

HB 299: Court Ordered Treatment Modifications

Rep. Tyler Clancy

Objective: Help first-responders and behavioral health professionals serve individuals experiencing mental illness (acute/crisis and long-term).

Gaps Identified:

Law Enforcement/Community Response to Mental Health Crisis:

This issue is a continuing conversation around the country - *how do we best respond to individuals experiencing a mental health crisis?* Many times, individuals experiencing unsheltered homelessness are dealing with (severe & persistent) mental illness, and inversely, individuals experiencing acute mental health crisis are at higher risk for becoming homeless as well. The specific gap our group has identified is the amount of resources available to law enforcement officers at the incident response location (I.E. is there somewhere other than jail law enforcement officers can take people).

Civil Commitment Statute:

In our October interim meeting, we discussed the differences between the standards for the different types of civil commitments. The two types of civil commitments that currently exist are intellectual disability (temporary and court order) and mental health (temporary and court order). Currently, the only emergency/crisis commitment we have is a “pink slip”, also known as a temporary mental health commitment. The standard for this commitment is high - “Due to a mental illness, the person poses a substantial danger to self or others if not restrained.” Many times, outreach workers, MCOT teams, and law enforcement come in contact with homeless individuals who are gravely mentally disabled and unable to meet basic human needs, however they do not meet the standard for the “pink slip”. As it stands today, there are many who meet the standard for commitment through the court order process - but will never get to that point for a number of reasons/barriers. Our group has identified this gap as an opportunity for reform.

Pre-Trial Diversion Resources for Mentally Ill Offenders:

Our group has discussed different models that other entities have taken on, specifically the Miami-Dade County “sequential intercept model”. This model allows for mentally ill offenders to be diverted from the criminal justice system (charges pending) if they accept treatment from community resources who work in tandem with the court system.

Mental Health Infrastructure:

Throughout discussions within the task force about reforming the commitment standards and aligning efforts to increase access to resources, we recognize there will undoubtedly need to be an investment in bed capacity and mental health infrastructure. Discussions have revolved around building “Crisis Response Centers” as stand alone facilities or add-ons to existing hospital or mental health resource centers.

HB 299: Impact:

- *Requires the Utah Substance Use and Mental Health Advisory Council to study civil commitment and future capacity needs. This council falls under the language of the new commission set up by SB 47 (Sen. Vickers & Rep. Eliason 2024 Session).*
- *Requires a local mental health authority to notify a peace officer or mental health officer when certain individuals are released from temporary involuntary commitment (Pink Sheet)*
- *Amends the amount of time an individual may be held under a temporary commitment from 24 hours to 72 hours.*
- *Amends the criteria under which a court shall order the involuntary commitment and court-ordered assisted outpatient treatment for an individual with a mental illness.*
- *Describes information that must be provided to an individual when they are discharged from involuntary commitment (codifies best practices).*