1	CIVIL COMMITMENT AMENDMENTS
2	2022 GENERAL SESSION
3	STATE OF UTAH
4	Chief Sponsor: Jennifer Dailey-Provost
5	Senate Sponsor:
6 7	LONG TITLE
8	General Description:
9	This bill addresses civil commitment of a child.
10	Highlighted Provisions:
11	This bill:
12	<ul> <li>creates, modifies, and repeals definitions;</li> </ul>
13	<ul> <li>clarifies whether parental consent is required before a child may be temporarily</li> </ul>
14	civilly committed to a local mental health authority;
15	<ul> <li>clarifies abuse and neglect reporting requirements regarding a child who is</li> </ul>
16	temporarily civilly committed to a local mental health authority;
17	<ul> <li>modifies and clarifies the circumstances under which a child may be civilly</li> </ul>
18	committed to a local mental health authority;
19	<ul> <li>repeals provisions related to civil commitment of a minor to a secure drug or</li> </ul>
20	alcohol facility or program; and
21	<ul> <li>makes technical and conforming changes.</li> </ul>
22	Money Appropriated in this Bill:
23	None
24	Other Special Clauses:
25	None
26	Utah Code Sections Affected:
27	AMENDS:



28	17-43-301, as last amended by Laws of Utah 2020, Chapter 303
29	62A-15-602, as last amended by Laws of Utah 2021, Chapter 122
30	62A-15-610, as last amended by Laws of Utah 2011, Chapter 366
31	62A-15-628, as last amended by Laws of Utah 2018, Chapter 322
32	62A-15-631, as last amended by Laws of Utah 2021, Chapter 122
33	62A-15-701, as last amended by Laws of Utah 2003, Chapter 195
34	62A-15-703, as last amended by Laws of Utah 2021, Chapter 262
35	62A-15-705, as last amended by Laws of Utah 2021, Chapter 261
36	78A-6-103, as last amended by Laws of Utah 2021, Chapter 261
37	78A-6-358, as renumbered and amended by Laws of Utah 2021, Chapter 261
38	78B-6-105, as last amended by Laws of Utah 2021, Chapter 261
39	80-3-405, as enacted by Laws of Utah 2021, Chapter 261
40	80-6-402, as renumbered and amended by Laws of Utah 2021, Chapter 261
41	80-6-403, as renumbered and amended by Laws of Utah 2021, Chapter 261
42	80-6-706, as enacted by Laws of Utah 2021, Chapter 261
43	80-6-801, as enacted by Laws of Utah 2021, Chapter 261
44	ENACTS:
45	62A-15-702.5, Utah Code Annotated 1953
46	REPEALS:
47	62A-15-301, as renumbered and amended by Laws of Utah 2002, Fifth Special Session,
48	Chapter 8
49	62A-15-702, as renumbered and amended by Laws of Utah 2002, Fifth Special Session,
50	Chapter 8
51	
52	Be it enacted by the Legislature of the state of Utah:
53	Section 1. Section <b>17-43-301</b> is amended to read:
54	17-43-301. Local mental health authorities Responsibilities.
55	(1) As used in this section:
56	(a) "Assisted outpatient treatment" means the same as that term is defined in Section
57	62A-15-602.
58	(b) "Crisis worker" means the same as that term is defined in Section 62A-15-1301.

59 (c) "Local mental health crisis line" means the same as that term is defined in Section 62A-15-1301. 60 (d) "Mental health therapist" means the same as that term is defined in Section 61 62 58-60-102. 63 (e) "Public funds" means the same as that term is defined in Section 17-43-303. 64 (f) "Statewide mental health crisis line" means the same as that term is defined in 65 Section 62A-15-1301. 66 (2) (a) (i) In each county operating under a county executive-council form of 67 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 68 69 county executive. 70 (ii) In each county operating under a council-manager form of government under 71 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 72 73 county legislative body is the local mental health authority. 74 (b) Within legislative appropriations and county matching funds required by this 75 section, under the direction of the division, each local mental health authority shall: 76 (i) provide mental health services to individuals within the county: and 77 (ii) cooperate with efforts of the Division of Substance Abuse and Mental Health to 78 promote integrated programs that address an individual's substance abuse, mental health, and 79 physical healthcare needs, as described in Section 62A-15-103. 80 (c) Within legislative appropriations and county matching funds required by this 81 section, each local mental health authority shall cooperate with the efforts of the Department of Human Services to promote a system of care, as defined in Section 62A-1-104, for minors with 82 83 or at risk for complex emotional and behavioral needs, as described in Section 62A-1-111. 84 (3) (a) By executing an interlocal agreement under Title 11, Chapter 13, Interlocal 85 Cooperation Act, two or more counties may join to: 86 (i) provide mental health prevention and treatment services: or 87 (ii) create a united local health department that combines substance abuse treatment 88 services, mental health services, and local health department services in accordance with 89 Subsection (4).

<ul> <li>acceptable ways of apportioning the cost of mental health services.</li> <li>(c) Each agreement for joint mental health services shall:</li> <li>(i) (A) designate the treasurer of one of the participating counties or another person as</li> <li>the treasurer for the combined mental health authorities and as the custodian of money</li> <li>available for the joint services; and</li> <li>(B) provide that the designated treasurer, or other disbursing officer authorized by the</li> </ul>
(i) (A) designate the treasurer of one of the participating counties or another person as the treasurer for the combined mental health authorities and as the custodian of money available for the joint services; and
the treasurer for the combined mental health authorities and as the custodian of money available for the joint services; and
available for the joint services; and
(B) provide that the designated treasurer, or other disbursing officer authorized by the
treasurer, may make payments from the money available for the joint services upon audit of the
appropriate auditing officer or officers representing the participating counties;
(ii) provide for the appointment of an independent auditor or a county auditor of one of
the participating counties as the designated auditing officer for the combined mental health
authorities;
(iii) (A) provide for the appointment of the county or district attorney of one of the
participating counties as the designated legal officer for the combined mental health
authorities; and
(B) authorize the designated legal officer to request and receive the assistance of the
county or district attorneys of the other participating counties in defending or prosecuting
actions within their counties relating to the combined mental health authorities; and
(iv) provide for the adoption of management, clinical, financial, procurement,
personnel, and administrative policies as already established by one of the participating
counties or as approved by the legislative body of each participating county or interlocal board.
(d) An agreement for joint mental health services may provide for:
(i) joint operation of services and facilities or for operation of services and facilities
under contract by one participating local mental health authority for other participating local
mental health authorities; and
(ii) allocation of appointments of members of the mental health advisory council
between or among participating counties.
(4) A county governing body may elect to combine the local mental health authority
with the local substance abuse authority created in Part 2, Local Substance Abuse Authorities,
and the local health department created in Title 26A, Chapter 1, Part 1, Local Health

121 mental health authority that joins with a united local health department shall comply with this 122 part. 123 (5) (a) Each local mental health authority is accountable to the department, the 124 Department of Health, and the state with regard to the use of state and federal funds received 125 from those departments for mental health services, regardless of whether the services are 126 provided by a private contract provider. 127 (b) Each local mental health authority shall comply, and require compliance by [its] the local mental health authority's contract provider, with all directives issued by the department 128 129 and the Department of Health regarding the use and expenditure of state and federal funds 130 received from those departments for the purpose of providing mental health programs and 131 services. The department and Department of Health shall ensure that those directives are not 132 duplicative or conflicting, and shall consult and coordinate with local mental health authorities 133 with regard to programs and services. 134 (6) (a) Each local mental health authority shall: (i) review and evaluate mental health needs and services, including mental health needs 135 136 and services for: 137 (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 138 139 assisted outpatient treatment under Section 62A-15-630.5; 140 (ii) in accordance with Subsection (6)(b), annually prepare and submit to the division a 141 plan approved by the county legislative body for mental health funding and service delivery, 142 either directly by the local mental health authority or by contract; 143 (iii) establish and maintain, either directly or by contract, programs licensed under Title 144 62A, Chapter 2, Licensure of Programs and Facilities; 145 (iv) appoint, directly or by contract, a full-time or part-time director for mental health 146 programs and prescribe the director's duties; 147 (v) provide input and comment on new and revised rules established by the division; 148 (vi) establish and require contract providers to establish administrative, clinical, 149 personnel, financial, procurement, and management policies regarding mental health services 150 and facilities, in accordance with the rules of the division, and state and federal law; 151 (vii) establish mechanisms allowing for direct citizen input;

152 (viii) annually contract with the division to provide mental health programs and services in accordance with the provisions of Title 62A, Chapter 15, Substance Abuse and 153 154 Mental Health Act; 155 (ix) comply with all applicable state and federal statutes, policies, audit requirements, 156 contract requirements, and any directives resulting from those audits and contract requirements; 157 (x) provide funding equal to at least 20% of the state funds that it receives to fund 158 services described in the plan; 159 (xi) comply with the requirements and procedures of Title 11. Chapter 13. Interlocal 160 Cooperation Act, Title 17B, Chapter 1, Part 6, Fiscal Procedures for Local Districts, and Title 51, Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal Organizations, and 161 162 Other Local Entities Act; and 163 (xii) take and retain physical custody of minors committed to the physical custody of 164 local mental health authorities by a judicial proceeding under Title 62A. Chapter 15, Part 7, Commitment of [Persons Under Age 18 to Division of Substance Abuse and Mental Health] 165 166 Individuals Under 18 Years Old to Local Mental Health Authority. 167 (b) Each plan under Subsection (6)(a)(ii) shall include services for adults, youth, and children, which shall include: 168 169 (i) inpatient care and services: 170 (ii) residential care and services: 171 (iii) outpatient care and services; 172 (iv) 24-hour crisis care and services; 173 (v) psychotropic medication management; 174 (vi) psychosocial rehabilitation, including vocational training and skills development; 175 (vii) case management; 176 (viii) community supports, including in-home services, housing, family support 177 services, and respite services; 178 (ix) consultation and education services, including case consultation, collaboration 179 with other county service agencies, public education, and public information; and 180 (x) services to persons incarcerated in a county jail or other county correctional facility. 181 (7) (a) If a local mental health authority provides for a local mental health crisis line 182 under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv), the local

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183 mental health authority shall:

- (i) collaborate with the statewide mental health crisis line described in Section
  62A-15-1302;
- 186 (ii) ensure that each individual who answers calls to the local mental health crisis line:
- 187 (A) is a mental health therapist or a crisis worker; and
- (B) meets the standards of care and practice established by the Division of Substance
  Abuse and Mental Health, in accordance with Section 62A-15-1302; and
- (iii) ensure that when necessary, based on the local mental health crisis line's capacity,
  calls are immediately routed to the statewide mental health crisis line to ensure that when an
  individual calls the local mental health crisis line, regardless of the time, date, or number of
  individuals trying to simultaneously access the local mental health crisis line, a mental health
  therapist or a crisis worker answers the call without the caller first:
- 195 (A) waiting on hold; or
- (B) being screened by an individual other than a mental health therapist or crisisworker.
- (b) If a local mental health authority does not provide for a local mental health crisis
  line under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv), the
  local mental health authority shall use the statewide mental health crisis line as a local crisis
  line resource.
- (8) Before disbursing any public funds, each local mental health authority shall require
   that each entity that receives any public funds from a local mental health authority agrees in
   writing that:
- (a) the entity's financial records and other records relevant to the entity's performanceof the services provided to the mental health authority shall be subject to examination by:
- 207 (i) the division;
- 208 (ii) the local mental health authority director;
- 209 (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;
- 211 under Subsection (5), the designated redsurer and the designated re
- 212 (iv) the county legislative body; and
- 213 (v) in a county with a county executive that is separate from the county legislative

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214 body, the county executive;

- 215 (b) the county auditor may examine and audit the entity's financial and other records 216 relevant to the entity's performance of the services provided to the local mental health 217 authority; and
- 218 (c) the entity will comply with the provisions of Subsection (5)(b).
- 219 (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 220 221 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 222 health plan may not be used for any other purpose except those authorized in the contract 223 224 between the local mental health authority and the provider for the provision of plan services.

225 (11) A local mental health authority shall provide assisted outpatient treatment 226 services, as described in Section 62A-15-630.4, to a resident of the county who has been 227 ordered under Section 62A-15-630.5 to receive assisted outpatient treatment.

- Section 2. Section **62A-15-602** is amended to read: 228
- 229 62A-15-602. Definitions.
- As used in this part, [Part 7, Commitment of Persons Under Age 18 to Division of 230

231 Substance Abuse and Mental Health.] Part 8, Interstate Compact on Mental Health, Part 9,

- 232 Utah Forensic Mental Health Facility, Part 10, Declaration for Mental Health Treatment, and
- 233 Part 12, Essential Treatment and Intervention Act:
- 234

(1) "Adult" means an individual 18 years [of age] old or older.

- 235 (2) "Approved treatment facility or program" means a treatment provider that meets the standards described in Subsection 62A-15-103(2)(a)(v). 236
- 237 (3) "Assisted outpatient treatment" means involuntary outpatient mental health 238 treatment ordered under Section 62A-15-630.5.
- 239 (4) "Commitment to the custody of a local mental health authority" means that an adult 240 is committed to the custody of the local mental health authority that governs the mental health 241 catchment area where the adult resides or is found.
- 242 (5) "Community mental health center" means an entity that provides treatment and services to a resident of a designated geographical area, that operates by or under contract with 243 244 a local mental health authority, and that complies with state standards for community mental

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245 health centers. 246 (6) "Designated examiner" means: 247 (a) a licensed physician, preferably a psychiatrist, who is designated by the division as 248 specially qualified by training or experience in the diagnosis of mental or related illness; or 249 (b) a licensed mental health professional designated by the division as specially 250 qualified by training and who has at least five years' continual experience in the treatment of 251 mental illness. 252 (7) "Designee" means a physician who has responsibility for medical functions 253 including admission and discharge, an employee of a local mental health authority, or an 254 employee of a person that has contracted with a local mental health authority to provide mental 255 health services under Section 17-43-304. 256 (8) "Essential treatment" and "essential treatment and intervention" mean court-ordered 257 treatment at a local substance abuse authority or an approved treatment facility or program for 258 the treatment of an adult's substance use disorder. 259 (9) "Harmful sexual conduct" means the following conduct upon an individual without 260 the individual's consent, including the nonconsensual circumstances described in Subsections 261 76-5-406(2)(a) through (1): 262 (a) sexual intercourse; 263 (b) penetration, however slight, of the genital or anal opening of the individual; 264 (c) any sexual act involving the genitals or anus of the actor or the individual and the 265 mouth or anus of either individual, regardless of the gender of either participant; or 266 (d) any sexual act causing substantial emotional injury or bodily pain. 267 (10) "Informed waiver" means the patient was informed of a right and, after being 268 informed of that right and the patient's right to waive the right, expressly communicated his or 269 her intention to waive that right. 270 (11) "Institution" means a hospital or a health facility licensed under Section 26-21-8. 271 (12) "Local substance abuse authority" means the same as that term is defined in 272 Section 62A-15-102 and described in Section 17-43-201. 273 (13) "Mental health facility" means the Utah State Hospital or other facility that 274 provides mental health services under contract with the division, a local mental health 275 authority, a person that contracts with a local mental health authority, or a person that provides

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276	acute inpatient psychiatric services to a patient.
277	(14) "Mental health officer" means an individual who is designated by a local mental
278	health authority as qualified by training and experience in the recognition and identification of
279	mental illness, to:
280	(a) apply for and provide certification for a temporary commitment; or
281	(b) assist in the arrangement of transportation to a designated mental health facility.
282	(15) "Mental illness" means:
283	(a) a psychiatric disorder that substantially impairs an individual's mental, emotional,
284	behavioral, or related functioning; or
285	(b) the same as that term is defined in:
286	(i) the current edition of the Diagnostic and Statistical Manual of Mental Disorders
287	published by the American Psychiatric Association; or
288	(ii) the current edition of the International Statistical Classification of Diseases and
289	Related Health Problems.
290	(16) "Patient" means an individual who is:
291	(a) under commitment to the custody or to the treatment services of a local mental
292	health authority; or
293	(b) undergoing essential treatment and intervention.
294	(17) "Physician" means an individual who is:
295	(a) licensed as a physician under Title 58, Chapter 67, Utah Medical Practice Act; or
296	(b) licensed as a physician under Title 58, Chapter 68, Utah Osteopathic Medical
297	Practice Act.
298	(18) "Serious bodily injury" means bodily injury that involves a substantial risk of
299	death, unconsciousness, extreme physical pain, protracted and obvious disfigurement, or
300	protracted loss or impairment of the function of a bodily member, organ, or mental faculty.
301	(19) "Substantial danger" means that due to mental illness, an individual is at serious
302	risk of:
303	(a) suicide;
304	(b) serious bodily self-injury;
305	(c) serious bodily injury because the individual is incapable of providing the basic
306	necessities of life, including food, clothing, or shelter;

307	(d) causing or attempting to cause serious bodily injury to another individual; or
308	(e) engaging in harmful sexual conduct.
309	(20) "Treatment" means psychotherapy, medication, including the administration of
310	psychotropic medication, or other medical treatments that are generally accepted medical or
311	psychosocial interventions for the purpose of restoring the patient to an optimal level of
312	functioning in the least restrictive environment.
313	Section 3. Section <b>62A-15-610</b> is amended to read:
314	62A-15-610. Objectives of state hospital and other facilities Persons who may
315	be admitted to state hospital.
316	(1) The objectives of the state hospital and other mental health facilities shall be to care
317	for all [persons] individuals within this state who are subject to the provisions of this chapter[;]
318	and to furnish [them] the individuals with the proper attendance, medical treatment, seclusion,
319	rest, restraint, amusement, occupation, and support that is conducive to [their] the individuals'
320	physical and mental well-being.
321	(2) Only the following [persons] individuals may be admitted to the state hospital:
322	(a) [persons] individuals 18 years [of age] old and older who meet the criteria
323	necessary for commitment under this part and who have severe mental disorders for whom no
324	appropriate, less restrictive treatment alternative is available;
325	(b) [persons] individuals under 18 years [of age] old who meet the criteria necessary
326	for commitment under Part 7, Commitment of [Persons Under Age 18 to Division of Substance
327	Abuse and Mental Health] Individuals Under 18 Years Old to Local Mental Health Authority,
328	and for whom no less restrictive alternative is available;
329	(c) [persons] individuals adjudicated and found to be guilty with a mental illness under
330	Title 77, Chapter 16a, Commitment and Treatment of Persons with a Mental Illness;
331	(d) [persons] individuals adjudicated and found to be not guilty by reason of insanity
332	who are under a subsequent commitment order because they have a mental illness and are a
333	danger to [themselves] self or others, under Section 77-16a-302;
334	(e) [persons] individuals found incompetent to proceed under Section 77-15-6;
335	(f) [persons] individuals who require an examination under Title 77, Utah Code of
336	Criminal Procedure; and
337	(g) persons in the custody of the Department of Corrections, admitted in accordance

338	with Section 62A-15-605.5, giving priority to those [persons] individuals with severe mental
339	disorders.
340	Section 4. Section <b>62A-15-628</b> is amended to read:
341	62A-15-628. Involuntary commitment Procedures.
342	(1) An adult may not be involuntarily committed to the custody of a local mental health
343	authority except under the following provisions:
344	(a) emergency procedures for temporary commitment upon medical or designated
345	examiner certification, as provided in Subsection 62A-15-629(1)(a);
346	(b) emergency procedures for temporary commitment without endorsement of medical
347	or designated examiner certification, as provided in Subsection 62A-15-629(1)(b); or
348	(c) commitment on court order, as provided in Section 62A-15-631.
349	(2) [A person] An individual under 18 years [of age] old may be committed to the
350	physical custody of a local mental health authority only in accordance with the provisions of
351	Part 7, Commitment of [Persons Under Age 18 to Division of Substance Abuse and Mental
352	Health] Individuals Under 18 Years Old to Local Mental Health Authority.
353	Section 5. Section 62A-15-631 is amended to read:
354	62A-15-631. Involuntary commitment under court order Examination
355	Hearing Power of court Findings required Costs.
356	(1) A responsible individual who has credible knowledge of an adult's mental illness
357	and the condition or circumstances that have led to the adult's need to be involuntarily
358	committed may initiate an involuntary commitment court proceeding by filing, in the district
359	court in the county where the proposed patient resides or is found, a written application that
360	includes:
361	(a) unless the court finds that the information is not reasonably available, the proposed
362	patient's:
363	(i) name;
364	(ii) date of birth; and
365	(iii) social security number;
366	(b) (i) a certificate of a licensed physician or a designated examiner stating that within
367	the seven-day period immediately preceding the certification, the physician or designated
368	examiner examined the proposed patient and is of the opinion that the proposed patient has a

369 mental illness and should be involuntarily committed; or 370 (ii) a written statement by the applicant that: 371 (A) the proposed patient has been requested to, but has refused to, submit to an 372 examination of mental condition by a licensed physician or designated examiner; 373 (B) is sworn to under oath; and 374 (C) states the facts upon which the application is based; and 375 (c) a statement whether the proposed patient has previously been under an assisted 376 outpatient treatment order, if known by the applicant. 377 (2) (a) Subject to Subsection (2)(b), before issuing a judicial order, the court may require the applicant to consult with the appropriate local mental health authority, and the court 378 379 may direct a mental health professional from that local mental health authority to interview the 380 applicant and the proposed patient to determine the existing facts and report them to the court. 381 (b) The consultation described in Subsection (2)(a): 382 (i) may take place at or before the hearing; and 383 (ii) is required if the local mental health authority appears at the hearing. 384 (3) If the court finds from the application, from any other statements under oath, or 385 from any reports from a mental health professional that there is a reasonable basis to believe 386 that the proposed patient has a mental illness that poses a substantial danger to self or others 387 requiring involuntary commitment pending examination and hearing; or, if the proposed patient 388 has refused to submit to an interview with a mental health professional as directed by the court 389 or to go to a treatment facility voluntarily, the court may issue an order, directed to a mental 390 health officer or peace officer, to immediately place the proposed patient in the custody of a 391 local mental health authority or in a temporary emergency facility as provided in Section 392 62A-15-634 to be detained for the purpose of examination. 393 (4) Notice of commencement of proceedings for involuntary commitment, setting forth 394 the allegations of the application and any reported facts, together with a copy of any official 395 order of detention, shall be provided by the court to a proposed patient before, or upon, 396 placement in the custody of a local mental health authority or, with respect to any proposed 397 patient presently in the custody of a local mental health authority whose status is being changed

398 from voluntary to involuntary, upon the filing of an application for that purpose with the court.

399 A copy of that order of detention shall be maintained at the place of detention.

400 (5) Notice of commencement of those proceedings shall be provided by the court as 401 soon as practicable to the applicant, any legal guardian, any immediate adult family members, 402 legal counsel for the parties involved, the local mental health authority or [its] the local mental 403 health authority's designee, and any other persons whom the proposed patient or the court shall 404 designate. That notice shall advise those persons that a hearing may be held within the time 405 provided by law. If the proposed patient has refused to permit release of information necessary 406 for provisions of notice under this subsection, the extent of notice shall be determined by the 407 court.

408 (6) Proceedings for commitment of an individual under [the age of] 18 years <u>old</u> to a
409 local mental health authority may be commenced in accordance with Part 7, Commitment of
410 [Persons Under Age 18 to Division of Substance Abuse and Mental Health] Individuals Under
411 18 Years Old to Local Mental Health Authority.

412 (7) The district court may, in [its] the district court's discretion, transfer the case to any
413 other district court within this state, provided that the transfer will not be adverse to the interest
414 of the proposed patient.

(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 [its] the local mental health authority's designee under court order for detention or

418 examination, the court shall appoint two designated examiners:

- 419 (a) who did not sign the civil commitment application nor the civil commitment420 certification under Subsection (1);
- 421 (b) one of whom is a licensed physician; and
- 422 (c) one of whom may be designated by the proposed patient or the proposed patient's423 counsel, if that designated examiner is reasonably available.
- 424 (9) The court shall schedule a hearing to be held within 10 calendar days of the day on425 which the designated examiners are appointed.
- 426 (10) The designated examiners shall:
- 427 (a) conduct their examinations separately;

(b) conduct the examinations at the home of the proposed patient, at a hospital or other
medical facility, or at any other suitable place that is not likely to have a harmful effect on the
proposed patient's health;

431	(c) inform the proposed patient, if not represented by an attorney:
432	(i) that the proposed patient does not have to say anything;
433	(ii) of the nature and reasons for the examination;
434	(iii) that the examination was ordered by the court;
435	(iv) that any information volunteered could form part of the basis for the proposed
436	patient's involuntary commitment;
437	(v) that findings resulting from the examination will be made available to the court;
438	and
439	(vi) that the designated examiner may, under court order, obtain the proposed patient's
440	mental health records; and
441	(d) within 24 hours of examining the proposed patient, report to the court, orally or in
442	writing, whether the proposed patient is mentally ill, has agreed to voluntary commitment, as
443	described in Section 62A-15-625, or has acceptable programs available to the proposed patient
444	without court proceedings. If the designated examiner reports orally, the designated examiner
445	shall immediately send a written report to the clerk of the court.
446	(11) If a designated examiner is unable to complete an examination on the first attempt
447	because the proposed patient refuses to submit to the examination, the court shall fix a
448	reasonable compensation to be paid to the examiner.
449	(12) If the local mental health authority, [its] the local mental health authority's
450	designee, or a medical examiner determines before the court hearing that the conditions
451	justifying the findings leading to a commitment hearing no longer exist, the local mental health
452	authority, [its] the local mental health authority's designee, or the medical examiner shall
453	immediately report that determination to the court.
454	(13) The court may terminate the proceedings and dismiss the application at any time,
455	including prior to the hearing, if the designated examiners or the local mental health authority
456	or [its] the local mental health authority's designee informs the court that the proposed patient:
457	(a) does not meet the criteria in Subsection (16);
458	(b) has agreed to voluntary commitment, as described in Section 62A-15-625; or
459	(c) has acceptable options for treatment programs that are available without court
460	proceedings.
461	(14) Before the hearing, an opportunity to be represented by counsel shall be afforded

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

467 (15) (a) The proposed patient, the applicant, and all other persons to whom notice is 468 required to be given shall be afforded an opportunity to appear at the hearing, to testify, and to 469 present and cross-examine witnesses. The court may, in [its] the court's discretion, receive the 470 testimony of any other person. The court may allow a waiver of the proposed patient's right to 471 appear for good cause, which cause shall be set forth in the record, or an informed waiver by 472 the patient, which shall be included in the record.

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

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

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

(e) (i) A local mental health authority or [its] 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:

- 486 (A) the detention order;
- 487 (B) admission notes;
- 488 (C) the diagnosis;
- 489 (D) any doctors' orders;
- 490 (E) progress notes;
- 491 (F) nursing notes;
- 492 (G) medication records pertaining to the current commitment; and

493 (H) whether the proposed patient has previously been civilly committed or under an 494 order for assisted outpatient treatment. 495 (ii) That information shall also be supplied to the proposed patient's counsel at the time 496 of the hearing, and at any time prior to the hearing upon request. 497 (16) The court shall order commitment of [a] an adult proposed patient [who is 18]498 years of age or older] to a local mental health authority if, upon completion of the hearing and 499 consideration of the information presented, the court finds by clear and convincing evidence 500 that: 501 (a) the proposed patient has a mental illness: 502 (b) because of the proposed patient's mental illness the proposed patient poses a 503 substantial danger to self or others; 504 (c) the proposed patient lacks the ability to engage in a rational decision-making 505 process regarding the acceptance of mental treatment as demonstrated by evidence of inability to weigh the possible risks of accepting or rejecting treatment; 506 507 (d) there is no appropriate less-restrictive alternative to a court order of commitment; 508 and 509 (e) the local mental health authority can provide the proposed patient with treatment 510 that is adequate and appropriate to the proposed patient's conditions and needs. In the absence 511 of the required findings of the court after the hearing, the court shall dismiss the proceedings. 512 (17) (a) The order of commitment shall designate the period for which the patient shall 513 be treated. When the patient is not under an order of commitment at the time of the hearing, 514 that period may not exceed six months without benefit of a review hearing. Upon such a review 515 hearing, to be commenced prior to the expiration of the previous order, an order for 516 commitment may be for an indeterminate period, if the court finds by clear and convincing 517 evidence that the required conditions in Subsection (16) will last for an indeterminate period. 518 (b) The court shall maintain a current list of all patients under [its] the court's order of

(b) The court shall maintain a current list of all patients under [fts] the court's order of commitment. That list shall be reviewed to determine those patients who have been under an order of commitment for the designated period. At least two weeks prior to the expiration of the designated period of any order of commitment still in effect, the court that entered the original order shall inform the appropriate local mental health authority or [its] the local mental health authority's designee. The local mental health authority or [its] the local mental health

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<u>authority's</u> designee shall immediately reexamine the reasons upon which the order of
commitment was based. If the local mental health authority or [its] <u>the local mental health</u>
<u>authority's</u> designee determines that the conditions justifying that commitment no longer exist,
it shall discharge the patient from involuntary commitment and immediately report the
discharge to the court. Otherwise, the court shall immediately appoint two designated
examiners and proceed under Subsections (8) through (14).

530 (c) The local mental health authority or [its] the local mental health authority's 531 designee responsible for the care of a patient under an order of commitment for an 532 indeterminate period shall, at six-month intervals, reexamine the reasons upon which the order 533 of indeterminate commitment was based. If the local mental health authority or [its] the local 534 mental health authority's designee determines that the conditions justifying that commitment no 535 longer exist, that local mental health authority or [its] the local mental health authority's 536 designee shall discharge the patient from [its] the local mental health authority's custody and 537 immediately report the discharge to the court. If the local mental health authority or [its] the 538 local mental health authority's designee determines that the conditions justifying that 539 commitment continue to exist, the local mental health authority or [its] the local mental health 540 authority's designee shall send a written report of those findings to the court. The patient and 541 the patient's counsel of record shall be notified in writing that the involuntary commitment will 542 be continued, the reasons for that decision, and that the patient has the right to a review hearing 543 by making a request to the court. Upon receiving the request, the court shall immediately 544 appoint two designated examiners and proceed under Subsections (8) through (14).

(18) Any patient committed as a result of an original hearing or a patient's legally designated representative who is aggrieved by the findings, conclusions, and order of the court entered in the original hearing has the right to a new hearing upon a petition filed with the court within 30 days of the entry of the court order. The petition must allege error or mistake in the findings, in which case the court shall appoint three impartial designated examiners previously unrelated to the case to conduct an additional examination of the patient. The new hearing shall, in all other respects, be conducted in the manner otherwise permitted.

- (19) Costs of all proceedings under this section shall be paid by the county in which theproposed patient resides or is found.
- 554 Section 6. Section **62A-15-701** is amended to read:

555	Part 7. Commitment of Individuals Under 18 Years Old to
556	Local Mental Health Authority
557	62A-15-701. Definitions.
558	As used in this part:
559	(1) "Child" means [a person] an individual under 18 years [of age] old.
560	(2) "Commit" and "commitment" mean the transfer of physical custody in accordance
561	with the requirements of this part.
562	(3) "Designated examiner" means the same as that term is defined in Section
563	<u>62A-15-602.</u>
564	(4) "Designee" means the same as that term is defined in Section 62A-15-602.
565	(5) "Inpatient setting" means an out of home acute setting for stabilization or treatment
566	of a patient who:
567	(a) has a mental illness; and
568	(b) because of the mental illness, poses a substantial danger to self or others.
569	[(3)] (6) "Legal custody" means[:] a relationship embodying the following rights and
570	duties:
571	(a) the right to determine where and with whom the child shall live;
572	(b) the right to [participate in all treatment decisions and to] consent or withhold
573	consent for treatment for the child in which a constitutionally protected liberty or privacy
574	interest may be affected, including antipsychotic medication, electroshock therapy, and
575	psychosurgery; [and]
576	(c) the right, in an emergency, to authorize surgery or other extraordinary [medical]
577	care[-] to the child; and
578	(d) the right and duty to protect, train, and discipline the child.
579	(7) "Mental illness" means the same as that term is defined in Section 62A-15-602.
580	(8) "Patient" means the same as that term is defined in Section 62A-15-602.
581	[(4)] (9) "Physical custody" means a relationship embodying the following rights and
582	duties:
583	(a) [placement of a child in any residential or] the right to place the child in an
584	inpatient setting;
585	[(b) the right to physical custody of a child;]

586	[(c)] (b) the right and duty to protect the child; and
587	[(d)] (c) the duty to provide, or [insure] ensure that the child is provided with, adequate
588	food, clothing, shelter, and ordinary medical care.
589	[(5) "Residential" means any out-of-home placement made by a local mental health
590	authority, but does not include out-of-home respite care.]
591	[(6) "Respite care" means temporary, periodic relief provided to parents or guardians
592	from the daily care of children with serious emotional disorders for the limited time periods
593	designated by the division.]
594	(10) "Substantial danger" means the same as that term is defined in Section
595	<u>62A-15-602.</u>
596	(11) "Treatment" means the same as that term is defined in Section 62A-15-602.
597	Section 7. Section 62A-15-702.5 is enacted to read:
598	<u>62A-15-702.5.</u> Temporary commitment Criteria Protective custody
599	Transport of child Release.
600	(1) A child shall be temporarily committed to the physical custody of a local mental
601	health authority for evaluation and treatment if:
602	(a) the child's parent or legal guardian does not consent to evaluation or treatment for
603	the child; and
604	(b) (i) another responsible individual submits a written application to the local mental
605	health authority that:
606	(A) states the individual's belief that the child has a mental illness and because of the
607	child's mental illness, the child poses a substantial danger to self or others;
608	(B) states the responsible individual's reason to know and personal knowledge of the
609	child's condition or circumstances that led to the individual's belief described in Subsection
610	<u>(1)(b)(i)(A);</u>
611	(C) includes a certification by a licensed physician or designated examiner that states
612	the physician or designated examiner examined the child within the three-day period
613	immediately before the day on which the physician or designated examiner completed the
614	certification and is of the opinion that the child has a mental illness and because of the child's
615	mental illness, the child poses a substantial danger to self or others; and
616	(D) is on a form prescribed by the division; or

617	(ii) a peace officer or mental health officer submits a written application to the local
618	mental health authority that:
619	(A) states the peace officer or mental health officer has, based on the peace officer's or
620	mental health officer's observations, probable cause to believe that the child has a mental
621	illness and because of the child's mental illness and conduct, the child poses a substantial
622	danger to self or others;
623	(B) states the peace officer's or mental health officer's belief that the child poses a
624	substantial danger to self or others;
625	(C) states the specific nature of the substantial danger;
626	(D) provides a summary of the observations upon which the statement of substantial
627	danger is based;
628	(E) provides a statement of the facts that called the child to the peace officer's or
629	mental health officer's attention; and
630	(F) is on a form prescribed by the division.
631	(2) (a) Except as provided in Subsection (2)(b), upon a written application under
632	Subsection (1) a peace officer shall:
633	(i) take the child into the peace officer's protective custody, by reasonable means, if
634	necessary for public safety; and
635	(ii) arrange for the child to be transported for temporary commitment to a facility
636	designated by the local mental health authority by means of:
637	(A) an ambulance, if the child meets any of the criteria described in Section 26-8a-305;
638	(B) the city, town, or municipal law enforcement authority with jurisdiction over the
639	location where the child is present, if the child is not transported by ambulance;
640	(C) the county sheriff, if the facility designated by the local mental health authority is
641	outside of the jurisdiction of the city, town, or municipal law enforcement authority and the
642	child is not transported by ambulance; or
643	(D) nonemergency secured behavioral health transport as that term is defined in
644	Section <u>26-8a-102.</u>
645	(b) (i) A child who is temporarily committed under this section shall be transported by
646	ambulance to an appropriate medical facility for treatment if the child requires physical medical
647	attention.

648	(ii) If the child is not taken into protective custody under Subsection (2)(a), the child
649	may be transported for temporary commitment to a facility designated by the local mental
650	health authority, by means of an ambulance arranged by a physician, designated examiner, or
651	mental health officer, or any means described in Subsection (2)(a).
652	(iii) If the peace officer has probable cause to believe, based on the peace officer's
653	experience and de-escalation training, that taking the child into protective custody or
654	transporting the child for temporary commitment under Subsection (2)(a) would increase the
655	risk of substantial danger to the child or others, the peace officer:
656	(A) is not required to take the child into protective custody or to arrange for or
657	transport the child, to the extent permitted by policies and procedures established by the peace
658	officer's law enforcement agency and any other applicable law; and
659	(B) shall document in the peace officer's report the details and circumstances that led to
660	the officer's decision under Subsection (2)(b)(iii)(A).
661	(3) (a) A child may only be temporarily committed under this section for a maximum
662	of 72 hours, excluding Saturdays, Sundays, and legal holidays.
663	(b) The local mental health authority shall release a child who is temporarily
664	committed under this section before the end of the 72 hours described in Subsection (3)(a)
665	unless the child is further committed under Section 62A-15-703.
666	(4) (a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this
667	section.
668	(b) This section does not create a special duty of care.
669	(c) (i) A person is not required to report under Section 62A-4a-403 based solely on a
670	parent's or legal guardian's refusal to consent to evaluation or treatment for the parent's or legal
671	guardian's child before the child is temporarily committed under this section.
672	(ii) A person may report under Section 62A-4a-403 if, at the expiration of the child's
673	temporary commitment period described in Subsection (3)(a):
674	(A) the child's parent or legal guardian refuses to consent to evaluation or treatment for
675	the child; and
676	(B) the person has reason to believe the child's parent or legal guardian's refusal under
677	Subsection (4)(c)(ii)(A) is neglect, as that term is defined in Subsection 80-1-102(51)(a)(iii).
678	(iii) Subsections (4)(c)(i) and (ii) do not prohibit a person from making a report in

679	accordance with Section 62A-4a-403.
680	Section 8. Section <b>62A-15-703</b> is amended to read:
681	62A-15-703. Commitment proceeding outside of juvenile court Criteria
682	Physical and legal custody Costs Release Appeal to juvenile court.
683	[(1) A child may receive services from a local mental health authority in an inpatient or
684	residential setting only after a commitment proceeding, for the purpose of transferring physical
685	custody, has been conducted in accordance with the requirements of this section.]
686	[(2) That commitment proceeding shall be initiated by a petition for commitment, and
687	shall be a careful, diagnostic inquiry, conducted by a neutral and detached fact finder, pursuant
688	to the procedures and requirements of this section. If the findings described in Subsection (4)
689	exist, the proceeding shall result in the transfer of physical custody to the appropriate local
690	mental health authority, and the child may be placed in an inpatient or residential setting.]
691	(1) As used in this section, "child's current treating mental health professional" means:
692	(a) a licensed mental health professional who is providing mental health treatment to
693	the child; or
694	(b) if the child is in the physical custody of the Utah State Hospital, the treating
695	psychiatrist or clinical director of the Utah State Hospital.
696	(2) Except as provided in Sections 62A-15-702.5 and 62A-15-705, a child may only
697	receive services from a local mental health authority in an inpatient setting after the child is
698	committed to the physical custody of a local mental health authority in accordance with this
699	section.
700	(3) A child shall be initially committed to the physical custody of a local mental health
701	authority if:
702	(a) a responsible individual with reason to know of the child's condition or
703	circumstances files a petition for commitment of the child with the local mental health
704	authority; and
705	(b) after the time at which the petition for commitment is filed, a neutral and detached
706	fact finder:
707	(i) holds a hearing to conduct a careful, diagnostic inquiry into the commitment of the
708	child in accordance with this section; and
709	(ii) orders commitment of the child to a local mental health authority in accordance

710	with this section.
711	[(3)] (4) The neutral and detached fact finder [who conducts the inquiry] described in
712	Subsection (3):
713	(a) shall be a designated examiner[ <del>, as defined in Section 62A-15-602</del> ]; and
714	(b) may not profit, financially or otherwise, from the commitment or physical
715	placement of the child [in that setting].
716	[(4) Upon determination by a fact finder that the following circumstances clearly exist,
717	the fact finder may order that the child be committed to the physical custody of a local mental
718	health authority:]
719	[(a) the child has a mental illness, as defined in Section 62A-15-602;]
720	[(b) the child demonstrates a reasonable fear of the risk of substantial danger to self or
721	others;]
722	[(c) the child will benefit from care and treatment by the local mental health authority;
723	and]
724	[(d) there is no appropriate less-restrictive alternative.]
725	(5) (a) The [commitment proceeding] hearing before the neutral and detached fact
726	finder described in Subsection (3) shall be conducted in as informal of a manner as possible
727	and in a physical setting that is not likely to have a harmful effect on the child.
728	[ <del>(b) The child,</del> ]
729	(b) (i) The neutral and detached fact finder shall provide the following persons
730	informal notice of the hearing and an opportunity to appear at the hearing:
731	(A) the child;
732	(B) the child's parent or legal guardian[;];
733	(C) if not the child's parent or legal guardian, the petitioner[;]; and
734	(D) a representative of the [appropriate] local mental health authority[:].
735	[(i) shall receive informal notice of the date and time of the proceeding; and]
736	[(ii) may appear and address the petition for commitment.]
737	(ii) If the petitioner is not the child's parent or legal guardian:
738	(A) the local mental health authority or the local mental health authority's designee
739	shall also provide notice to the child's parent or legal guardian of the hearing; and
740	(B) the neutral and detached fact finder shall provide the child's parent or legal

741	guardian sufficient time to prepare for the hearing.
742	(c) The neutral and detached fact finder may, in the neutral and detached fact finder's
743	discretion, receive the testimony of any other person during the hearing.
744	(d) (i) The neutral and detached fact finder may allow a child to waive the child's right
745	to be present at the [commitment proceeding] hearing, for good cause shown. [If that right is
746	waived,]
747	(ii) If the neutral and detached fact finder allows the child to waive the child's right to
748	be present at the hearing, the neutral and detached fact finder shall make the purpose of the
749	waiver [shall be made] a matter of record at the [proceeding] hearing.
750	(e) At the time of the [-commitment proceeding] hearing, the [appropriate] local mental
751	health authority, [its] the local mental health authority's designee, or the [psychiatrist who has
752	been in charge of the child's care prior to the commitment proceeding,] child's current treating
753	mental health professional shall provide the neutral and detached fact finder with the following
754	information, as [it] the information relates to the period of current admission:
755	(i) the petition for commitment;
756	(ii) [the] admission notes;
757	(iii) the child's diagnosis;
758	(iv) physicians' orders;
759	(v) progress notes;
760	(vi) nursing notes; and
761	(vii) medication records.
762	(f) The local mental health authority, the local mental health authority's designee, or the
763	child's current treating mental health professional shall provide the information described in
764	Subsection (5)(e) [shall also be provided] to the child's parent or legal guardian upon written
765	request.
766	(6) (a) The neutral and detached fact finder described in Subsection (3) shall order that
767	the child be committed to the physical custody of a local mental health authority if the neutral
768	and detached fact finder determines by clear and convincing evidence that:
769	(i) the child has a mental illness;
770	(ii) because of the child's mental illness, the child poses a substantial danger to self or
771	others;

772	(iii) there is no appropriate less-restrictive alternative to an order of commitment; and
773	(iv) the local mental health authority can provide the child with treatment that is
774	adequate and appropriate to the child's condition and needs.
775	[(g)] (b) (i) [The] Subject to Subsection (6)(b)(ii), the neutral and detached fact finder's
776	[decision] order of commitment shall state the duration of the commitment. [Any]
777	(ii) The duration of an order of commitment [to the physical custody of a local mental
778	health authority] may not exceed 180 days. [Prior to expiration of the commitment, and if]
779	(7) (a) If further commitment of the child is sought, a hearing shall be conducted before
780	the day on which the order of commitment expires in the same manner as the initial
781	commitment [proceeding, in accordance with the requirements of this section. (ii) At] hearing
782	under this section.
783	(b) If an order for further commitment is made at the conclusion of the hearing [and
784	subsequently in writing, when a decision for commitment is made] described in Subsection
785	(7)(a), the neutral and detached fact finder who conducts the hearing described in Subsection
786	<u>(7)(a)</u> shall:
787	(i) at the conclusion of the hearing and subsequently in writing, inform the child and
788	the child's parent or legal guardian of [that decision] the order for further commitment and [of]
789	the reasons for ordering further commitment[-]; and
790	[(iii) The neutral and detached fact finder shall]
791	(ii) state in writing the basis of the [decision] order for further commitment, with
792	specific reference to each of the criteria described in Subsection [(4)] $(6)(a)$ , as a matter of
793	record.
794	[(6) A child may be temporarily committed for a maximum of 72 hours, excluding
795	Saturdays, Sundays, and legal holidays, to the physical custody of a local mental health
796	authority in accordance with the procedures described in Section 62A-15-629 and upon
797	satisfaction of the risk factors described in Subsection (4). A child who is temporarily
798	committed shall be released at the expiration of the 72 hours unless the procedures and findings
799	required by this section for the commitment of a child are satisfied.]
800	[(7)] (8) (a) A local mental health authority shall have physical custody of $[each]$ a
801	child committed to [it] the local mental health authority under this section.
802	(b) (i) The parent or legal guardian of a child committed to the physical custody of a

local mental health authority under this section, retains legal custody of the child, unless legal
custody [has been] is otherwise modified by a court of competent jurisdiction. [In cases when
the]

806 (ii) If the Division of Child and Family Services or the Division of Juvenile Justice
807 Services has legal custody of [a] the child, that division [shall retain] retains legal custody for
808 purposes of this part.

809 [(8)] (9) (a) The cost of caring for and maintaining a child in the physical custody of a
810 local mental health authority shall be assessed to and paid by the child's [parents] parent,

811 according to [their] the parent's ability to pay. [For purposes of this section,]

812 (b) (i) If a child is in the legal custody of the Division of Child and Family Services or

813 the Division of Juvenile Justice Services [shall be financially responsible, in addition to the

814 child's parents, if the child is in the legal custody of either of those divisions at the time the

815 child is committed to the physical custody of a local mental health authority under this section,]

816 when the child is committed to the physical custody of a local mental health authority under

817 this section, that division, in addition to the child's parent, is financially responsible for the cost

818 of caring for and maintaining the child in physical custody, unless Medicaid regulation or

819 contract provisions specify otherwise.

(ii) The Office of Recovery Services shall assist [those divisions] the Division of Child
 and Family Services and the Division of Juvenile Justice Services in collecting the costs

822 assessed [pursuant to] <u>under</u> this section.

823 [(9) Whenever application is made for commitment of a minor to a local mental health 824 authority under any provision of this section by a person other than the child's parent or 825 guardian, the local mental health authority or its designee shall notify the child's parent or 826 guardian. The parents shall be provided sufficient time to prepare and appear at any scheduled 827 proceeding.]

828 (10) (a) (i) [Each] <u>A</u> child committed [pursuant to] under this section is entitled to an
829 appeal within 30 days after [any] <u>an</u> order for commitment <u>is entered</u>.

(ii) The appeal may be brought on the child's own petition or on petition of the child's
parent or legal guardian, to the juvenile court in the district where the child resides or is
[currently] physically located. [With regard to a child in the custody of the Division of Child

833 and Family Services or the Division of Juvenile Justice Services, the attorney general's office

834	shall handle the appeal, otherwise the appropriate]
835	(iii) (A) Except as provided in Subsection (10)(a)(iii)(B), the county attorney's office is
836	responsible for [appeals brought pursuant to] an appeal brought under this Subsection (10)(a).
837	(B) If the child is in the legal custody of the Division of Child and Family Services or
838	the Division of Juvenile Justice Services, the attorney general's office is responsible for the
839	appeal.
840	(b) (i) [Upon receipt of] After the day on which the juvenile court receives the petition
841	for appeal, the juvenile court shall appoint a designated examiner previously unrelated to the
842	case, to conduct an examination of the child [in accordance with the] to determine whether the
843	<u>child meets the</u> criteria described in Subsection [ $(4)$ ] (6)(a), and file a written report with the
844	juvenile court. [The court shall then]
845	(ii) After the day on which the juvenile court receives the report from the designated
846	examiner, the juvenile court shall conduct an appeal hearing to determine by clear and
847	convincing evidence whether the [findings] child meets the criteria described in Subsection [(4)
848	exist by clear and convincing evidence] (6)(a).
849	(c) [Prior to the time of] Before the time at which the appeal hearing is held, the
850	[appropriate] local mental health authority, [its] the local mental health authority's designee, or
851	the child's current treating mental health professional [who has been in charge of the child's
852	care prior to commitment,] shall provide the juvenile court and the designated examiner for the
853	appeal hearing with the [following] information described in Subsection (5)(e), as [it] the
854	information relates to the period of current admission[:].
855	[(i) the original petition for commitment;]
856	[ <del>(ii) admission notes;</del> ]
857	[ <del>(iii) diagnosis;</del> ]
858	[ <del>(iv) physicians' orders;</del> ]
859	[ <del>(v) progress notes;</del> ]
860	[ <del>(vi) nursing notes; and</del> ]
861	[(vii) medication records.]
862	(d) [Both] The juvenile court shall provide the neutral and detached fact finder who
863	made the order of commitment that is appealed and the designated examiner appointed [for the
864	appeal hearing shall be provided] under Subsection (10)(b) with an opportunity to review the

865	most current information described in Subsection (10)(c) [prior to] before the day on which the
866	appeal hearing <u>is held</u> .
867	[(e) The child, the child's parent or legal guardian, the person who submitted the
868	original petition for commitment, and a representative of the appropriate local mental health
869	authority shall be notified by the court of the date and time of the appeal hearing. Those
870	persons shall be afforded an opportunity to appear at the hearing.]
871	(e) (i) The juvenile court shall notify and provide the following persons an opportunity
872	to appear at the appeal hearing:
873	(A) the child;
874	(B) the child's parent or legal guardian;
875	(C) if not the child's parent or legal guardian, the petitioner who filed the initial petition
876	for commitment of the child; and
877	(D) a representative of the local mental health authority.
878	(ii) In reaching [its] the juvenile court's decision, the juvenile court shall review the
879	record and findings of the neutral and detached fact finder[ <del>,</del> ] who made the appealed order of
880	commitment and the report of the designated examiner appointed [pursuant to] under
881	Subsection (10)(b), and may, in [its] the juvenile court's discretion, allow or require the
882	testimony of:
883	(A) the neutral and detached fact finder[ <del>,</del> ];
884	(B) the designated examiner[ <del>,</del> ];
885	(C) the child[;];
886	(D) the child's parent or legal guardian[;];
887	(E) the person who brought the initial petition for commitment $[-]$ ; or
888	(F) any other person whose testimony the court deems relevant.
889	(iii) (A) The juvenile court may allow the child to waive the right to appear at the
890	appeal hearing, for good cause shown. [If that waiver is granted, the]
891	(B) If juvenile court allows the child to waive the right to appear at the appeal hearing,
892	the juvenile court shall make the purpose [shall be made a] of the waiver part of the juvenile
893	court's record.
894	(11) [Each] <u>A</u> local mental health authority has an affirmative duty to:
895	(a) conduct periodic [evaluations] reviews of the mental health and treatment progress

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- 896 of [every] <u>a</u> child committed to [its] <u>the local mental health authority's</u> physical custody under
  897 this section[<del>, and to release any child who has sufficiently improved so that the criteria</del>
- 898 justifying commitment no longer exist.]; and

899 (b) release a child from commitment who no longer meets the criteria described in
900 Subsection (6)(a).

901 (12) (a) A local mental health authority or [its] the local mental health authority's
902 designee, in conjunction with the child's current treating mental health professional, may
903 release an improved child to a less restrictive environment[, as they] as the local mental health
904 authority or the local mental health authority's designee and the child's current treating mental
905 health professional determine appropriate. [Whenever]

(b) If the local mental health authority or [its] the local mental health authority's
designee[5] and the child's current treating mental health professional[5] determine that the
conditions justifying commitment no longer exist, the [child shall be discharged and released]
local mental health authority shall release the child to the physical custody of the child's parent
or legal guardian. [With regard to a child who is in the physical custody of the State Hospital,
the treating psychiatrist or clinical director of the State Hospital shall be the child's current
treating mental health professional.]

913  $\left[\frac{1}{2}\right]$  (c)  $\left[\frac{1}{2}\right]$  The local mental health authority or  $\left[\frac{1}{2}\right]$  the local mental health 914 authority's designee, in conjunction with the child's current treating mental health professional, 915 is authorized to issue a written order for the immediate placement of a child not previously 916 released from an order of commitment into a more restrictive environment, if the local mental 917 health authority or [its] the local mental health authority's designee and the child's current 918 treating mental health professional [has] have reason to believe that the less restrictive 919 environment in which the child [has been] is placed is exacerbating the child's mental illness. 920 or increasing the child's risk of harm to self or others.

921

[(c)] (d) The written order described in Subsection (12)[(b)](c) shall:

922 (i) include the reasons for placement in a more restrictive environment and shall 923 authorize any peace officer to take the child into physical custody and transport the child to a 924 facility designated by the appropriate local mental health authority in conjunction with the 925 child's current treating mental health professional[. Prior to admission]; and

926 (ii) be personally delivered before the day on which the child is admitted to the more

927	restrictive environment[, copies of the order shall be personally delivered] to:
928	$(\underline{A})$ the child[;];
929	(B) the child's parent or legal guardian[ <del>,</del> ];
930	(C) the administrator of the more restrictive environment[;] or the administrator's
931	designee[,]; and
932	(D) the child's former treatment provider or facility.
933	[(d)] (e) (i) If the child [has been] is in a less restrictive environment for more than 30
934	days and is aggrieved by the change to a more restrictive environment, the child or the child's
935	representative may request a review of the placement within 30 days [of the change] after the
936	day on which the change is made, by a neutral and detached fact finder [as described in] who
937	meets the requirements described in Subsection $[(3)]$ (4).
938	(ii) The neutral and detached fact finder described in Subsection (12)(e)(i) shall
939	determine whether[: (i)] the less restrictive environment in which the child [has been] is placed
940	is exacerbating the child's mental illness or increasing the child's risk of harm to self or others[;
941	<u>or].</u>
942	[(ii) the less restrictive environment in which the child has been placed is not
943	exacerbating the child's mental illness or increasing the risk of harm to self or others, in which
944	case the fact finder shall designate]
945	(iii) If the neutral and detached fact finder described in Subsection (12)(e)(i) makes the
946	determination described in Subsection (12)(e)(ii), the neutral and detached fact finder shall
947	order that the child remain in the less restrictive environment.
948	[(e) Nothing in this section prevents a local mental health authority or its designee, in
949	conjunction with the child's current mental health professional, from discharging a child from
950	commitment or from placing a child in an environment that is less restrictive than that
951	designated by the neutral and detached fact finder.]
952	[(13) Each] (f) (i) A local mental health authority or [its] the local mental health
953	authority's designee, in conjunction with the child's current treating mental health professional,
954	shall [discharge any] release a child from commitment who, in the opinion of [that] the local
955	mental health authority[, or its] or the local mental health authority's designee[,] and the child's
956	current treating mental health professional, no longer meets the criteria [specified] described in
957	Subsection [(4), except as provided by Section 62A-15-705. The] (6)(a).

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958	(ii) Before the day on which the child is released under Subsection (12)(f)(i), the local
959	mental health authority and the mental health professional shall [assure] ensure that any further
960	supportive services required to meet the child's needs upon release will be provided.
961	(g) This section does not prevent a local mental health authority or the local mental
962	health authority's designee, in conjunction with the child's current treating mental health
963	professional, from releasing a child from commitment or placing a child in an environment that
964	is less-restrictive than the environment designated by the neutral and detached fact finder
965	described in Subsection (12)(e).
966	[(14) Even though a child has been]
967	(13) A child who is committed to the physical custody of a local mental health
968	authority under this section[, the child is still] is entitled to additional due process proceedings,
969	in accordance with Section 62A-15-704, before any treatment that may affect a constitutionally
970	protected liberty or privacy interest is administered[. Those treatments include, but are not
971	limited to], including antipsychotic medication, electroshock therapy, [and] or psychosurgery.
972	Section 9. Section <b>62A-15-705</b> is amended to read:
973	62A-15-705. Commitment proceedings in juvenile court Criteria Child in
974	physical custody of local mental health authority.
975	[(1) (a) Subject to Subsection (1)(b), a commitment proceeding for a child may be
976	commenced by filing a written application with the juvenile court of the county in which the
977	child resides or is found, in accordance with the procedures described in Section 62A-15-631.]
978	[(b) A commitment proceeding under this section may be commenced]
979	(1) A proceeding to commit a child to the physical custody of a local mental health
980	authority to receive services from the local mental health authority in an inpatient setting may
981	be commenced in accordance with this section only after a commitment proceeding under
982	Section 62A-15-703 [has concluded] concludes without the child being committed.
983	(2) A responsible individual may commence a proceeding to commit a child to the
984	physical custody of a local mental health authority for the purpose described in Subsection (1)
985	by filing a written application with the juvenile court of the county in which the child resides or
986	is found.
987	(3) The written application described in Subsection (2) shall:

988 (a) (i) if reasonably available, state the child's:

989	(A) name;
990	(B) date of birth; and
991	(C) social security number;
992	(ii) state the responsible individual's credible knowledge of the child's mental illness
993	and the condition or circumstances that led to the child's need to be committed to the physical
994	custody of the local mental health authority; and
995	(b) (i) include a certification by a licensed physician or designated examiner that states
996	the physician or designated examiner:
997	(A) examined the child within the seven-day period immediately before the day on
998	which the physician or designated examiner completed the certification; and
999	(B) is of the opinion that the child has a mental illness and should be committed to the
1000	physical custody of the local mental health authority; or
1001	(ii) include a statement, under sworn oath, that:
1002	(A) the child's parent or legal guardian refuses to submit the child to an examination of
1003	mental condition by a licensed physician or designated examiner; and
1004	(B) describes the facts upon which the written application is based.
1005	(4) (a) The juvenile court shall, as soon as practicable, provide notice of the written
1006	application described in Subsection (2) to:
1007	(i) if not the applicant, the parent or legal guardian of the child;
1008	(ii) any immediate adult family members of the child;
1009	(iii) legal counsel for the parties involved;
1010	(iv) the local mental health authority or the local mental health authority's designee;
1011	and
1012	(v) any other persons designated by the juvenile court.
1013	(b) The notice shall advise the persons described in Subsection (4)(a) that a hearing
1014	may be held within the time provided by law.
1015	[(2)] (5)(a) The juvenile court shall order [commitment] the child be committed to the
1016	physical custody of a local mental health authority if, upon completion of [the] <u>a</u> hearing and
1017	consideration of the record, the juvenile court finds by clear and convincing evidence that[:] the
1018	child meets the criteria described in Subsection 62A-15-703(6)(a).
1019	[(a) the child has a mental illness, as defined in Section 62A-15-602;]

1020 [(b) the child demonstrates a risk of harm to the child or others;] 1021 (c) the child is experiencing significant impairment in the child's ability to perform 1022 socially;] 1023 [(d) the child will benefit from the proposed care and treatment; and] 1024 [(e) there is no appropriate less restrictive alternative.] 1025 [(3)] (b) The juvenile court may not commit a child [under Subsection (1)] directly to 1026 the Utah State Hospital. 1027  $\left[\frac{4}{4}\right]$  (6) The local mental health authority has an affirmative duty to: 1028 (a) conduct periodic reviews of [children committed to the local mental health authority's custody in accordance with this section; and (b) release any child who has 1029 1030 sufficiently improved so that the local mental health authority, or the local mental authority's 1031 designee, determines that commitment is no longer appropriate.] a child committed to the 1032 physical custody of the local mental health authority under this section; and 1033 (b) release a child from commitment who no longer meets the criteria described in 1034 Subsection 62A-15-703(6)(a). 1035  $\left[\frac{(5)}{(5)}\right]$  (7) If the juvenile court commits a child  $\left[\frac{1}{(5)} - \frac{1}{(5)}\right]$  to the physical custody of [a] the local mental health authority, [or the local mental health authority's designee, by the 1036 1037 iuvenile court.] the local mental health authority, or the local mental health authority's 1038 designee, shall give the juvenile court written notice of the intention to release the child not 1039 fewer than five days before the day on which the child is scheduled to be released. Section 10. Section **78A-6-103** is amended to read: 1040 1041 78A-6-103. Original jurisdiction of the juvenile court -- Magistrate functions --1042 Findings -- Transfer of a case from another court. 1043 (1) Except as otherwise provided by Subsections 78A-5-102(9), 78A-5-102(10), and 1044 78A-7-106(2), the juvenile court has original jurisdiction over: 1045 (a) a felony, misdemeanor, infraction, or violation of an ordinance, under municipal, 1046 state, or federal law, that was committed by a child; and 1047 (b) a felony, misdemeanor, infraction, or violation of an ordinance, under municipal, 1048 state, or federal law, that was committed by an individual: (i) who is under 21 years old at the time of all court proceedings; and 1049 1050 (ii) who was under 18 years old at the time the offense was committed.

1051	(2) The juvenile court has original jurisdiction over any proceeding concerning:
1052	(a) a child who is an abused child, neglected child, or dependent child;
1053	(b) a protective order for a child in accordance with Title 78B, Chapter 7, Part 2, Child
1054	Protective Orders;
1055	(c) the appointment of a guardian of the individual or other guardian of a minor who
1056	comes within the court's jurisdiction under other provisions of this section;
1057	(d) the emancipation of a minor in accordance with Title 80, Chapter 7, Emancipation;
1058	(e) the termination of parental rights in accordance with Title 80, Chapter 4,
1059	Termination and Restoration of Parental Rights, including termination of residual parental
1060	rights and duties;
1061	(f) the treatment or commitment of a minor who has an intellectual disability;
1062	(g) the judicial consent to the marriage of a minor who is 16 or 17 years old in
1063	accordance with Section 30-1-9;
1064	(h) an order for a parent or a guardian of a child under Subsection 80-6-705(3);
1065	(i) a minor under Title 55, Chapter 12, Interstate Compact for Juveniles;
1066	(j) the treatment or commitment of a child with a mental illness;
1067	[(k) the commitment of a child to a secure drug or alcohol facility in accordance with
1068	Section 62A-15-301;]
1069	[(1)] (k) a minor found not competent to proceed in accordance with Title 80, Chapter
1070	6, Part 4, Competency;
1071	[(m)] (1) de novo review of final agency actions resulting from an informal adjudicative
1072	proceeding as provided in Section 63G-4-402;
1073	[(n)] (m) adoptions conducted in accordance with the procedures described in Title
1074	78B, Chapter 6, Part 1, Utah Adoption Act, if the juvenile court has previously entered an order
1075	terminating the rights of a parent and finds that adoption is in the best interest of the child;
1076	$\left[\frac{(\mathbf{o})}{(\mathbf{n})}\right]$ an ungovernable or runaway child who is referred to the juvenile court by the
1077	Division of Juvenile Justice Services if, despite earnest and persistent efforts by the Division of
1078	Juvenile Justice Services, the child has demonstrated that the child:
1079	(i) is beyond the control of the child's parent, guardian, or custodian to the extent that
1080	the child's behavior or condition endangers the child's own welfare or the welfare of others; or
1081	(ii) has run away from home; and

1082	[(p)] (o) a criminal information filed under Part 4a, Adult Criminal Proceedings, for an
1083	adult alleged to have committed an offense under Subsection 78A-6-352(4)(b) for failure to
1084	comply with a promise to appear and bring a child to the juvenile court.
1085	(3) It is not necessary for a minor to be adjudicated for an offense or violation of the
1086	law under Section 80-6-701, for the juvenile court to exercise jurisdiction under Subsection
1087	[(2)(p)] (2)(o).
1088	(4) This section does not restrict the right of access to the juvenile court by private
1089	agencies or other persons.
1090	(5) The juvenile court has jurisdiction of all magistrate functions relative to cases
1091	arising under Title 80, Chapter 6, Part 5, Transfer to District Court.
1092	(6) The juvenile court has jurisdiction to make a finding of substantiated,
1093	unsubstantiated, or without merit, in accordance with Section 80-3-404.
1094	(7) The juvenile court has jurisdiction over matters transferred to the juvenile court by
1095	another trial court in accordance with Subsection 78A-7-106(4) and Section 80-6-303.
1096	Section 11. Section <b>78A-6-358</b> is amended to read:
1097	78A-6-358. Period of effect for a judgment, decree, or order by a juvenile court.
1098	(1) A judgment, order, or decree of the juvenile court is no longer in effect after a
1099	minor is 21 years old, except:
1100	(a) for an order of commitment to the Utah State Developmental Center or to the
1101	custody of the Division of Substance Abuse and Mental Health;
1102	(b) for an adoption under Subsection $[\frac{78A-6-103(2)(n)}{78A-6-103(2)(m)}]$
1103	(c) for an order permanently terminating the rights of a parent, guardian, or custodian
1104	under Title 80, Chapter 4, Termination and Restoration of Parental Rights;
1105	(d) for a permanent order of custody and guardianship under Subsection
1106	80-3-405(2)(d);
1107	(e) an order establishing paternity under Subsection 78A-6-104(1)(a)(i); and
1108	(f) as provided in Subsection (2).
1109	(2) If the juvenile court enters a judgment or order for a minor for whom the juvenile
1110	court has extended continuing jurisdiction over the minor's case until the minor is 25 years old
1111	under Section 80-6-605, the juvenile court's judgment or order is no longer in effect after the
1112	minor is 25 years old.

1113	Section 12. Section <b>78B-6-105</b> is amended to read:
1114	78B-6-105. District court venue Jurisdiction of juvenile court Jurisdiction
1115	over nonresidents Time for filing.
1116	(1) An adoption proceeding shall be commenced by filing a petition in:
1117	(a) the district court in the district where the prospective adoptive parent resides;
1118	(b) if the prospective adoptive parent is not a resident of this state, the district court in
1119	the district where:
1120	(i) the adoptee was born;
1121	(ii) the adoptee resides on the day on which the petition is filed; or
1122	(iii) a parent of the proposed adoptee resides on the day on which the petition is filed;
1123	or
1124	(c) the juvenile court as provided in Subsection [78A-6-103(2)(n)] 78A-6-103(2)(m)
1125	and Section 78A-6-350.
1126	(2) All orders, decrees, agreements, and notices in an adoption proceeding shall be
1127	filed with the clerk of the court where the adoption proceeding is commenced under Subsection
1128	(1).
1129	(3) A petition for adoption:
1130	(a) may be filed before the birth of a child;
1131	(b) may be filed before or after the adoptee is placed in the home of the petitioner for
1132	the purpose of adoption; and
1133	(c) shall be filed no later than 30 days after the day on which the adoptee is placed in
1134	the home of the petitioners for the purpose of adoption, unless:
1135	(i) the time for filing has been extended by the court; or
1136	(ii) the adoption is arranged by a child-placing agency in which case the agency may
1137	extend the filing time.
1138	(4) (a) If a person whose consent for the adoption is required under Section $78B-6-120$
1139	or 78B-6-121 cannot be found within the state, the fact of the minor's presence within the state
1140	shall confer jurisdiction on the court in proceedings under this chapter as to such absent person,
1141	provided that due notice has been given in accordance with the Utah Rules of Civil Procedure.
1142	(b) The notice may not include the name of:
1143	(i) a prospective adoptive parent; or

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1144 (ii) an unmarried mother without her consent. 1145 (5) Service of notice described in Subsection (6) shall vest the court with jurisdiction 1146 over the person served in the same manner and to the same extent as if the person served was 1147 served personally within the state. 1148 (6) In the case of service outside the state, service completed not less than five days 1149 before the time set in the notice for appearance of the person served is sufficient to confer 1150 jurisdiction. 1151 (7) Computation of periods of time not otherwise set forth in this section shall be made 1152 in accordance with the Utah Rules of Civil Procedure. 1153 Section 13. Section 80-3-405 is amended to read: 1154 80-3-405. Dispositions after adjudication. 1155 (1) (a) Upon adjudication under Subsection 80-3-402(1), the juvenile court may make 1156 the dispositions described in Subsection (2) at the dispositional hearing. 1157 (2) (a) (i) The juvenile court may vest custody of an abused, neglected, or dependent 1158 minor in the division or any other appropriate person, with or without court-specified child 1159 welfare services, in accordance with the requirements and procedures of this chapter. 1160 (ii) When placing a minor in the custody of the division or any other appropriate 1161 person, the juvenile court: 1162 (A) shall give primary consideration to the welfare of the minor; 1163 (B) shall give due consideration to the rights of the parent or parents concerning the 1164 minor; and (C) when practicable, may take into consideration the religious preferences of the 1165 1166 minor and of the minor's parents or guardian. 1167 (b) (i) The juvenile court may appoint a guardian for the minor if it appears necessary 1168 in the interest of the minor. 1169 (ii) A guardian appointed under Subsection (2)(b)(i) may be a public or private 1170 institution or agency, but not a nonsecure residential placement provider, in which legal 1171 custody of the minor is vested. 1172 (iii) When placing a minor under the guardianship of an individual or of a private 1173 agency or institution, the juvenile court: 1174 (A) shall give primary consideration to the welfare of the minor; and

1175	(B) when practicable, may take into consideration the religious preferences of the
1176	minor and of the minor's parents or guardian.
1177	(c) The juvenile court may order:
1178	(i) protective supervision;
1179	(ii) family preservation;
1180	(iii) sibling visitation; or
1181	(iv) other services.
1182	(d) (i) If a minor has been placed with an individual or relative as a result of an
1183	adjudication under this chapter, the juvenile court may enter an order of permanent legal
1184	custody and guardianship with the individual or relative of the minor.
1185	(ii) If a juvenile court enters an order of permanent custody and guardianship with an
1186	individual or relative of a minor under Subsection (2)(d)(i), the juvenile court may, in
1187	accordance with Section 78A-6-356, enter an order for child support on behalf of the minor
1188	against the natural parents of the minor.
1189	(iii) An order under this Subsection (2)(d):
1190	(A) shall remain in effect until the minor is 18 years old;
1191	(B) is not subject to review under Section 78A-6-358; and
1192	(C) may be modified by petition or motion as provided in Section 78A-6-357.
1193	(e) The juvenile court may order a child be committed to the physical custody, as
1194	defined in Section 62A-15-701, of a local mental health authority, in accordance with the
1195	procedures and requirements of Title 62A, Chapter 15, Part 7, Commitment of [Persons Under
1196	Age 18 to Division of Substance Abuse and Mental Health] Individuals Under 18 Years Old to
1197	Local Mental Health Authority.
1198	(f) (i) If the child has an intellectual disability, the juvenile court may make an order
1199	committing a minor to the Utah State Developmental Center in accordance with Title 62A,
1200	Chapter 5, Part 3, Admission to an Intermediate Care Facility for People with an Intellectual
1201	Disability.
1202	(ii) The juvenile court shall follow the procedure applicable in the district court with
1203	respect to judicial commitments to the Utah State Developmental Center when ordering a
1204	commitment under Subsection (2)(f)(i).
1205	(g) (i) Subject to Subsection 80-1-102(51)(b) and Section 80-3-304, the juvenile court

1206	may order that a minor:
1207	(A) be examined or treated by a mental health therapist, as described in Section
1208	80-3-109; or
1209	(B) receive other special care.
1210	(ii) For purposes of receiving the examination, treatment, or care described in
1211	Subsection $(2)(g)(i)$ , the juvenile court may place the minor in a hospital or other suitable
1212	facility that is not secure care or secure detention.
1213	(iii) In determining whether to order the examination, treatment, or care described in
1214	Subsection (2)(g)(i), the juvenile court shall consider:
1215	(A) the desires of the minor;
1216	(B) the desires of the parent or guardian of the minor if the minor is younger than 18
1217	years old; and
1218	(C) whether the potential benefits of the examination, treatment, or care outweigh the
1219	potential risks and side-effects, including behavioral disturbances, suicidal ideation, brain
1220	function impairment, or emotional or physical harm resulting from the compulsory nature of
1221	the examination, treatment, or care.
1222	(h) The juvenile court may make other reasonable orders for the best interest of the
1223	minor.
1224	(3) Upon an adjudication under this chapter, the juvenile court may not:
1225	(a) commit a minor solely on the ground of abuse, neglect, or dependency to the
1226	Division of Juvenile Justice Services;
1227	(b) assume the function of developing foster home services; or
1228	(c) vest legal custody of an abused, neglected, or dependent minor in the division to
1229	primarily address the minor's ungovernable or other behavior, mental health, or disability,
1230	unless the division:
1231	(i) engages other relevant divisions within the department that are conducting an
1232	assessment of the minor and the minor's family's needs;
1233	(ii) based on the assessment described in Subsection (3)(c)(i), determines that vesting
1234	custody of the minor in the division is the least restrictive intervention for the minor that meets
1235	the minor's needs; and
1236	(iii) consents to legal custody of the minor being vested in the division.

1237	(4) The juvenile court may combine the dispositions listed in Subsection (2) if
1238	combining the dispositions is permissible and the dispositions are compatible.
1239	Section 14. Section 80-6-402 is amended to read:
1240	80-6-402. Procedure Standard.
1241	(1) When a written motion is filed in accordance with Section 80-6-401 raising the
1242	issue of a minor's competency to proceed, or when the juvenile court raises the issue of a
1243	minor's competency to proceed, the juvenile court shall stay all proceedings under this chapter.
1244	(2) (a) If a motion for inquiry is opposed by either party, the juvenile court shall, before
1245	granting or denying the motion, hold a limited hearing solely for the purpose of determining the
1246	sufficiency of the motion.
1247	(b) If the juvenile court finds that the allegations of incompetency raise a bona fide
1248	doubt as to the minor's competency to proceed, the juvenile court shall:
1249	(i) enter an order for an evaluation of the minor's competency to proceed; and
1250	(ii) set a date for a hearing on the issue of the minor's competency.
1251	(3) After the granting of a motion, and before a full competency hearing, the juvenile
1252	court may order the department to evaluate the minor and to report to the juvenile court
1253	concerning the minor's mental condition.
1254	(4) The minor shall be evaluated by a forensic evaluator who:
1255	(a) has experience in juvenile forensic evaluations and juvenile brain development;
1256	(b) if it becomes apparent that the minor is not competent due to an intellectual
1257	disability or related condition, has experience in intellectual disability or related conditions;
1258	and
1259	(c) is not involved in the current treatment of the minor.
1260	(5) The petitioner or other party, as directed by the juvenile court, shall provide all
1261	information and materials relevant to a determination of the minor's competency to the
1262	department within seven days of the juvenile court's order, including:
1263	(a) the motion;
1264	(b) the arrest or incident reports pertaining to the charged offense;
1265	(c) the minor's known delinquency history information;
1266	(d) the minor's probation record relevant to competency;
1267	(e) known prior mental health evaluations and treatments; and

1268	(f) consistent with 20 U.S.C. Sec. 1232g (b)(1)(E)(ii)(I), records pertaining to the
1269	minor's education.
1270	(6) (a) The minor's parent or guardian, the prosecuting attorney, the defense attorney,
1271	and the attorney guardian ad litem, shall cooperate, by executing releases of information when
1272	necessary, in providing the relevant information and materials to the forensic evaluator,
1273	including:
1274	(i) medical records;
1275	(ii) prior mental evaluations; or
1276	(iii) records of diagnosis or treatment of substance abuse disorders.
1277	(b) The minor shall cooperate, by executing a release of information when necessary,
1278	in providing the relevant information and materials to the forensic evaluator regarding records
1279	of diagnosis or treatment of a substance abuse disorder.
1280	(7) (a) In conducting the evaluation and in the report determining if a minor is
1281	competent to proceed, the forensic evaluator shall inform the juvenile court of the forensic
1282	evaluator's opinion whether:
1283	(i) the minor has a present ability to consult with counsel with a reasonable degree of
1284	rational understanding; and
1285	(ii) the minor has a rational as well as factual understanding of the proceedings.
1286	(b) In evaluating the minor, the forensic evaluator shall consider the minor's present
1287	ability to:
1288	(i) understand the charges or allegations against the minor;
1289	(ii) communicate facts, events, and states of mind;
1290	(iii) understand the range of possible penalties associated with the allegations against
1291	the minor;
1292	(iv) engage in reasoned choice of legal strategies and options;
1293	(v) understand the adversarial nature of the proceedings against the minor;
1294	(vi) manifest behavior sufficient to allow the juvenile court to proceed;
1295	(vii) testify relevantly; and
1296	(viii) any other factor determined to be relevant to the forensic evaluator.
1297	(8) (a) The forensic evaluator shall provide an initial report to the juvenile court, the
1298	prosecuting and defense attorneys, and the attorney guardian ad litem, if applicable, within 30

1299	days of the receipt of the juvenile court's order.
1300	(b) If the forensic evaluator informs the juvenile court that additional time is needed,
1301	the juvenile court may grant, taking into consideration the custody status of the minor, up to an
1302	additional 15 days to provide the report to the juvenile court and counsel.
1303	(c) The forensic evaluator must provide the report within 45 days from the receipt of
1304	the juvenile court's order unless, for good cause shown, the juvenile court authorizes an
1305	additional period of time to complete the evaluation and provide the report.
1306	(d) The report shall inform the juvenile court of the forensic evaluator's opinion
1307	concerning the minor's competency.
1308	(9) If the forensic evaluator's opinion is that the minor is not competent to proceed, the
1309	report shall indicate:
1310	(a) the nature of the minor's:
1311	(i) mental illness;
1312	(ii) intellectual disability or related condition; or
1313	(iii) developmental immaturity;
1314	(b) the relationship of the minor's mental illness, intellectual disability, related
1315	condition, or developmental immaturity to the minor's incompetence;
1316	(c) whether there is a substantial likelihood that the minor may attain competency in
1317	the foreseeable future;
1318	(d) the amount of time estimated for the minor to achieve competency if the minor
1319	undergoes competency attainment treatment, including medication;
1320	(e) the sources of information used by the forensic evaluator; and
1321	(f) the basis for clinical findings and opinions.
1322	(10) Any statement made by the minor in the course of any competency evaluation,
1323	whether the evaluation is with or without the consent of the minor, any testimony by the
1324	forensic evaluator based upon any statement, and any other fruits of the statement:
1325	(a) may not be admitted in evidence against the minor in a proceeding under this
1326	chapter except on an issue respecting the mental condition on which the minor has introduced
1327	evidence; and
1328	(b) may be admitted where relevant to a determination of the minor's competency.
1329	(11) Before evaluating the minor, a forensic evaluator shall specifically advise the

1330	minor, and, if reasonably available, the parents or guardian, of the limits of confidentiality as
1331	provided under Subsection (10).
1332	(12) When the report is received, the juvenile court shall set a date for a competency
1333	hearing that shall be held in not less than five and not more than 15 days, unless the juvenile
1334	court enlarges the time for good cause.
1335	(13) (a) A minor shall be presumed competent unless the juvenile court, by a
1336	preponderance of the evidence, finds the minor not competent to proceed.
1337	(b) The burden of proof is upon the proponent of incompetency to proceed.
1338	(14) (a) Following the hearing, the juvenile court shall determine by a preponderance
1339	of evidence whether the minor is:
1340	(i) competent to proceed;
1341	(ii) not competent to proceed with a substantial probability that the minor may attain
1342	competency in the foreseeable future; or
1343	(iii) not competent to proceed without a substantial probability that the minor may
1344	attain competency in the foreseeable future.
1345	(b) If the juvenile court enters a finding described in Subsection (14)(a)(i), the juvenile
1346	court shall proceed with the proceedings in the minor's case.
1347	(c) If the juvenile court enters a finding described in Subsection (14)(a)(ii), the juvenile
1348	court shall proceed in accordance with Section 80-6-403.
1349	(d) (i) If the juvenile court enters a finding described in Subsection (14)(a)(iii), the
1350	juvenile court shall terminate the competency proceeding, dismiss the charges against the
1351	minor without prejudice, and release the minor from any custody order related to the pending
1352	proceeding, unless the prosecutor informs the court that commitment proceedings will be
1353	initiated in accordance with:
1354	(A) Title 62A, Chapter 5, Part 3, Admission to an Intermediate Care Facility for People
1355	with an Intellectual Disability;
1356	(B) if the minor is 18 years old or older, Title 62A, Chapter 15, Part 6, Utah State
1357	Hospital and Other Mental Health Facilities; or
1358	(C) if the minor is a child, Title 62A, Chapter 15, Part 7, Commitment of [Persons
1359	Under Age 18 to Division of Substance Abuse and Mental Health] Individuals Under 18 Years
10(0)	

1360 Old to Local Mental Health Authority.

1361	(ii) The commitment proceedings described in Subsection (14)(d)(i) shall be initiated
1362	within seven days after the day on which the juvenile court enters the order under Subsection
1363	(14)(a), unless the court enlarges the time for good cause shown.
1364	(iii) The juvenile court may order the minor to remain in custody until the commitment
1365	proceedings have been concluded.
1366	(15) If the juvenile court finds the minor not competent to proceed, the juvenile court's
1367	order shall contain findings addressing each of the factors in Subsection (7)(b).
1368	Section 15. Section 80-6-403 is amended to read:
1369	80-6-403. Disposition on finding of not competent to proceed Subsequent
1370	hearings Notice to prosecuting attorneys.
1371	(1) If the juvenile court determines that the minor is not competent to proceed, and
1372	there is a substantial likelihood that the minor may attain competency in the foreseeable future,
1373	the juvenile court shall notify the department of the finding and allow the department 30 days
1374	to develop an attainment plan for the minor.
1375	(2) The attainment plan shall include:
1376	(a) any services or treatment the minor has been or is currently receiving that are
1377	necessary to attain competency;
1378	(b) any additional services or treatment the minor may require to attain competency;
1379	(c) an assessment of the parent, custodian, or guardian's ability to access or provide any
1380	recommended treatment or services;
1381	(d) any special conditions or supervision that may be necessary for the safety of the
1382	minor or others during the attainment period; and
1383	(e) the likelihood that the minor will attain competency and the amount of time likely
1384	required for the minor to attain competency.
1385	(3) The department shall provide the attainment plan to the juvenile court, the
1386	prosecuting attorney, the defense attorney, and the attorney guardian ad litem at least three days
1387	before the competency disposition hearing.
1388	(4) (a) During the attainment period, the minor shall remain in the least restrictive
1389	appropriate setting.
1390	(b) A finding of not competent to proceed does not grant authority for a juvenile court
1391	to place a minor in the custody of a division of the department, or create eligibility for services

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1392 from the Division of Services for People With Disabilities. 1393 (c) If the juvenile court orders the minor to be held in detention during the attainment 1394 period, the juvenile court shall make the following findings on the record: 1395 (i) the placement is the least restrictive appropriate setting; 1396 (ii) the placement is in the best interest of the minor; 1397 (iii) the minor will have access to the services and treatment required by the attainment 1398 plan in the placement; and 1399 (iv) the placement is necessary for the safety of the minor or others. 1400 (d) A juvenile court shall terminate an order of detention related to the pending 1401 proceeding for a minor who is not competent to proceed in that matter if: 1402 (i) the most severe allegation against the minor if committed by an adult is a class B 1403 misdemeanor; (ii) more than 60 days have passed after the day on which the juvenile court 1404 1405 adjudicated the minor not competent to proceed; and 1406 (iii) the minor has not attained competency. 1407 (5) (a) At any time that the minor becomes competent to proceed during the attainment 1408 period, the department shall notify the juvenile court, the prosecuting attorney, the defense 1409 attorney, and the attorney guardian ad litem. 1410 (b) The juvenile court shall hold a hearing with 15 business days of notice from the 1411 department described in Subsection (5)(a). 1412 (6) (a) If at any time during the attainment period the juvenile court finds that there is 1413 not a substantial probability that the minor will attain competency in the foreseeable future, the 1414 juvenile court shall terminate the competency proceeding, dismiss the petition or information 1415 without prejudice, and release the minor from any custody order related to the pending 1416 proceeding, unless the prosecuting attorney or any other individual informs the juvenile court 1417 that commitment proceedings will be initiated in accordance with: 1418 (i) Title 62A Chapter 5, Part 3, Admission to an Intermediate Care Facility for People 1419 with an Intellectual Disability; 1420 (ii) if the minor is 18 years old or older, Title 62A, Chapter 15, Part 6, Utah State 1421 Hospital and Other Mental Health Facilities; or 1422 (iii) if the minor is a child, Title 62A, Chapter 15, Part 7, Commitment of [Persons

1423 Under Age 18 to Division of Substance Abuse and Mental Health Individuals Under 18 Years 1424 Old to Local Mental Health Authority. 1425 (b) The prosecuting attorney shall initiate the proceedings described in Subsection 1426 (6)(a) within seven days after the juvenile court's order, unless the juvenile court enlarges the 1427 time for good cause shown. 1428 (7) During the attainment period, the juvenile court may order a hearing or rehearing at 1429 anytime on the juvenile court's own motion or upon recommendation of any interested party or 1430 the department. 1431 (8) (a) Within three months of the juvenile court's approval of the attainment plan, the 1432 department shall provide a report on the minor's progress towards competence. 1433 (b) The report described in Subsection (8)(a) shall address the minor's: 1434 (i) compliance with the attainment plan; 1435 (ii) progress towards competency based on the issues identified in the original 1436 competency evaluation; and 1437 (iii) current mental illness, intellectual disability or related condition, or developmental 1438 immaturity, and need for treatment, if any, and whether there is substantial likelihood of the 1439 minor attaining competency within six months. 1440 (9) (a) Within 30 days of receipt of the report, the juvenile court shall hold a hearing to 1441 determine the minor's current status. 1442 (b) At the hearing, the burden of proving the minor is competent is on the proponent of 1443 competency. 1444 (c) The juvenile court shall determine by a preponderance of the evidence whether the 1445 minor is competent to proceed. 1446 (10) If the minor has not attained competency after the initial three month attainment 1447 period but is showing reasonable progress towards attainment of competency, the juvenile 1448 court may extend the attainment period up to an additional three months. 1449 (11) The department shall provide an updated juvenile competency evaluation at the 1450 conclusion of the six month attainment period to advise the juvenile court on the minor's 1451 current competency status. 1452 (12) If the minor does not attain competency within six months after the juvenile court 1453 initially finds the minor not competent to proceed, the court shall terminate the competency

1454	proceedings and dismiss the petition or information filed without prejudice, unless good cause
1455	is shown that there is a substantial likelihood the minor will attain competency within one year
1456	from the initial finding of not competent to proceed.
1457	(13) In the event a minor has an unauthorized leave lasting more than 24 hours, the
1458	attainment period shall toll until the minor returns.
1459	Section 16. Section <b>80-6-706</b> is amended to read:
1460	80-6-706. Treatment Commitment to local mental health authority or Utah
1461	State Developmental Center.
1462	(1) If a minor is adjudicated under Section 80-6-701, the juvenile court may order:
1463	(a) a nonresidential, diagnostic assessment for the minor, including a risk assessment
1464	for substance use disorder, mental health, psychological, or sexual behavior;
1465	(b) the minor to be examined or treated by a physician, surgeon, psychiatrist, or
1466	psychologist; or
1467	(c) other care for the minor.
1468	(2) For purposes of receiving the examination, treatment, or care described in
1469	Subsection (1), the juvenile court may place the minor in a hospital or other suitable facility
1470	that is not secure care or secure detention.
1471	(3) In determining whether to order the examination, treatment, or care described in
1472	Subsection (1), the juvenile court shall consider:
1473	(a) the desires of the minor;
1474	(b) if the minor is a child, the desires of the minor's parent or guardian; and
1475	(c) whether the potential benefits of the examination, treatment, or care outweigh the
1476	potential risks and side-effects, including behavioral disturbances, suicidal ideation, brain
1477	function impairment, or emotional or physical harm resulting from the compulsory nature of
1478	the examination, treatment, or care.
1479	(4) (a) If the juvenile court orders examination, treatment, or care for a child under
1480	Subsection (1) and the child is committed to the division under Subsection 80-6-703(2), the
1481	division shall:
1482	(i) take reasonable measures to notify the child's parent or guardian of any
1483	non-emergency health treatment or care scheduled for the child;
1484	(ii) include the child's parent or guardian as fully as possible in making health care

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1485 decisions for the child; and

- (iii) defer to the child's parent's or guardian's reasonable and informed decisions
  regarding the child's health care to the extent that the child's health and well-being are not
  unreasonably compromised by the parent's or guardian's decision.
- (b) The division shall notify the parent or guardian of a child within five business daysafter a child committed to the division receives emergency health care or treatment.
- (c) The division shall use the least restrictive means to accomplish the care andtreatment of a child described under Subsection (1).
- (5) If a child is adjudicated for an offense under Section 80-6-701, the juvenile court
  may commit the child to the physical custody, as defined in Section 62A-15-701, of a local
  mental health authority in accordance with the procedures and requirements in Title 62A,
  Chapter 15, Part 7, Commitment of [Persons Under Age 18 to Division of Substance Abuse
- 1497 and Mental Health] Individuals Under 18 Years Old to Local Mental Health Authority.
- (6) (a) If a minor is adjudicated for an offense under Section 80-6-701, and the minor
  has an intellectual disability, the juvenile court may commit the minor to the Utah State
  Developmental Center in accordance with Title 62A, Chapter 5, Part 3, Admission to an
  Intermediate Care Facility for People with an Intellectual Disability.
- (b) The juvenile court shall follow the procedure applicable in the district courts with
  respect to judicial commitments to the Utah State Developmental Center when ordering a
  commitment under Subsection (6)(a).
- 1505

Section 17. Section **80-6-801** is amended to read:

# 1506 80-6-801. Commitment to local mental health authority or Utah State 1507 Developmental Center.

- (1) If a child is committed by the juvenile court to the physical custody, as defined in
  Section 62A-15-701, of a local mental health authority, [or the local mental health authority's
  designee,] Title 62A, Chapter 15, Part 7, Commitment of [Persons Under Age 18 to Division of
  Substance Abuse and Mental Health] Individuals Under 18 Years Old to Local Mental Health
  Authority, shall govern the commitment and release of the [minor] child.
- (2) If a minor is committed to the Utah State Developmental Center, Title 62A,
  Chapter 5, Services for People with Disabilities, shall govern the commitment and release of
  the minor.

- 1516 Section 18. **Repealer.**
- 1517 This bill repeals:
- 1518 Section 62A-15-301, Commitment of minor to secure drug or alcohol facility or
- 1519 program -- Procedures -- Review.
- 1520 Section 62A-15-702, Treatment and commitment of minors in the public mental
- 1521 health system.