

Criminal Justice and Mental Health Coordination Amendments

2025 GENERAL SESSION

STATE OF UTAH

Chief Sponsor:

LONG TITLE**General Description:**

This bill addresses situations where an individual experiencing a mental health crisis may interact with the criminal justice system.

Highlighted Provisions:

This bill:

- requires local mental health authorities to designate an individual or individuals responsible for providing consultation, education, and information services concerning guardianship and conservatorship options for individuals experiencing mental health crises;
- requires the Division of Integrated Healthcare to adopt and maintain, and certain designated examiners to complete an annual training program relating to civil commitment;
- creates the Crisis Response Task Force (task force) and describes the task force's duties;
- provides a sunset date for the task force; and
- makes technical and conforming changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

17-43-301, as last amended by Laws of Utah 2024, Chapters 240, 299

26B-5-332, as last amended by Laws of Utah 2024, Chapters 287, 299 and 314

26B-5-339, as renumbered and amended by Laws of Utah 2023, Chapter 308

63I-1-236, as last amended by Laws of Utah 2024, Chapters 320, 506 and 507

ENACTS:

36-29-113, Utah Code Annotated 1953

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

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

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

(1) As used in this section:

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

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

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

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

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

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

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

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

- (i) provide mental health prevention and treatment services; or
- (ii) create a united local health department that combines substance use treatment services, mental health services, and local health department services in

- 66 accordance with Subsection (4).
- 67 (b) The legislative bodies of counties joining to provide services may establish
- 68 acceptable ways of apportioning the cost of mental health services.
- 69 (c) Each agreement for joint mental health services shall:
- 70 (i)(A) designate the treasurer of one of the participating counties or another
- 71 person as the treasurer for the combined mental health authorities and as the
- 72 custodian of money available for the joint services; and
- 73 (B) provide that the designated treasurer, or other disbursing officer authorized by
- 74 the treasurer, may make payments from the money available for the joint
- 75 services upon audit of the appropriate auditing officer or officers representing
- 76 the participating counties;
- 77 (ii) provide for the appointment of an independent auditor or a county auditor of one
- 78 of the participating counties as the designated auditing officer for the combined
- 79 mental health authorities;
- 80 (iii)(A) provide for the appointment of the county or district attorney of one of the
- 81 participating counties as the designated legal officer for the combined mental
- 82 health authorities; and
- 83 (B) authorize the designated legal officer to request and receive the assistance of
- 84 the county or district attorneys of the other participating counties in defending
- 85 or prosecuting actions within their counties relating to the combined mental
- 86 health authorities; and
- 87 (iv) provide for the adoption of management, clinical, financial, procurement,
- 88 personnel, and administrative policies as already established by one of the
- 89 participating counties or as approved by the legislative body of each participating
- 90 county or interlocal board.
- 91 (d) An agreement for joint mental health services may provide for:
- 92 (i) joint operation of services and facilities or for operation of services and facilities
- 93 under contract by one participating local mental health authority for other
- 94 participating local mental health authorities; and
- 95 (ii) allocation of appointments of members of the mental health advisory council
- 96 between or among participating counties.
- 97 (4) A county governing body may elect to combine the local mental health authority with
- 98 the local substance abuse authority created in Part 2, Local Substance Abuse Authorities,
- 99 and the local health department created in Title 26A, Chapter 1, Part 1, Local Health

Department Act, to create a united local health department under Section 26A-1-105.5.
A local mental health authority that joins with a united local health department shall
comply with this part.

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

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

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

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

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

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

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

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

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

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

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

(vii) establish mechanisms allowing for direct citizen input;

(viii) annually contract with the division to provide mental health programs and

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

- 168 under Section 75-5-310 or a temporary conservator under Section 75-5-408;
169 and
- 170 (x) services to persons incarcerated in a county jail or other county correctional
171 facility.
- 172 (7)(a) If a local mental health authority provides for a local mental health crisis line
173 under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv),
174 the local mental health authority shall:
- 175 (i) collaborate with the statewide mental health crisis line described in Section
176 26B-5-610;
- 177 (ii) ensure that each individual who answers calls to the local mental health crisis line:
178 (A) is a mental health therapist or a crisis worker; and
179 (B) meets the standards of care and practice established by the Division of
180 Integrated Healthcare, in accordance with Section 26B-5-610; and
- 181 (iii) ensure that when necessary, based on the local mental health crisis line's
182 capacity, calls are immediately routed to the statewide mental health crisis line to
183 ensure that when an individual calls the local mental health crisis line, regardless
184 of the time, date, or number of individuals trying to simultaneously access the
185 local mental health crisis line, a mental health therapist or a crisis worker answers
186 the call without the caller first:
- 187 (A) waiting on hold; or
188 (B) being screened by an individual other than a mental health therapist or crisis
189 worker.
- 190 (b) If a local mental health authority does not provide for a local mental health crisis line
191 under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv),
192 the local mental health authority shall use the statewide mental health crisis line as a
193 local crisis line resource.
- 194 (8) Before disbursing any public funds, each local mental health authority shall require that
195 each entity that receives any public funds from a local mental health authority agrees in
196 writing that:
- 197 (a) the entity's financial records and other records relevant to the entity's performance of
198 the services provided to the mental health authority shall be subject to examination
199 by:
- 200 (i) the division;
201 (ii) the local mental health authority director;

(iii)(A) the county treasurer and county or district attorney; or

(B) if two or more counties jointly provide mental health services under an agreement under Subsection (3), the designated treasurer and the designated legal officer;

(iv) the county legislative body; and

(v) in a county with a county executive that is separate from the county legislative body, the county executive;

(b) the county auditor may examine and audit the entity's financial and other records relevant to the entity's performance of the services provided to the local mental health authority; and

(c) the entity will comply with the provisions of Subsection (5)(b).

(9) A local mental health authority may receive property, grants, gifts, supplies, materials, contributions, and any benefit derived therefrom, for mental health services. If those gifts are conditioned upon their use for a specified service or program, they shall be so used.

(10) Public funds received for the provision of services pursuant to the local mental health plan may not be used for any other purpose except those authorized in the contract between the local mental health authority and the provider for the provision of plan services.

(11) A local mental health authority shall provide assisted outpatient treatment services to a resident of the county who has been ordered under Section 26B-5-351 to receive assisted outpatient treatment.

Section 2. Section **26B-5-332** is amended to read:

26B-5-332 . Involuntary commitment under court order -- Examination --

Hearing -- Power of court -- Findings required -- Costs.

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

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

(i) name;

(ii) date of birth; and

(iii) social security number;

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

(ii) a written statement by the applicant that:

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

(B) is sworn to under oath; and

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

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

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

(a) shall require the applicant to consult with the appropriate local mental health authority at or before the hearing; and

(b) may direct a mental health professional from the local mental health authority to interview the applicant and the proposed patient to determine the existing facts and report the existing facts to the court.

(3) The court may issue an order, directed to a mental health officer or peace officer, to immediately place a proposed patient in the custody of a local mental health authority or in a temporary emergency facility, as described in Section 26B-5-334, to be detained for the purpose of examination if:

(a) the court finds from the application, any other statements under oath, or any reports from a mental health professional that there is a reasonable basis to believe that the proposed patient has a mental illness that poses a danger to self or others and requires involuntary commitment pending examination and hearing; or

(b) the proposed patient refuses to submit to an interview with a mental health professional as directed by the court or to go to a treatment facility voluntarily.

(4)(a) The court shall provide notice of commencement of proceedings for involuntary commitment, setting forth the allegations of the application and any reported facts, together with a copy of any official order of detention, to a proposed patient before, or upon, placement of the proposed patient in the custody of a local mental health authority or, with respect to any proposed patient presently in the custody of a local

mental health authority whose status is being changed from voluntary to involuntary, upon the filing of an application for that purpose with the court.

(b) The place of detention shall maintain a copy of the order of detention.

(5)(a) The court shall provide notice of commencement of proceedings for involuntary commitment as soon as practicable to the applicant, any legal guardian, any immediate adult family members, legal counsel for the parties involved, the local mental health authority or the local mental health authority's designee, and any other persons whom the proposed patient or the court designates.

(b) Except as provided in Subsection (5)(c), the notice under Subsection (5)(a) shall advise the persons that a hearing may be held within the time provided by law.

(c) If the proposed patient refuses to permit release of information necessary for provisions of notice under this subsection, the court shall determine the extent of notice.

(6) Proceedings for commitment of an individual under 18 years old to a local mental health authority may be commenced in accordance with Part 4, Commitment of Persons Under Age 18.

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

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

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

(a) who did not sign the civil commitment application nor the civil commitment certification under Subsection (1);

(b) one of whom is:

(i) a licensed physician who has complied with the training requirements described in Section 26B-5-339; or

(ii) a psychiatric mental health nurse practitioner or a psychiatric mental health clinical nurse specialist who:

(A) is nationally certified;

- 304 (B) is doctorally trained; [~~and~~]
305 (C) has at least two years of inpatient mental health experience, regardless of the
306 license the individual held at the time of that experience; and
307 (D) has complied with the training requirements described in Section 26B-5-339;
308 and
- 309 (c) one of whom may be designated by the proposed patient or the proposed patient's
310 counsel, if that designated examiner is reasonably available.
- 311 (9) The court shall schedule a hearing to be held within 10 calendar days after the day on
312 which the designated examiners are appointed.
- 313 (10)(a) The designated examiners shall:
- 314 (i) conduct the examinations separately;
315 (ii) conduct the examinations at the home of the proposed patient, at a hospital or
316 other medical facility, or at any other suitable place, including through telehealth,
317 that is not likely to have a harmful effect on the proposed patient's health;
318 (iii) inform the proposed patient, if not represented by an attorney:
319 (A) that the proposed patient does not have to say anything;
320 (B) of the nature and reasons for the examination;
321 (C) that the examination was ordered by the court;
322 (D) that any information volunteered could form part of the basis for the proposed
323 patient's involuntary commitment;
324 (E) that findings resulting from the examination will be made available to the
325 court; and
326 (F) that the designated examiner may, under court order, obtain the proposed
327 patient's mental health records; and
328 (iv) within 24 hours of examining the proposed patient, report to the court, orally or
329 in writing, whether the proposed patient is mentally ill, has agreed to voluntary
330 commitment, as described in Section 26B-5-360, or has acceptable programs
331 available to the proposed patient without court proceedings.
- 332 (b) If a designated examiner reports orally under Subsection (10)(a), the designated
333 examiner shall immediately send a written report to the clerk of the court.
- 334 (11) If a designated examiner is unable to complete an examination on the first attempt
335 because the proposed patient refuses to submit to the examination, the court shall fix a
336 reasonable compensation to be paid to the examiner.
- 337 (12) If the local mental health authority, the local mental health authority's designee, or a

medical examiner determines before the court hearing that the conditions justifying the findings leading to a commitment hearing no longer exist, the local mental health authority, the local mental health authority's designee, or the medical examiner shall immediately report the determination to the court.

(13) The court may terminate the proceedings and dismiss the application at any time, including before the hearing, if the designated examiners or the local mental health authority or the local mental health authority's designee informs the court that the proposed patient:

- (a) does not meet the criteria in Subsection (16);
- (b) has agreed to voluntary commitment, as described in Section 26B-5-360;
- (c) has acceptable options for treatment programs that are available without court proceedings; or
- (d) meets the criteria for assisted outpatient treatment described in Section 26B-5-351.

(14)(a) Before the hearing, the court shall provide the proposed patient an opportunity to be represented by counsel, and if neither the proposed patient nor others provide counsel, the court shall appoint counsel and allow counsel sufficient time to consult with the proposed patient before the hearing.

(b) In the case of an indigent proposed patient, the county in which the proposed patient resides or is found shall make payment of reasonable attorney fees for counsel, as determined by the court.

(15)(a)(i) The court shall afford the proposed patient, the applicant, and any other person to whom notice is required to be given an opportunity to appear at the hearing, to testify, and to present and cross-examine witnesses.

(ii) The court may, in the court's discretion, receive the testimony of any other person.

(iii) The court may allow a waiver of the proposed patient's right to appear for good cause, which cause shall be set forth in the record, or an informed waiver by the patient, which shall be included in the record.

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

(c) The court shall conduct the hearing in as informal a manner as may be consistent with orderly procedure, and in a physical setting that is not likely to have a harmful effect on the mental health of the proposed patient, while preserving the due process

rights of the proposed patient.

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

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

(A) the detention order;

(B) admission notes;

(C) the diagnosis;

(D) any doctors' orders;

(E) progress notes;

(F) nursing notes;

(G) medication records pertaining to the current commitment; and

(H) whether the proposed patient has previously been civilly committed or under an order for assisted outpatient treatment.

(ii) The information described in Subsection (15)(e)(i) shall also be supplied to the proposed patient's counsel at the time of the hearing, and at any time prior to the hearing upon request.

(16)(a) The court shall order commitment of an adult proposed patient to a local mental health authority if, upon completion of the hearing and consideration of the information presented, the court finds by clear and convincing evidence that:

(i)(A) the proposed patient has a mental illness;

(B) because of the proposed patient's mental illness the proposed patient poses a substantial danger to self or others;

(C) the proposed patient lacks the ability to engage in a rational decision-making process regarding the acceptance of mental treatment as demonstrated by evidence of inability to weigh the possible risks of accepting or rejecting treatment;

(D) there is no appropriate less-restrictive alternative to a court order of commitment; and

(E) the local mental health authority can provide the proposed patient with treatment that is adequate and appropriate to the proposed patient's conditions and needs; or

- 406 (ii)(A) the proposed patient has been charged with a criminal offense;
407 (B) with respect to the charged offense, the proposed patient is found incompetent
408 to proceed as a result of a mental illness;
409 (C) the proposed patient has a mental illness;
410 (D) the proposed patient has a persistent unawareness of their mental illness and
411 the negative consequences of that illness, or within the preceding six months
412 has been requested or ordered to undergo mental health treatment but has
413 unreasonably refused to undergo that treatment;
414 (E) there is no appropriate less-restrictive alternative to a court order of
415 commitment; and
416 (F) the local mental health authority can provide the proposed patient with
417 treatment that is adequate and appropriate to the proposed patient's conditions
418 and needs.
- 419 (b)(i) If, at the hearing, the court determines that the proposed patient has a mental
420 illness but does not meet the other criteria described in Subsection (16)(a), the
421 court may consider whether the proposed patient meets the criteria for assisted
422 outpatient treatment under Section 26B-5-351.
- 423 (ii) The court may order the proposed patient to receive assisted outpatient treatment
424 in accordance with Section 26B-5-351 if, at the hearing, the court finds the
425 proposed patient meets the criteria for assisted outpatient treatment under Section
426 26B-5-351.
- 427 (iii) If the court determines that neither the criteria for commitment under Subsection
428 (16)(a) nor the criteria for assisted outpatient treatment under Section 26B-5-351
429 are met, the court shall dismiss the proceedings after the hearing.
- 430 (17)(a)(i) The order of commitment shall designate the period for which the patient
431 shall be treated.
- 432 (ii) If the patient is not under an order of commitment at the time of the hearing, the
433 patient's treatment period may not exceed six months without a review hearing.
- 434 (iii) Upon a review hearing, to be commenced before the expiration of the previous
435 order of commitment, an order for commitment may be for an indeterminate
436 period, if the court finds by clear and convincing evidence that the criteria
437 described in Subsection (16) will last for an indeterminate period.
- 438 (b)(i) The court shall maintain a current list of all patients under the court's order of
439 commitment and review the list to determine those patients who have been under

an order of commitment for the court designated period.

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

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

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

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

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

(ii) If the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment no longer exist, the local mental health authority or the local mental health authority's designee shall discharge the patient from the local mental health authority's or the local mental health authority designee's custody and immediately report the discharge to the court.

(iii) If the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment continue to exist, the local mental health authority or the local mental health authority's designee shall send a written report of the findings to the court.

(iv) A 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

- 474 reasons for the decision to continue, and that the patient has the right to a review
475 hearing by making a request to the court.
- 476 (v) Upon receiving a request under Subsection (17)(c)(iv), the court shall
477 immediately appoint two designated examiners and proceed under Subsections (8)
478 through (14).
- 479 (18)(a) Any patient committed as a result of an original hearing or a patient's legally
480 designated representative who is aggrieved by the findings, conclusions, and order of
481 the court entered in the original hearing has the right to a new hearing upon a petition
482 filed with the court within 30 days after the day on which the court order is entered.
- 483 (b) The petition shall allege error or mistake in the findings, in which case the court shall
484 appoint three impartial designated examiners previously unrelated to the case to
485 conduct an additional examination of the patient.
- 486 (c) Except as provided in Subsection (18)(b), the court shall, in all other respects,
487 conduct the new hearing in the manner otherwise permitted.
- 488 (19) The county in which the proposed patient resides or is found shall pay the costs of all
489 proceedings under this section.
- 490 (20)(a) A local mental health authority shall provide discharge instructions to each
491 individual committed under this section at or before the time the individual is
492 discharged from the local mental health authority's custody, regardless of the
493 circumstances under which the individual is discharged.
- 494 (b) Discharge instructions provided under Subsection (20)(a) shall include:
- 495 (i) a summary of why the individual was committed to the local mental health
496 authority;
- 497 (ii) detailed information about why the individual is being discharged from the local
498 mental health authority's custody;
- 499 (iii) a safety plan for the individual based on the individual's mental illness or mental
500 or emotional state;
- 501 (iv) notification to the individual's primary care provider, if applicable;
- 502 (v) if the individual is discharged without food, housing, or economic security, a
503 referral to appropriate services, if such services exist in the individual's
504 community;
- 505 (vi) the phone number to call or text for a crisis services hotline, and information
506 about the availability of peer support services;
- 507 (vii) a copy of any psychiatric advance directive presented to the local mental health

- 508 authority, if applicable;
- 509 (viii) information about how to establish a psychiatric advance directive if one was
- 510 not presented to the local mental health authority;
- 511 (ix) as applicable, information about medications that were changed or discontinued
- 512 during the commitment;
- 513 (x) a list of any screening or diagnostic tests conducted during the commitment;
- 514 (xi) a summary of therapeutic treatments provided during the commitment;
- 515 (xii) any laboratory work, including blood samples or imaging, that was completed or
- 516 attempted during the commitment; and
- 517 (xiii) information about how to contact the local mental health authority if needed.
- 518 (c) If an individual's medications were changed, or if an individual was prescribed new
- 519 medications while committed under this section, discharge instructions provided
- 520 under Subsection (20)(a) shall include a clinically appropriate supply of medications,
- 521 as determined by a licensed health care provider, to allow the individual time to
- 522 access another health care provider or follow-up appointment.
- 523 (d) If an individual refuses to accept discharge instructions, the local mental health
- 524 authority shall document the refusal in the individual's medical record.
- 525 (e) If an individual's discharge instructions include referrals to services under Subsection
- 526 (20)(b)(v), the local mental health authority shall document those referrals in the
- 527 individual's medical record.
- 528 (f) The local mental health authority shall attempt to follow up with a discharged
- 529 individual at least 48 hours after discharge, and may use peer support professionals
- 530 when performing follow-up care or developing a continuing care plan.
- 531 (21) If any provision of Subsection (16)(a)(ii) or the application of any provision of
- 532 Subsection (16)(a)(ii) to any person or circumstance is held invalid by a court with
- 533 jurisdiction, the remainder of Subsection (16)(a)(ii) shall be given effect without the
- 534 invalid provision or application. The provisions of Subsection (16)(a)(ii) are severable.
- 535 Section 3. Section **26B-5-339** is amended to read:
- 536 **26B-5-339 . Designated examiners -- Training -- Evaluations -- Fee.**
- 537 (1)(a) The division shall adopt and maintain a training program designed to educate
- 538 designated examiners on the process and requirements for civil commitment,
- 539 including:
- 540 (i) the purpose of civil commitment;
- 541 (ii) the civil commitment process; and

(iii) statutes governing civil commitment.

(b) Beginning January 1, 2026, a designated examiner shall complete the training program adopted pursuant to Subsection (1)(a) at least once every 24 months.

(2) A designated examiner shall consider a proposed patient's mental health history when evaluating a proposed patient.

[(2)] (3) A designated examiner may request a court order to obtain a proposed patient's mental health records if a proposed patient refuses to share this information with the designated examiner.

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

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

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

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

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

Section 4. Section **36-29-113** is enacted to read:

36-29-113 . Crisis Response Task Force.

(1) As used in this section:

(a) "Mental health crisis" means the same as that term is defined in Section 26B-5-101.

(b) "Task force" means the Crisis Response Task Force created in Subsection (2).

(2) There is created the Crisis Response Task Force consisting of the following members:

(a) three members of the Senate appointed by the president of the Senate, no more than two of whom may be from the same political party;

(b) three members of the House of Representatives appointed by the speaker of the House of Representatives, no more than two of whom may be from the same political party;

(c) the executive director of the Commission on Criminal and Juvenile Justice, or the executive director's designee;

(d) the executive director of the Department of Corrections, or the executive director's designee;

(e) the executive director of the Department of Health and Human Services, or the

576 executive director's designee;

577 (f) the commissioner of public safety, or the commissioner's designee;

578 (g) the state court administrator, or the state court administrator's designee;

579 (h) a representative of the Utah Chiefs of Police Association, appointed by the president
580 of that association;

581 (i) a representative of the Utah Sheriffs' Association, appointed by the president of that
582 association;

583 (j) a representative of the Board of Pardons and Parole, appointed by the chair of that
584 board;

585 (k) a representative of the Utah Association of Counties, appointed by the president of
586 that association;

587 (l) an individual with lived experience with mental health crises, appointed by the
588 director of the Office of Substance Use and Mental Health; and

589 (m) a representative of the Disability Law Center, appointed by the executive director of
590 that center.

591 (3)(a) The president of the Senate shall designate a member of the Senate appointed
592 under Subsection (2)(a) as a cochair of the task force.

593 (b) The speaker of the House of Representatives shall designate a member of the House
594 of Representatives appointed under Subsection (2)(b) as a cochair of the task force.

595 (4) If a vacancy occurs in the membership of the task force described in Subsection (2), the
596 member shall be replaced in the same manner in which the original appointment was
597 made.

598 (5)(a) A majority of the members of the task force constitutes a quorum.

599 (b) The action of a majority of a quorum constitutes an action of the task force.

600 (6) Salaries and expenses of the members of the task force who are legislators shall be paid
601 in accordance with:

602 (a) Section 36-2-2;

603 (b) Legislative Joint Rules, Title 5, Chapter 2, Lodging, Meal, and Transportation
604 Expenses; and

605 (c) Legislative Joint Rules, Title 5, Chapter 3, Legislator Compensation.

606 (7) A member of the task force who is not a legislator:

607 (a) may not receive compensation for the member's work associated with the task force;
608 and

609 (b) may receive per diem and reimbursement for travel expenses incurred as a member

of the task force at the rates established by the Division of Finance under Sections 63A-3-106 and 63A-3-107.

(8) The Office of Legislative Research and General Counsel shall provide staff support to the task force.

(9) The task force shall:

(a) review the interaction of criminal justice systems and mental health systems;

(b) based on the review described in Subsection (9)(a), make recommendations regarding the specific parameters of a study that could be conducted to provide necessary data to guide the design of a pilot program aimed at improving outcomes for individuals experiencing a mental health crisis; and

(c) if a study is undertaken based on the recommendations described in Subsection (9)(b), review the results of the study and make recommendations regarding the specific parameters of the pilot program described in Subsection (9)(b).

(10)(a) On or before September 30, 2025, the task force shall provide a report that includes the recommendations described in Subsection (9)(b) to the Health and Human Services Interim Committee and the Legislative Management Committee.

(b) If the study described in Subsection (9)(b) is undertaken, the task force shall provide a report that includes the recommendations described in Subsection (9)(c) to the Health and Human Services Interim Committee and the Legislative Management Committee on or before July 31, 2027.

(11) The task force shall meet as needed.

(12) The task force is repealed December 31, 2027.

Section 5. Section **63I-1-236** is amended to read:

63I-1-236 . Repeal dates: Title 36.

(1) Title 36, Chapter 17, Legislative Process Committee, is repealed January 1, 2028.

(2) Section 36-29-111, Public Safety Data Management Task Force, is repealed July 1, 2029.

(3) Title 36, Chapter 28, Veterans and Military Affairs Commission, is repealed January 1, 2030.

(4) Section 36-29-112, Justice Court Reform Task Force, is repealed July 1, 2025.

(5) Section 36-29-113, Crisis Response Task Force, is repealed December 31, 2027.

Section 6. **Effective Date.**

This bill takes effect on May 7, 2025.