional from the local mental health authority to
- 407 interview the applicant and the proposed patient to determine the existing facts and
- 408 report the existing facts to the court.
- 409 (3) The court may issue an order, directed to a mental health officer or peace officer, to
- 410 immediately place a proposed patient in the custody of a local mental health authority or
- 411 in a temporary emergency facility, as described in Section 26B-5-334, to be detained for
- 412 the purpose of examination if:
- 413 (a) the court finds from the application, any other statements under oath, or any reports
- 414 from a mental health professional that there is a reasonable basis to believe that the
- 415 proposed patient has a mental illness that poses a danger to self or others and requires
- 416 involuntary commitment pending examination and hearing; or
- 417 (b) the proposed patient refuses to submit to an interview with a mental health
- 418 professional as directed by the court or to go to a treatment facility voluntarily.
- 419 (4)(a) The court shall provide notice of commencement of proceedings for involuntary
- 420 commitment, setting forth the allegations of the application and any reported facts,
- 421 together with a copy of any official order of detention, to a proposed patient before,
- 422 or upon, placement of the proposed patient in the custody of a local mental health
- 423 authority or, with respect to any proposed patient presently in the custody of a local
- 424 mental health authority whose status is being changed from voluntary to involuntary,
- 425 upon the filing of an application for that purpose with the court.
- 426 (b) The place of detention shall maintain a copy of the order of detention.
- 427 (5)(a) The court shall provide notice of commencement of proceedings for involuntary
- 428 commitment as soon as practicable to the applicant, any legal guardian, any
- 429 immediate adult family members, legal counsel for the parties involved, the local
- 430 mental health authority or the local mental health authority's designee, and any other
- 431 persons whom the proposed patient or the court designates.
- 432 (b) Except as provided in Subsection (5)(c), the notice under Subsection (5)(a) shall
- 433 advise the persons that a hearing may be held within the time provided by law.
- 434 (c) If the proposed patient refuses to permit release of information necessary for
- 435 provisions of notice under this subsection, the court shall determine the extent of
- 436 notice.
- 437 (6) Proceedings for commitment of an individual under 18 years old to a local mental health
- 438 authority may be commenced in accordance with Part 4, Commitment of Persons Under

439 Age 18.

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

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

446 (8)(a) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the  
447 issuance of a judicial order, or after commitment of a proposed patient to a local  
448 mental health authority or the local mental health authority's designee under court  
449 order for detention or examination, the court shall appoint ~~[two]~~ one designated [  
450 ~~examiners~~] examiner:

451 ~~[(a)]~~ (i) who did not sign the civil commitment application nor the civil commitment  
452 certification under Subsection (1);

453 ~~[(b)]~~ (ii) ~~[one of whom]~~ who is:

454 ~~[(i)]~~ (A) a licensed physician; or

455 ~~[(ii)]~~ (B) a psychiatric mental health nurse practitioner or a psychiatric mental  
456 health clinical nurse specialist who:

457 ~~[(A)]~~ (I) is nationally certified;

458 ~~[(B)]~~ (II) is doctorally trained; and

459 ~~[(C)]~~ (III) has at least two years of inpatient mental health experience,  
460 regardless of the license the individual held at the time of that experience;  
461 and

462 ~~[(e)]~~ (iii) ~~[one of whom]~~ who may be designated by the proposed patient or the  
463 proposed patient's counsel, if that designated examiner is reasonably available.

464 (b) The court may order a second dedicated examiner to examine the proposed patient  
465 after the first designated examiner's examination is complete, upon request of the  
466 applicant or local mental health authority.

467 (9) The court shall schedule a hearing to be held within 10 calendar days after the day on  
468 which the designated ~~[examiners are]~~ examiner is appointed.

469 (10)(a) ~~[The designated]~~ If more than one examiner is appointed as described in  
470 Subsection (8)(b), the examiners shall conduct the examinations separately.

471 (b) The designated ~~[examiners]~~ examiner shall conduct the ~~[examinations]~~ examination:

472 (i) through telehealth unless the designated examiner determines that:

- 473 (A) a telehealth examination would not be sufficient to properly assess the  
474 proposed patient;
- 475 (B) a telehealth examination would have a harmful effect on the proposed patient's  
476 health; or
- 477 (C) an in-person examination can be conducted as effectively, conveniently, and  
478 timely as an examination through telehealth; and
- 479 (ii) if the designated examiner determines, [~~pursuant to~~] in accordance with  
480 Subsection (10)(b)(i), that the examination should be conducted in person, at the  
481 home of the proposed patient, at a hospital or other medical facility, or at any  
482 other suitable place that is not likely to have a harmful effect on the proposed  
483 patient's health.
- 484 (c) The designated [~~examiners~~] examiner shall inform the proposed patient, if not  
485 represented by an attorney:
- 486 (i) that the proposed patient does not have to say anything;
- 487 (ii) of the nature and reasons for the examination;
- 488 (iii) that the examination was ordered by the court;
- 489 (iv) that any information volunteered could form part of the basis for the proposed  
490 patient's involuntary commitment;
- 491 (v) that findings resulting from the examination will be made available to the court;  
492 and
- 493 (vi) that the designated examiner may, under court order, obtain the proposed  
494 patient's mental health records.
- 495 (d) Within 24 hours of examining the proposed patient, a designated examiner shall  
496 report to the court, orally or in writing, whether the proposed patient is mentally ill,  
497 has agreed to voluntary commitment, as described in Section 26B-5-360, or has  
498 acceptable programs available to the proposed patient without court proceedings.
- 499 (e) If a designated examiner reports orally under Subsection (10)(d), the designated  
500 examiner shall immediately send a written report to the clerk of the court.
- 501 (11) If a designated examiner is unable to complete an examination on the first attempt  
502 because the proposed patient refuses to submit to the examination, the court shall fix a  
503 reasonable compensation to be paid to the examiner.
- 504 (12) If the local mental health authority, the local mental health authority's designee, or a  
505 medical examiner determines before the court hearing that the conditions justifying the  
506 findings leading to a commitment hearing no longer exist, the local mental health

- 507 authority, the local mental health authority's designee, or the medical examiner shall  
508 immediately report the determination to the court.
- 509 (13)(a) The court shall terminate the proceedings and dismiss the application before the  
510 hearing if ~~[both designated examiners inform]~~ a designated examiner informs the  
511 court that the proposed patient does not meet the criteria in Subsection (16).
- 512 (b) The court may terminate the proceedings and dismiss the application at any time,  
513 including before the hearing, if the designated ~~[examiners]~~ examiner or the local  
514 mental health authority or the local mental health authority's designee informs the  
515 court that the proposed patient:
- 516 (i) has agreed to voluntary commitment, as described in Section 26B-5-360;  
517 (ii) has acceptable options for treatment programs that are available without court  
518 proceedings; or  
519 (iii) meets the criteria for assisted outpatient treatment described in Section  
520 26B-5-351.
- 521 (14)(a) Before the hearing, the court shall provide the proposed patient an opportunity to  
522 be represented by counsel, and if neither the proposed patient nor others provide  
523 counsel, the court shall appoint counsel and allow counsel sufficient time to consult  
524 with the proposed patient before the hearing.
- 525 (b) In the case of an indigent proposed patient, the county in which the proposed patient  
526 resides or is found shall make payment of reasonable attorney fees for counsel, as  
527 determined by the court.
- 528 (15)(a)(i) The court shall afford the proposed patient, the applicant, and any other  
529 person to whom notice is required to be given an opportunity to appear at the  
530 hearing, to testify, and to present and cross-examine witnesses.
- 531 (ii) The court may, in the court's discretion, receive the testimony of any other person.  
532 (iii) The court may allow a waiver of the proposed patient's right to appear for good  
533 cause, which cause shall be set forth in the record, or an informed waiver by the  
534 patient, which shall be included in the record.
- 535 (b) The court is authorized to exclude any person not necessary for the conduct of the  
536 proceedings and may, upon motion of counsel, require the testimony of each  
537 designated examiner to be given out of the presence of any other designated  
538 examiners.
- 539 (c) The court shall:
- 540 (i) conduct the hearing in as informal a manner as may be consistent with orderly

- 541 procedure; and
- 542 (ii) while preserving the due process rights of the proposed patient:
- 543 (A) conduct the hearing remotely, in accordance with Utah Rules of Civil
- 544 Procedure, Rule 87, unless the court finds good cause under Rule 87 not to
- 545 conduct the hearing remotely; or
- 546 (B) if the court finds good cause under Rule 87 not to conduct the hearing
- 547 remotely, conduct the hearing in a physical setting that is not likely to have a
- 548 harmful effect on the mental health of the proposed patient.
- 549 (d) The court shall consider any relevant historical and material information that is
- 550 offered, subject to the rules of evidence, including reliable hearsay under Utah Rules
- 551 of Evidence, Rule 1102.
- 552 (e)(i) A local mental health authority or the local mental health authority's designee
- 553 or the physician in charge of the proposed patient's care shall, at the time of the
- 554 hearing, provide the court with the following information:
- 555 (A) the detention order;
- 556 (B) admission notes;
- 557 (C) the diagnosis;
- 558 (D) any doctors' orders;
- 559 (E) progress notes;
- 560 (F) nursing notes;
- 561 (G) medication records pertaining to the current commitment; and
- 562 (H) whether the proposed patient has previously been civilly committed or under
- 563 an order for assisted outpatient treatment.
- 564 (ii) The local mental health authority or the local mental health authority's designee
- 565 or the physician in charge of the proposed patient's care shall also supply the
- 566 information described in Subsection (15)(e)(i) to the proposed patient's counsel at
- 567 the time of the hearing, and at any time prior to the hearing upon request by the
- 568 proposed patient's counsel.
- 569 (16)(a) The court shall order commitment of an adult proposed patient to a local mental
- 570 health authority if, upon completion of the hearing and consideration of the
- 571 information presented, the court finds by clear and convincing evidence that:
- 572 (i)(A) the proposed patient has a mental illness;
- 573 (B) because of the proposed patient's mental illness the proposed patient poses a
- 574 substantial danger to self or others;

- 575 (C) the proposed patient lacks the ability to engage in a rational decision-making  
576 process regarding the acceptance of mental treatment as demonstrated by  
577 evidence of inability to weigh the possible risks of accepting or rejecting  
578 treatment;
- 579 (D) there is no appropriate less-restrictive alternative to a court order of  
580 commitment; and
- 581 (E) the local mental health authority can provide the proposed patient with  
582 treatment that is adequate and appropriate to the proposed patient's conditions  
583 and needs; or
- 584 (ii)(A) the proposed patient has been charged with a criminal offense;
- 585 (B) with respect to the charged offense, the proposed patient is found incompetent  
586 to proceed as a result of a mental illness;
- 587 (C) the proposed patient has a mental illness;
- 588 (D) the proposed patient has a persistent unawareness of their mental illness and  
589 the negative consequences of that illness, or within the preceding six months  
590 has been requested or ordered to undergo mental health treatment but has  
591 unreasonably refused to undergo that treatment;
- 592 (E) there is no appropriate less-restrictive alternative to a court order of  
593 commitment; and
- 594 (F) the local mental health authority can provide the proposed patient with  
595 treatment that is adequate and appropriate to the proposed patient's conditions  
596 and needs.
- 597 (b)(i) If, at the hearing, the court determines that the proposed patient has a mental  
598 illness but does not meet the other criteria described in Subsection (16)(a), the  
599 court may consider whether the proposed patient meets the criteria for assisted  
600 outpatient treatment under Section 26B-5-351.
- 601 (ii) The court may order the proposed patient to receive assisted outpatient treatment  
602 in accordance with Section 26B-5-351 if, at the hearing, the court finds the  
603 proposed patient meets the criteria for assisted outpatient treatment under Section  
604 26B-5-351.
- 605 (iii) If the court determines that neither the criteria for commitment under Subsection  
606 (16)(a) nor the criteria for assisted outpatient treatment under Section 26B-5-351  
607 are met, the court shall dismiss the proceedings after the hearing.
- 608 (17)(a)(i) The court shall immediately notify the appropriate local mental health

609 authority and the division upon entry of an order of commitment, including an  
610 order to extend the patient's treatment period.

611 [~~(i)~~] (ii) The order of commitment shall designate the period for which the patient  
612 shall be treated.

613 [~~(ii)~~] (iii) If the patient is not under an order of commitment at the time of the hearing,  
614 the patient's treatment period may not exceed six months without a review hearing.

615 [~~(iii)~~] (iv) Upon a review hearing, to be commenced before the expiration of the  
616 previous order of commitment, an order for commitment may be for an  
617 indeterminate period, if the court finds by clear and convincing evidence that the  
618 criteria described in Subsection (16) will last for an indeterminate period.

619 (b)(i) The court shall maintain a current list of all patients under the court's order of  
620 commitment and review the list to determine those patients who have been under  
621 an order of commitment for the court designated period.

622 (ii) At least two weeks before the expiration of the designated period of any order of  
623 commitment still in effect, the court that entered the original order of commitment  
624 shall inform the appropriate local mental health authority or the local mental  
625 health authority's designee of the expiration.

626 (iii) Upon receipt of the information described in Subsection (17)(b)(ii), the local  
627 mental health authority or the local mental health authority's designee shall  
628 immediately reexamine the reasons upon which the order of commitment was  
629 based.

630 (iv) If, after reexamination under Subsection (17)(b)(iii), the local mental health  
631 authority or the local mental health authority's designee determines that the  
632 conditions justifying commitment no longer exist, the local mental health  
633 authority or the local mental health authority's designee shall discharge the patient  
634 from involuntary commitment and immediately report the discharge to the court  
635 and the division.

636 (v) If, after reexamination under Subsection (17)(b)(iii), the local mental health  
637 authority or the local mental health authority's designee determines that the  
638 conditions justifying commitment continue to exist, the court shall immediately  
639 appoint two designated examiners and proceed under Subsections (8) through (14).

640 (c)(i) The local mental health authority or the local mental health authority's designee  
641 responsible for the care of a patient under an order of commitment for an  
642 indeterminate period shall, at six-month intervals, reexamine the reasons upon

- 643 which the order of indeterminate commitment was based.
- 644 (ii) If the local mental health authority or the local mental health authority's designee  
645 determines that the conditions justifying commitment no longer exist, the local  
646 mental health authority or the local mental health authority's designee shall  
647 discharge the patient from the local mental health authority's or the local mental  
648 health authority designee's custody and immediately report the discharge to the  
649 court and the division.
- 650 (iii) If the local mental health authority or the local mental health authority's designee  
651 determines that the conditions justifying commitment continue to exist, the local  
652 mental health authority or the local mental health authority's designee shall send a  
653 written report of the findings to the court.
- 654 (iv) The local mental health authority or the local mental health authority's designee  
655 shall notify the patient and the patient's counsel of record in writing that the  
656 involuntary commitment will be continued under Subsection (17)(c)(iii), the  
657 reasons for the decision to continue, and that the patient has the right to a review  
658 hearing by making a request to the court.
- 659 (v) Upon receiving a request under Subsection (17)(c)(iv), the court shall  
660 immediately appoint [~~two designated examiners~~] a designated examiner and  
661 proceed under Subsections (8) through (14).
- 662 (18)(a) Any patient committed as a result of an original hearing or a patient's legally  
663 designated representative who is aggrieved by the findings, conclusions, and order of  
664 the court entered in the original hearing has the right to a new hearing upon filing a  
665 petition with the court within 30 days after the day on which the court entered the  
666 order.
- 667 (b) The petition shall allege error or mistake in the findings, in which case the court shall  
668 appoint three impartial designated examiners previously unrelated to the case to  
669 conduct an additional examination of the patient.
- 670 (c) Except as provided in Subsection (18)(b), the court shall, in all other respects,  
671 conduct the new hearing in the manner otherwise permitted.
- 672 (19) The county in which the proposed patient resides or is found shall pay the costs of all  
673 proceedings under this section.
- 674 (20)(a) A local mental health authority or the local mental health authority's designee  
675 shall provide discharge instructions to each individual committed under this section  
676 at or before the time the individual is discharged from the local mental health

- 677 authority's custody, regardless of the circumstances under which the individual is  
678 discharged.
- 679 (b) Discharge instructions provided under Subsection (20)(a) shall include:
- 680 (i) a safety plan for the individual based on the individual's mental illness or mental  
681 or emotional state, if applicable;
- 682 (ii) notification to the individual's primary care provider, if applicable;
- 683 (iii) if the individual is discharged without food, housing, or economic security, a  
684 referral to appropriate services, if such services exist in the individual's  
685 community;
- 686 (iv) the phone number to call or text for a crisis services hotline, and information  
687 about the availability of peer support services;
- 688 (v) a copy of any psychiatric advance directive, if applicable;
- 689 (vi) information about how to establish a psychiatric advance directive if one has not  
690 been completed;
- 691 (vii) as applicable, information about medications that were changed or discontinued  
692 during the commitment;
- 693 (viii) information about how to contact the local mental health authority or  
694 established provider as appropriate; and
- 695 (ix) information about how to request a copy of the individual's medical record and  
696 how to access the electronic patient portal for the individual's medical record.
- 697 (c) If an individual's medications were changed, or if an individual was prescribed new  
698 medications while committed under this section, discharge instructions provided  
699 under Subsection (20)(a) shall include a clinically appropriate supply of medications,  
700 as determined by a licensed health care provider, to allow the individual time to  
701 access another health care provider or follow-up appointment.
- 702 (d) Discharge instructions shall be provided in paper or electronic format based on the  
703 individual's preference.
- 704 (e) If an individual refuses to accept discharge instructions, the local mental health  
705 authority shall document the refusal in the individual's medical record.
- 706 (f) If an individual's discharge instructions include referrals to services under Subsection  
707 (20)(b)(iii), the local mental health authority shall document those referrals in the  
708 individual's medical record.
- 709 (g) The local mental health authority shall attempt to follow up with a discharged  
710 individual at least 48 hours after discharge, when appropriate, and may use peer

711 support professionals when performing follow-up care or developing a continuing  
712 care plan.

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

717 Section 8. Section **26B-5-351** is amended to read:

718 **26B-5-351 . Assisted outpatient treatment proceedings.**

719 (1) A responsible individual who has credible knowledge of an adult's mental illness and  
720 the condition or circumstances that have led to the adult's need for assisted outpatient  
721 treatment may file, in the court in the county where the proposed patient resides or is  
722 found, a written application that includes:

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

725 (i) name;

726 (ii) date of birth; and

727 (iii) social security number; and

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

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

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

736 (B) is sworn to under oath; and

737 (C) states the facts upon which the application is based.

738 (2)(a) Subject to Subsection (2)(b), before issuing a judicial order, the court may require  
739 the applicant to consult with the appropriate local mental health authority, and the  
740 court may direct a mental health professional from that local mental health authority  
741 to interview the applicant and the proposed patient to determine the existing facts and  
742 report them to the court.

743 (b) The consultation described in Subsection (2)(a):

744 (i) may take place at or before the hearing; and

- 745 (ii) is required if the local mental health authority appears at the hearing.
- 746 (3) If the proposed patient refuses to submit to an interview described in Subsection (2)(a)  
747 or an examination described in Subsection (8), the court may issue an order, directed to  
748 a mental health officer or peace officer, to immediately place the proposed patient into  
749 the custody of a local mental health authority or in a temporary emergency facility, as  
750 provided in Section 26B-5-334, to be detained for the purpose of examination.
- 751 (4) Notice of commencement of proceedings for assisted outpatient treatment, setting forth  
752 the allegations of the application and any reported facts, together with a copy of any  
753 official order of detention, shall:
- 754 (a) be provided by the court to a proposed patient before, or upon, placement into the  
755 custody of a local mental health authority or, with respect to any proposed patient  
756 presently in the custody of a local mental health authority;
- 757 (b) be maintained at the proposed patient's place of detention, if any;
- 758 (c) be provided by the court as soon as practicable to the applicant, any legal guardian,  
759 any immediate adult family members, legal counsel for the parties involved, the local  
760 mental health authority or its designee, and any other person whom the proposed  
761 patient or the court shall designate; and
- 762 (d) advise that a hearing may be held within the time provided by law.
- 763 (5) The court may, in its discretion, transfer the case to any other court within this state,  
764 provided that the transfer will not be adverse to the interest of the proposed patient.
- 765 (6)(a) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the  
766 issuance of a judicial order, or after commitment of a proposed patient to a local  
767 mental health authority or its designee under court order for detention in order to  
768 complete an examination, the court shall appoint [~~two~~] one designated [~~examiners~~]  
769 examiner:
- 770 [~~(a)~~] (i) who did not sign the assisted outpatient treatment application nor the  
771 certification described in Subsection (1);
- 772 [~~(b)~~] (ii) [~~one of whom~~] who is a licensed physician; and
- 773 [~~(c)~~] (iii) [~~one of whom~~] who may be designated by the proposed patient or the  
774 proposed patient's counsel, if that designated examiner is reasonably available.
- 775 (b) The court may order a second dedicated examiner to examine the proposed patient  
776 after the first designated examiner's examination is complete, upon request of the  
777 applicant.
- 778 (7) The court shall schedule a hearing to be held within 10 calendar days of the day on

- 779 which the designated ~~[examiners are]~~ examiner is appointed.
- 780 (8)(a) The designated ~~[examiners]~~ examiner shall:
- 781 ~~[(a)]~~ (i) if more than one examiner is appointed as described in Subsection (6)(b),
- 782 conduct ~~[their examinations]~~ the examination separately from any other examiner's
- 783 examination;
- 784 ~~[(b)]~~ (ii) conduct the ~~[examinations]~~ examination at the home of the proposed patient,
- 785 at a hospital or other medical facility, or at any other suitable place that is not
- 786 likely to have a harmful effect on the proposed patient's health;
- 787 ~~[(c)]~~ (iii) inform the proposed patient, if not represented by an attorney:
- 788 ~~[(i)]~~ (A) that the proposed patient does not have to say anything;
- 789 ~~[(ii)]~~ (B) of the nature and reasons for the examination;
- 790 ~~[(iii)]~~ (C) that the examination was ordered by the court;
- 791 ~~[(iv)]~~ (D) that any information volunteered could form part of the basis for the
- 792 proposed patient to be ordered to receive assisted outpatient treatment; and
- 793 ~~[(v)]~~ (E) that findings resulting from the examination will be made available to the
- 794 court; and
- 795 ~~[(d)]~~ (iv) within 24 hours of examining the proposed patient, report to the court, orally
- 796 or in writing, whether the proposed patient is mentally ill.
- 797 (b) If the designated examiner reports orally under Subsection (8)(a)(iv), the designated
- 798 examiner shall immediately send a written report to the clerk of the court.
- 799 (9) If a designated examiner is unable to complete an examination on the first attempt
- 800 because the proposed patient refuses to submit to the examination, the court shall fix a
- 801 reasonable compensation to be paid to the examiner.
- 802 (10) If the local mental health authority, its designee, or a medical examiner determines
- 803 before the court hearing that the conditions justifying the findings leading to an assisted
- 804 outpatient treatment hearing no longer exist, the local mental health authority, its
- 805 designee, or the medical examiner shall immediately report that determination to the
- 806 court.
- 807 (11) The court may terminate the proceedings and dismiss the application at any time,
- 808 including prior to the hearing, if the designated examiners or the local mental health
- 809 authority or its designee informs the court that the proposed patient does not meet the
- 810 criteria in Subsection (14).
- 811 (12) Before the hearing, an opportunity to be represented by counsel shall be afforded to the
- 812 proposed patient, and if neither the proposed patient nor others provide counsel, the

813 court shall appoint counsel and allow counsel sufficient time to consult with the  
814 proposed patient before the hearing. In the case of an indigent proposed patient, the  
815 payment of reasonable attorney fees for counsel, as determined by the court, shall be  
816 made by the county in which the proposed patient resides or is found.

817 (13)(a) All persons to whom notice is required to be given shall be afforded an  
818 opportunity to appear at the hearing, to testify, and to present and cross-examine  
819 witnesses. The court may, in its discretion, receive the testimony of any other  
820 individual. The court may allow a waiver of the proposed patient's right to appear for  
821 good cause, which cause shall be set forth in the record, or an informed waiver by the  
822 patient, which shall be included in the record.

823 (b) The court is authorized to exclude all individuals not necessary for the conduct of the  
824 proceedings and may, upon motion of counsel, require the testimony of each  
825 examiner to be given out of the presence of any other examiners.

826 (c) The hearing shall be conducted in as informal a manner as may be consistent with  
827 orderly procedure, and in a physical setting that is not likely to have a harmful effect  
828 on the mental health of the proposed patient.

829 (d) The court shall consider all relevant historical and material information that is  
830 offered, subject to the rules of evidence, including reliable hearsay under Rule 1102,  
831 Utah Rules of Evidence.

832 (e)(i) A local mental health authority or its designee, or the physician in charge of the  
833 proposed patient's care shall, at the time of the hearing, provide the court with the  
834 following information:

835 (A) the detention order, if any;

836 (B) admission notes, if any;

837 (C) the diagnosis, if any;

838 (D) doctor's orders, if any;

839 (E) progress notes, if any;

840 (F) nursing notes, if any; and

841 (G) medication records, if any.

842 (ii) The information described in Subsection (13)(e)(i) shall also be provided to the  
843 proposed patient's counsel:

844 (A) at the time of the hearing; and

845 (B) at any time prior to the hearing, upon request.

846 (14) The court shall order a proposed patient to assisted outpatient treatment if, upon

847 completion of the hearing and consideration of the information presented, the court finds  
848 by clear and convincing evidence that:

849 (a) the proposed patient has a mental illness;

850 (b) there is no appropriate less-restrictive alternative to a court order for assisted  
851 outpatient treatment; and

852 (c)(i) the proposed patient lacks the ability to engage in a rational decision-making  
853 process regarding the acceptance of mental health treatment, as demonstrated by  
854 evidence of inability to weigh the possible risks of accepting or rejecting  
855 treatment; or

856 (ii) the proposed patient needs assisted outpatient treatment in order to prevent  
857 relapse or deterioration that is likely to result in the proposed patient posing a  
858 substantial danger to self or others.

859 (15) The court may order the applicant or a close relative of the patient to be the patient's  
860 personal representative, as described in 45 C.F.R. Sec. 164.502(g), for purposes of the  
861 patient's mental health treatment.

862 (16) In the absence of the findings described in Subsection (14), the court, after the hearing,  
863 shall dismiss the proceedings.

864 (17)(a) The court shall immediately notify the appropriate mental health authority and  
865 the division upon entry of an assisted outpatient treatment order, including an order  
866 extending the duration of an assisted outpatient treatment order.

867 [~~(a)~~] (b) The assisted outpatient treatment order shall designate the period for which the  
868 patient shall be treated, which may not exceed 12 months without a review hearing.

869 [~~(b)~~] (c) At a review hearing, the court may extend the duration of an assisted outpatient  
870 treatment order by up to 12 months, if:

871 (i) the court finds by clear and convincing evidence that the patient meets the  
872 conditions described in Subsection (14); or

873 (ii)(A) the patient does not appear at the review hearing;

874 (B) notice of the review hearing was provided to the patient's last known address  
875 by the applicant described in Subsection (1) or by a local mental health  
876 authority; and

877 (C) the patient has appeared in court or signed an informed waiver within the  
878 previous 18 months.

879 [~~(c)~~] (d) The court shall maintain a current list of all patients under its order of assisted  
880 outpatient treatment.

- 881           ~~[(d)]~~ (e) At least two weeks prior to the expiration of the designated period of any  
 882           assisted outpatient treatment order still in effect, the court that entered the original  
 883           order shall inform the appropriate local mental health authority or its designee.
- 884 (18) Costs of all proceedings under this section shall be paid by the county in which the  
 885           proposed patient resides or is found.
- 886 (19) A court may not hold an individual in contempt for failure to comply with an assisted  
 887           outpatient treatment order.
- 888 (20) As provided in Section 31A-22-651, a health insurance provider may not deny an  
 889           insured the benefits of the insured's policy solely because the health care that the insured  
 890           receives is provided under a court order for assisted outpatient treatment.

891           Section 9. Section **53-6-202** is amended to read:

892           **53-6-202 . Basic training course -- Completion required -- Annual training --**  
 893 **Prohibition from exercising powers -- Reinstatement.**

- 894 (1)(a) The director shall:
- 895           (i)(A) suggest and prepare subject material; and  
 896           (B) schedule instructors for basic training courses; or  
 897           (ii) review the material and instructor choices submitted by a certified academy.
- 898 (b) The subject material, instructors, and schedules shall be approved or disapproved by  
 899           a majority vote of the council.
- 900 (2) The materials shall be reviewed and approved by the council on or before July 1st of  
 901           each year and may from time to time be changed or amended by majority vote of the  
 902           council.
- 903 (3) The basic training in a certified academy:
- 904           (a) shall be appropriate for the basic training of peace officers in the techniques of law  
 905           enforcement in the discretion of the director;
- 906           (b) may not include the use of chokeholds, carotid restraints, or any act that impedes the  
 907           breathing or circulation of blood likely to produce a loss of consciousness, as a valid  
 908           method of restraint; and
- 909           (c) shall include instruction on identifying, responding to, and reporting a criminal  
 910           offense that is motivated by a personal attribute as that term is defined in Section  
 911           76-3-203.14.
- 912 (4)(a) All peace officers shall satisfactorily complete the basic training course or the  
 913           waiver process provided for in this chapter as well as annual certified training of not  
 914           less than 40 hours as the director, with the advice and consent of the council, directs.

- 915 (b) A peace officer who fails to satisfactorily complete the annual training described in  
916 Subsection (4)(a) shall automatically be prohibited from exercising peace officer  
917 powers until any deficiency is made up.
- 918 (c) The annual training described in Subsection (4)(a) shall include training focused on  
919 arrest control and de-escalation training.
- 920 (5)(a) Beginning July 1, 2024, all peace officers who are currently employed shall  
921 participate in a training at least every three years focused on the following:
- 922 (i) mental health and other crisis intervention responses;
- 923 (ii) intervention responses for mental illnesses, autism spectrum disorder, and other  
924 neurological and developmental disorders; and
- 925 (iii) responses to sexual traumas and investigations of sexual assault and sexual abuse  
926 in accordance with Section 53-10-908.
- 927 (b) Any training in which a peace officer participates as described in Subsection (5)(a)  
928 shall count toward the peace officer's 40-hour required annual training described in  
929 Subsection (4)(a) for the year in which the peace officer participated in the training.
- 930 (6)(a) The director or the director's designee, in coordination with the council, shall  
931 promulgate the standards for the trainings described in Subsection (4).
- 932 (b) The chief law enforcement officer or executive officer of the peace officer's  
933 employing agency shall determine if a peace officer has complied with the standards  
934 established under Subsection (6)(a).
- 935 (c) The chief law enforcement officer or executive officer of each law enforcement  
936 agency shall annually report to the State Commission on Criminal and Juvenile  
937 Justice created in Section 63M-7-201 on peace officers' compliance with the training  
938 requirements described in Subsection (5)(a).

939 **Section 10. Effective Date.**

940 This bill takes effect on May 6, 2026.